

IHCP *bulletin*

Note: This bulletin has been corrected. Procedure codes 90664, 90666–90668 and G0008–G0010 were removed from [Table 1](#).

INDIANA HEALTH COVERAGE PROGRAMS BT202476 JUNE 4, 2024

IHCP updates HIP preventive care services exempt from copayment

Effective July 1, 2024, the Indiana Health Coverage Programs (IHCP) is updating the Healthy Indiana Plan (HIP) guidelines surrounding preventive care services from what was previously announced in *IHCP Bulletin* [BT201969](#). An updated list of procedure codes will take effect and be included for HIP preventive care services now that the public health emergency has concluded, and copays will once again be assessed.

[Table 1](#) and [Table 2](#) list the updates for procedure codes used for HIP preventive care services, effective for dates of service (DOS) on or after July 1, 2024. These preventive care services qualify for exemption from copayment for members in *HIP Basic*, *HIP State Plan Basic* and *HIP State Plan Plus Copay*. These services are also not deducted from Personal Wellness and Responsibility (POWER) Accounts for members in any HIP category of coverage.



The inclusion of a procedure code on these tables does not necessarily indicate coverage. Providers should check with the member's managed care entity (MCE) to determine if the service is covered for that member.

Updates will be made to the *Preventive Care Services Excluded From Copayment for Healthy Indiana Plan*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers. Note: *This code table document no longer applies to members in Presumptive Eligibility (PE) – Adult as copayments will not be resuming for PE-Adult (see IHCP Bulletins [BT2023101](#) and [BT202461](#)).*

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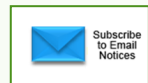


Table 1 – Procedure codes for preventive care services exempt from HIP copayment, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
00812	Anesthesia for exam of colon using an endoscope	Y
00813	Anesthesia for exam of colon using an endoscope	Y
36410	Insertion of needle into vein (3 years or older)	Y
36415	Insertion of needle into vein for collection of blood sample	Y
36416	Puncture of skin for collection of blood sample	Y
45331	Biopsy of lower large bowel using a flexible endoscope	Y
45333	Removal of polyps or growths of lower large bowel using a flexible endoscope with electrical cautery	Y
45334	Control of bleeding of lower large bowel using a flexible endoscope	Y
45338	Removal of polyps or growths of lower large bowel using a flexible endoscope with mechanical snare	Y
45346	Destruction of polyp or growth of lower large bowel using a flexible endoscope	Y
45380	Biopsy of large bowel using a flexible endoscope	Y
45381	Injection beneath lining of large bowel using a flexible endoscope	Y
45382	Removal of polyps or growths of large bowel using a flexible endoscope with electrical cautery	Y
45384	Removal of polyps or growths of large bowel using a flexible endoscope with electrical cautery	Y
45385	Removal of polyps or growths of large bowel using an endoscope with mechanical snare	Y
45388	Destruction of polyp or growth of large bowel using a flexible endoscope	Y
76775	Limited ultrasound scan behind abdominal cavity	Y
77063	Screening 3D breast mammography	Y
77067	Screening mammography	Y
77078	CT scan for measuring calcium and other minerals in bone	Y
77080	DXA bone density measurement of hip, pelvis, spine	Y
77081	DXA bone density measurement of forearm, finger, hand, or foot	Y
77085	DXA bone density measurement of hip, pelvis, spine including spine fracture assessment	Y
77086	Fracture assessment of spine bones using DXA	Y
78350	Nuclear medicine study to measure bone loss using 1 photon beam	Y
78351	Nuclear medicine study to measure bone loss using 2 photon beams	Y
80055	Obstetric blood test panel	Y
80061	Blood test, lipids (cholesterol and triglycerides)	Y
80081	Blood test panel for obstetrics (CBC, differential WBC count, hepatitis B, HIV, rubella, syphilis, antibody screening, RBC, blood typing)	Y
81000	Manual urinalysis test with examination using microscope, non-automated	Y
81001	Manual urinalysis test with examination using microscope, automated	Y
81002	Urinalysis, manual test	Y
81003	Automated urinalysis test	Y
81007	Urinalysis for bacteria	Y
81162	Gene analysis (breast cancer 1 and 2) of full sequence and analysis for duplication or deletion variants	N
81163	Gene analysis (breast cancer 1 and 2) of full sequence	N
81164	Gene analysis (breast cancer 1 and 2) for duplication or deletion variants	N
81165	Gene analysis (breast cancer 1) of full sequence	N
81166	Gene analysis (breast cancer 1) for duplication or deletion variants	N
81167	Gene analysis (breast cancer 2) for duplication or deletion variants	N
81212	Gene analysis (breast cancer 1 and 2) for 185delAG, 5385insC, 6174delT variants	N
81215	Gene analysis (breast cancer 1) for known familial variant	N
81216	Gene analysis (breast cancer 2) of full sequence	N

Table 1 – Procedure codes for preventive care services exempt from HIP copayment, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
81217	Gene analysis (breast cancer 2) for known familial variant	N
82270	Stool analysis for blood to screen for colon tumors	Y
82274	Stool analysis for blood, by fecal hemoglobin determination by immunoassay	Y
82465	Cholesterol level	Y
82947	Blood glucose (sugar) level	Y
83036	Hemoglobin A1C level	Y
83655	Lead level	Y
83718	HDL cholesterol level	Y
83719	VLDL cholesterol level	Y
83721	LDL cholesterol level	Y
83722	Measurement of small dense low density lipoprotein cholesterol	Y
84152	PSA (prostate specific antigen) measurement, complexed	N
84153	PSA (prostate specific antigen) measurement, total	N
84154	PSA (prostate specific antigen) measurement, free	N
84478	Triglycerides level	Y
85004	White blood cell count	Y
85009	Manual white blood cell count and evaluation	Y
*86328	Test for detection of severe acute respiratory syndrome coronavirus 2 (COVID-19) antibody, qualitative or semiquantitative	N
86481	Tuberculosis test, enumeration of T-cells	Y
86580	Skin test for tuberculosis	Y
86592	Syphilis detection test	Y
86631	Analysis for antibody to Chlamydia (bacteria)	Y
86632	Analysis for antibody (Igm) to Chlamydia (bacteria)	Y
86689	Analysis for antibody (Igm) to Chlamydia (bacteria)	Y
86701	Analysis for antibody to HIV -1 virus	Y
86702	Analysis for antibody to HIV-2 virus	Y
86703	Analysis for antibody to HIV-1 and HIV-2 virus	Y
86769	Measure of severe acute respiratory syndrome coronavirus 2 (COVID-19) antibody	N
86780	Analysis for antibody, Treponema pallidum	Y
86803	Hepatitis C antibody measurement	Y
86901	Blood typing for Rh (D) antigen	Y
87081	Screening test for pathogenic organisms	Y
87084	Screening test for pathogenic organisms with colony count	Y
87086	Bacterial colony count, urine	Y
87088	Bacterial urine culture	Y
87110	Bacterial urine culture	Y
87270	Detection test by immunofluorescent technique for chlamydia	Y
87320	Detection test by immunoassay technique for Chlamydia trachomatis	Y
87340	Detection test by immunoassay technique for Hepatitis B surface antigen	Y
*87426	Detection test by immunoassay technique for severe acute respiratory syndrome coronavirus	N
*87428	Detection test by immunoassay technique for severe acute respiratory syndrome coronavirus and influenza	N
87485	Detection test by nucleic acid for chlamydia pneumoniae, direct probe technique	Y
87490	Detection test by nucleic acid for chlamydia, direct probe technique	Y
87491	Detection test by nucleic acid for chlamydia trachomatis, amplified probe technique	Y
87492	Detection test by nucleic acid for chlamydia trachomatis, quantification	Y
87534	Detection test by nucleic acid for HIV-1 virus, direct probe technique	Y
87537	Detection test by nucleic acid for HIV-2 virus, direct probe technique	Y

Table 1 – Procedure codes for preventive care services exempt from HIP copayment, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
87590	Detection test by nucleic acid for <i>Neisseria gonorrhoeae</i> (<i>gonorrhoeae</i> bacteria), direct probe technique	Y
87591	Detection test by nucleic acid for <i>Neisseria gonorrhoeae</i> (<i>gonorrhoeae</i> bacteria), amplified probe technique	Y
87592	Detection test by nucleic acid for <i>Neisseria gonorrhoeae</i> (<i>gonorrhoeae</i> bacteria), quantification	Y
87593	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each	N
87635	Amplified DNA or RNA probe detection of severe acute respiratory syndrome coronavirus 2 (COVID-19) antigen	N
*87636	Detection test by multiplex amplified probe technique for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19) and influenza virus types A and B	N
*87637	Detection test by multiplex amplified probe technique for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19), influenza virus types A and B, and respiratory syncytial virus	N
87810	Detection test by immunoassay with direct visual observation for <i>Chlamydia trachomatis</i>	Y
*87811	Detection test by immunoassay with direct visual observation for severe acute respiratory syndrome coronavirus 2 (COVID-19)	N
87850	Detection test by immunoassay with direct visual observation for <i>Neisseria gonorrhoeae</i> (<i>gonorrhoea</i>)	Y
*87913	Genotype analysis of severe acute respiratory syndrome coronavirus 2 (COVID-19) by nucleic acid for identification of mutations in targeted regions	N
88141	Pap test	N
88142	Pap test, manual screening	N
88143	Pap test, manual screening and rescreening	N
88147	Pap test (Pap smear), automated system	N
88148	Pap test (Pap smear), automated system with manual rescreening	N
88150	Pap test, slides, manual screening	N
88152	Pap test, slides, automated system with computer-assisted rescreening	N
88153	Pap test, slides, manual screening and rescreening	N
88155	Pap test, slides, definitive hormonal evaluation	N
88164	Pap test, slides, manual screening (the Bethesda System)	N
88165	Pap test, slides, manual screening and rescreening (the Bethesda System)	N
88166	Pap test, slides, manual screening and computer-assisted rescreening (the Bethesda System)	N
88167	Pap test, slides, manual screening and computer-assisted rescreening using cell selection (the Bethesda System)	N
88174	Pap test, automated thin layer preparation; automated system	N
88175	Pap test, automated thin layer preparation; automated system and manual rescreening	N
90460	Administration of first vaccine or toxoid component with counseling (18 years or younger)	N
90461	Administration of vaccine or toxoid component with counseling (18 years or younger), each additional vaccine or toxoid component	N
90471	Administration of vaccine	N
90472	Administration of vaccine, each additional vaccine	N
90473	Administration of nasal or oral vaccine, 1 vaccine	N
90474	Administration of nasal or oral vaccine, each additional vaccine	N

Table 1 – Procedure codes for preventive care services exempt from HIP copayment, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
*90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	N
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 ml dosage, suspension, for subcutaneous use	N
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B	N
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B	N
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 ml dosage, for percutaneous use	N
90630	Influenza vaccine, quadrivalent	N
90632	Hepatitis A vaccine adult dosage	N
90633	Hepatitis A vaccine pediatric or adolescent dosage	N
90634	Hepatitis A vaccine pediatric or adolescent dosage (3 dose schedule)	N
90636	Hepatitis A and hepatitis B vaccine	N
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine	N
90647	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	N
90648	Haemophilus influenzae type b vaccine, PRP-T conjugate	N
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent	N
90650	Human Papillomavirus vaccine, types 16, 18, bivalent	N
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent	N
90653	Influenza vaccine, inactivated	N
90654	Influenza vaccine, trivalent, split virus, preservative-free	N
90655	Influenza vaccine, trivalent, split virus, preservative-free, 0.25 mL dosage	N
90656	Influenza vaccine, trivalent, split virus, preservative-free, 0.5 mL dosage	N
90657	Influenza vaccine, trivalent, 0.25 mL dosage	N
90658	Influenza vaccine, trivalent, 0.5 mL dosage	N
90660	Influenza vaccine, trivalent for nasal administration	N
90661	Influenza vaccine, trivalent derived from cell cultures	N
90662	Influenza vaccine split virus, preservative free	N
90670	Pneumococcal vaccine, 13-valent	N
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	N
90672	Influenza vaccine, quadrivalent for nasal administration	N
90673	Influenza vaccine, trivalent derived from recombinant DNA	N
90674	Influenza vaccine, quadrivalent derived from cell cultures, preservative and antibiotic free	N
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	N
90680	Rotavirus vaccine, pentavalent	N
90682	Influenza vaccine, quadrivalent derived from recombinant DNA	N
90685	Influenza vaccine, quadrivalent, preservative free, 0.25 mL dosage	N
90686	Influenza vaccine, quadrivalent, preservative free, 0.5 mL dosage	N
90687	Influenza vaccine, quadrivalent, 0.25 mL dosage	N
90688	Influenza vaccine, quadrivalent, 0.5 mL dosage	N
90697	Diphtheria, tetanus, acellular pertussis, polio, Haemophilus influenzae type b, and hepatitis B vaccine	N
90698	Diphtheria, tetanus, acellular pertussis, polio, and Haemophilus influenzae type b vaccine	N
90707	Measles, mumps, and rubella vaccine	N
90710	Measles, mumps, rubella, and varicella vaccine	N

Table 1 – Procedure codes for preventive care services exempt from HIP copayment, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
90713	Poliovirus vaccine	N
90714	Diphtheria and tetanus vaccine (7 years or older)	N
90715	Diphtheria, tetanus, and acellular pertussis vaccine (7 years or older)	N
90716	Varicella vaccine	N
90723	Diphtheria, tetanus, acellular pertussis, hepatitis B, and polio vaccine	N
90732	Pneumococcal vaccine, 23-valent	N
90733	Meningococcal vaccine, serogroups A, C, Y, W-135	N
90734	Meningococcal vaccine, serogroups A, C, W, Y, diphtheria toxoid carrier vaccine	N
90736	Shingles vaccine for injection under skin	N
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	N
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage	N
90743	Hepatitis B vaccine, adolescent dosage	N
90744	Hepatitis B vaccine, pediatric or adolescent dosage (3 dose schedule)	N
90746	Hepatitis B vaccine, adult dosage (3 dose schedule)	N
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule)	N
90748	Hepatitis B and Haemophilus influenzae type b vaccine	N
90750	Shingles vaccine for injection into muscle	N
90756	Influenza vaccine, quadrivalent derived from cell cultures	N
90759	Vaccine for Hepatitis B (3 dose schedule) for injection into muscle, 10 mcg dosage	N
*91304	Severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use	N
*91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	N
*91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	N
*91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	N
*91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 ml dosage, for intramuscular use	N
*91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 ml dosage, for intramuscular use	N
92004	New patient complete exam of visual system	Y
92012	Established patient problem focused exam of visual system	Y
92014	Established patient complete exam of visual system	Y
92551	Test for screening hearing	N
92552	Test for hearing various pitches using earphone	Y
92558	Test for screening hearing using a probe	N
94760	Test to measure oxygen level in blood using ear or finger device	Y
96040	Counseling for genetic testing	Y
99000	Handling and/or conveyance of specimen for transfer from physician office to laboratory	Y
99001	Handling and/or conveyance of specimen for transfer to a laboratory	Y
99385	Initial new patient preventive medicine evaluation (18-39 years)	N
99386	Initial new patient preventive medicine evaluation (40-64 years)	N

Table 1 – Procedure codes for preventive care services exempt from HIP copayment, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
99395	Established patient periodic preventive medicine examination (18-39 years)	N
99396	Established patient periodic preventive medicine examination (40-64 years)	N
99401	Preventive medicine counseling, typically 15 minutes	N
99402	Preventive medicine counseling, typically 30 minutes	N
99403	Preventive medicine counseling, typically 45 minutes	N
99404	Preventive medicine counseling, typically 1 hour	N
99406	Smoking and tobacco use intensive counseling, 4-10 minutes	N
99407	Smoking and tobacco use intensive counseling, more than 10 minutes	N
99408	Alcohol and/or substance abuse screening and intervention, 15-30 minutes	N
99409	Alcohol and/or substance abuse screening and intervention, more than 30 minutes	N
99459	Pelvic exam	N
*0240U	Respiratory infectious agent detection by RNA for severe acute respiratory syndrome coronavirus 2 (COVID-19), influenza A, and influenza B) in upper respiratory specimen, each reported as detected or not detected	N
*0241U	Respiratory infectious agent detection by RNA for severe acute respiratory syndrome coronavirus 2 (COVID 19), influenza A, influenza B, and respiratory syncytial virus, upper respiratory specimen, each reported as detected or not detected	N
G0011	Individual counseling for pre-exposure prophylaxis (PREP) by physician or qualified health care professional (QHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15-30 minutes	N
G0013	Individual counseling for pre-exposure prophylaxis (PREP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence	N
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	N
G0102	Prostate cancer screening; digital rectal examination	N
G0103	Prostate cancer screening; prostate specific antigen test (PSA)	N
G0104	Colorectal cancer screening; flexible sigmoidoscopy	N
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	N
G0106	Colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema	N
G0120	Colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema.	N
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	N
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	N
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	N
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	N

Table 1 – Procedure codes for preventive care services exempt from HIP copayment, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	N
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	N
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	N
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	N
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	N
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for Medicaid billing purposes)	N
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for Medicaid billing purposes)	N
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for Medicaid billing purposes)	N
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for Medicaid billing purposes)	N
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time (this code is used for the Medicaid early and periodic screening, diagnostic, and treatment benefit (EPSDT))	N
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time (this code is used for the Medicaid early and periodic screening, diagnostic, and treatment benefit (EPSDT))	N
G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, DAST), and brief intervention 15 to 30 minutes	Y
G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, DAST), and intervention, greater than 30 minutes	Y
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	N
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	Y
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	Y
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	Y
G0442	Annual alcohol misuse screening, 5 to 15 minutes	N
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	N
G0444	Annual depression screening, 5 to 15 minutes	N

Table 1 – Procedure codes for preventive care services exempt from HIP copayment, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	N
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	N
G2025	Payment for a telehealth distant site service furnished by a rural health clinic (RHC) or federally qualified health center (FQHC) only	Y
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	N
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	N
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency, subsequent repeat doses	N
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	N
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	N
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	N
Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	N
Q0240	Injection, casirivimab and imdevimab, 600 mg	N
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	N
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	N
U0001	CDC 2019 novel coronavirus (2019-ncov) real-time RT-PCR diagnostic panel	N
U0002	2019-ncov coronavirus, SARS-CoV-2/2019-ncov (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	N
<i>*In accordance with federal flexibilities in place, the IHCP will continue the pause on copayments for coronavirus disease 2019 (COVID-19) testing or treatments until Oct. 1, 2024.</i>		

Table 2 – Procedure codes no longer included as HIP preventive care services exempt from copay, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
45330	Diagnostic exam of lower portion of large bowel using a flexible endoscope	Y
45378	Diagnostic exam of large bowel using a flexible endoscope	Y
45391	Ultrasound exam of large bowel using a flexible endoscope	Y
71045	X-ray of chest, 1 view	Y
71046	X-ray of chest, 2 views	Y
76770	Complete ultrasound scan behind abdominal cavity	Y
77065	Diagnostic mammography of 1 breast	Y
77066	Diagnostic mammography of both breasts	Y
80074	Acute hepatitis panel	Y
80076	Liver function blood test panel	Y
82043	Urine microalbumin (protein) level	Y
82044	Urine microalbumin (protein) analysis	Y
82948	Blood glucose (sugar) measurement using reagent strip	Y
83020	Hemoglobin analysis and measurement, electrophoresis	Y
83021	Hemoglobin analysis and measurement, chromatography	Y
84030	Phenylalanine, PKU (amino acid) level	Y
84202	Protoporphyrin (metabolism substance) level	Y
84203	Protoporphyrin (metabolism substance) screening test	Y
84436	Thyroxine (thyroid chemical), total	Y
84437	Thyroxine (thyroid chemical), requiring elution	Y
84439	Thyroxine (thyroid chemical), free	Y
84443	Blood test, thyroid stimulating hormone (TSH)	Y
84520	Urea nitrogen level to assess kidney function, quantitative	Y
85007	Microscopic examination for white blood cells with manual cell count	Y
85013	Red blood cell hemoglobin concentration	Y
85014	Red blood cell concentration measurement	Y
85018	Blood count, hemoglobin	Y
85025	Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	Y
85027	Complete blood cell count (red cells, white blood cell, platelets), automated test	Y
86880	Red blood cell antibody detection test, direct	Y
87275	Detection test by immunofluorescent technique for influenza B virus	N
87276	Detection test by immunofluorescent technique for influenza A virus	N
87279	Detection test by immunofluorescent technique for parainfluenza virus	N
87280	Detection test by immunofluorescent technique for respiratory syncytial virus (RSV)	N
87400	Detection test by immunoassay technique for influenza virus	N
87420	Detection test by immunoassay technique for respiratory syncytial virus (RSV)	N
87501	Detection test by nucleic acid for influenza virus, each type or subtype	N
87502	Detection test by nucleic acid for multiple types influenza virus	N
87503	Detection test by nucleic acid for multiple types influenza virus, each additional influenza virus type or sub-type	N
87631	Detection test by nucleic acid for multiple types of respiratory virus, multiple types or subtypes, 3-5 targets	N
87632	Detection test by nucleic acid for multiple types of respiratory virus, multiple types or subtypes, 6-11 targets	N
87633	Detection test by nucleic acid for multiple types of respiratory virus, multiple types or subtypes, 12-25 targets	N
87634	Detection test by nucleic acid for respiratory syncytial virus, amplified probe technique	N

Table 2 – Procedure codes no longer included as HIP preventive care services exempt from copay, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
87804	Detection test by immunoassay with direct visual observation for influenza virus	N
87807	Detection test by immunoassay with direct visual observation for respiratory syncytial virus	N
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	N
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	N
90696	Diphtheria, tetanus, acellular pertussis, and polio vaccine	N
90700	Diphtheria, tetanus, and acellular pertussis vaccine (younger than 7 years)	N
90702	Diphtheria and tetanus vaccine (younger than 7 years)	N
92002	New patient problem focused exam of visual system	N
92567	Test to assess middle ear function	N
92586	Placement of scalp electrodes for assessment and recording of responses from several areas of the nerve-brain hearing system, infant	N
92587	Placement of ear probe for computerized measurement of sound with interpretation and report	N
96150	Health and behavior assessment each 15 minutes	N
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	N
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	N
97802	Therapy procedure for nutrition management, each 15 minutes	Y
97803	Therapy procedure reassessment for nutrition management, each 15 minutes	Y
97804	Therapy procedure for nutrition management with group, each 30 minutes	Y
99155	Use of a drug to induce depression of consciousness by physician not performing a procedure (younger than 5 years), initial 15 minutes	Y
99156	Use of a drug to induce depression of consciousness by physician not performing a procedure (5 years or older), initial 15 minutes	Y
99157	Use of a drug to induce depression of consciousness by physician not performing a procedure, each additional 15 minutes	Y
99202	New patient outpatient visit, total time 15-29 minutes	Y
99203	New patient office or other outpatient visit, 30-44 minutes	Y
99204	New patient office or other outpatient visit, 45-59 minutes	Y
99205	New patient office or other outpatient visit, 60-74 minutes	Y
99211	Office or other outpatient visit for the evaluation and management of established patient that may not require presence of healthcare professional	Y
99212	Established patient office or other outpatient visit, 10-19 minutes	Y
99281	Emergency department visit for problem that may not require health care professional	Y
99282	Emergency department visit with straightforward medical decision making	Y
99283	Emergency department visit with low level of medical decision making	Y
99284	Emergency department visit with moderate level of medical decision making	Y
99285	Emergency department visit with high level of medical decision making	Y
99304	Initial nursing facility care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	N

Table 2 – Procedure codes no longer included as HIP preventive care services exempt from copay, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
99305	Initial nursing facility care with moderate level of medical decision making, per day, if using time, at least 35 minutes	N
99306	Initial nursing facility care with high level of medical decision making, per day, if using time, at least 45 minutes	N
99307	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 10 minutes	N
99308	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 15 minutes	N
99309	Subsequent nursing facility care with moderate level of medical decision making, per day, if using time, at least 30 minutes	N
99310	Subsequent nursing facility care with high level of medical decision making, per day, if using time, at least 45 minutes	N
99341	Residence visit for new patient with straightforward medical decision making, per day, if using time, at least 15 minutes	N
99342	Residence visit for new patient with low level of medical decision making, per day, if using time, at least 30 minutes	N
99344	Residence visit for new patient with moderate level of medical decision making, per day, if using time, at least 60 minutes	N
99345	Residence visit for new patient with high level of medical decision making, per day, if using time, at least 75 minutes	N
99347	Residence visit for established patient with straightforward medical decision making, per day, if using time, at least 15 minutes	N
99348	Residence visit for established patient with low level of medical decision making, per day, if using time, at least 30 minutes	N
99349	Residence visit for established patient with moderate level of medical decision making, per day, if using time, at least 40 minutes	N
99350	Residence visit for established patient with high level of medical decision making, per day, if using time, at least 60 minutes	N
99381	Initial new patient preventive medicine evaluation (younger than 1 year)	N
99382	Initial new patient preventive medicine evaluation (1-4 years)	N
99383	Initial new patient preventive medicine evaluation (5-11 years)	N
99384	Initial new patient preventive medicine evaluation (12-17 years)	N
99391	Established patient periodic preventive medicine examination (younger than 1 year)	N
99392	Established patient periodic preventive medicine examination (1-4 years)	N
99393	Established patient periodic preventive medicine examination (5-11 years)	N
99394	Established patient periodic preventive medicine examination (12-17 years)	N
99441	Telephone medical discussion with physician, 5-10 minutes	N
99442	Telephone medical discussion with physician, 11-20 minutes	N
99443	Telephone medical discussion with physician, 21-30 minutes	N
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only	N
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes	Y

Table 2 – Procedure codes no longer included as HIP preventive care services exempt from copay, effective for DOS on or after July 1, 2024

Procedure code	Description	Diagnosis code match required
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes	Y
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	N
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit	N
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	N
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment	N
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	N
S9470	Nutritional counseling, dietitian visit	Y