

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201803

JANUARY 16, 2018

IHCP to cover HCPCS code Q2043

Effective February 16, 2018, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code Q2043 – *Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion (Provenge)*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans, and to dates of service (DOS) on or after February 16, 2018.

The following billing and reimbursement information applies:

- Pricing: Maximum fee of \$49,351.61
- Prior authorization (PA): Yes
- Billing guidance:
 - Must be billed with the National Drug Code (NDC) of the product administered
 - Separate reimbursement is allowed under revenue code 636 – *Drugs requiring detailed coding for separate reimbursement in an outpatient setting*. For reimbursement consideration, providers may bill the procedure code and the revenue code together, as appropriate.

PA requires the following criteria be met to document medical necessity:

- Diagnosis of metastatic castrate-resistant (hormone-refractory) prostate cancer
- ECOG (Eastern Cooperative Oncology Group) performance status 0-1
- Disease is asymptomatic or minimally symptomatic
- Life expectancy is greater than 6 months
- Serum testosterone level is less than 50 ng/dl (17 nmol/l)
- No hepatic metastases

This coverage change will be reflected in the next updates to the *Procedure Codes that Require NDCs* and the *Revenue Codes Linked to Specific Procedure Codes* tables on the [Code Sets](#) web page, and in the next updates to the [Professional Fee Schedule](#) and the [Outpatient Fee Schedule](#) at indianamedicaid.com.

Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS-PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720.

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- [IHCP to mass adjust or mass reprocess claims for certain ocular implant DME codes that may have denied inappropriately](#)

Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled.

IHCP to mass adjust or mass reprocess claims for certain ocular implant DME codes that may have denied inappropriately

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects fee-for-service (FFS) claims for certain ocular implant durable medical equipment. Claims or claim details for the procedure codes listed in Table 1 may have denied inappropriately. This issue affects claims processed from February 13, 2017, through January 12, 2018.

Table 1 – Ocular implant DME procedure codes that may have denied inappropriately, from February 13, 2017 through January 12, 2018

Procedure Code	Description
V2623	Prosthetic eye, plastic, custom
V2624	Polishing/resurfacing of ocular prosthesis
V2625	Enlargement of ocular prosthesis
V2626	Reduction of ocular prosthesis
V2627	Scleral cover shell
V2628	Fabrication and fitting of ocular conformer

This issue has been corrected. Claims or claim details for the affected procedure codes that processed during the indicated timeframe and denied will be mass adjusted or mass reprocessed. Providers should see adjusted or reprocessed claims on their Remittance Advices (RAs) beginning February 20, 2018. These claims will be identified by internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related) or 80 (reprocessed denied claims). For claims that were underpaid, the net difference will be paid and reflected on the RAs.

QUESTIONS?

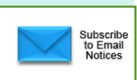
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