

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201827

JULY 3, 2018

## IHCP to cover CPT code 93050

Effective August 3, 2018, the Indiana Health Coverage Programs (IHCP) will cover Current Procedural Terminology (CPT®<sup>1</sup>) code 93050 – *Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive.*

Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans. Coverage applies to dates of service (DOS) on or after August 3, 2018.

The following reimbursement information applies:

- Pricing: Resource-based relative value scale (RBRVS)
- Prior authorization (PA): None required
- Billing guidance: Standard billing guidance applies

This change will be reflected in the next regular updates to the [Professional Fee Schedule](#) and the [Outpatient Fee Schedule](#) at [indianamedicaid.com](http://indianamedicaid.com).

Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.



<sup>1</sup>CPT copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

## IHCP to cover CPT code 65785

Effective August 3, 2018, the Indiana Health Coverage Programs (IHCP) will cover Current Procedural Terminology (CPT) code 65785 – *Implantation of intrastromal corneal ring segments*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans. Coverage applies to dates of service (DOS) on or after August 3, 2018.

The following reimbursement information applies:

- Pricing:
  - Professional (CMS-1500) – Resource-based relative value scale (RBRVS)
  - Outpatient – Ambulatory Surgical Center (ASC) pricing indicator "G"
- Prior authorization (PA): Required
- Billing guidance: Standard billing guidance applies

*continued*

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PA for the coverage of procedure code 65785 requires the following criteria be met:

- The member is 21 years of age or older.
- Procedure is for the treatment of keratoconus.
- The member has experienced a progressive deterioration in vision, such that he or she can no longer achieve adequate functional vision with contact lenses or spectacles.
- Corneal transplantation is the only alternative to improve the patient's functional vision.
- The patient has a clear central cornea with a corneal thickness of 450 microns or greater at the proposed incision site.

The following coverage limitations apply:

- Procedure code 65785 is considered **not medically necessary and therefore is not allowed** as a treatment of myopia.
- Procedure code 65785 is considered **investigational and therefore is not allowed** for all other conditions.

This coverage information will be reflected in the next regular 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. 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.

## New program integrity audit process training now available

The Indiana Health Coverage Programs (IHCP) is making web-based Program Integrity Provider Education Training available to all providers. These training presentations are intended to supplement the provider reference modules and other IHCP-published provider reference materials.

The latest Program Integrity provider training titled [Program Integrity Audit Process Overview](#) is now available. This training is designed for any IHCP provider and affiliated personnel. The purpose of this training is to supply IHCP providers with the information necessary to understand program integrity's role to guard against fraud, abuse, and waste of Medicaid program benefits and resources, as well as to explain the program integrity audit process.

By the end of the course, providers should be able to:

- Explain the purpose, role, and mission of the Program Integrity Unit
- Define Medicaid provider fraud and abuse and its consequences
- Understand the steps of the Program Integrity audit process

To access the training, navigate to the [Program Integrity Provider Education Training](#) page at indianamedicaid.com. Other training topics posted there are listed below. Watch upcoming IHCP provider publications for announcements when other trainings under development become available.

- [Non-Emergency Transportation Documentation Requirements and Billing Guidelines](#)
- [Ambulance Transportation Documentation Requirements and Billing Guidelines](#)
- [Dental Provider Documentation Requirements and Billing Guidelines](#)

## IHCP links additional procedure codes to specialty 140 – Podiatrist

Effective August 3, 2018, the Indiana Health Coverage Programs (IHCP) will link the procedure codes in Table 1 to specialty 140 – Podiatrist. These procedure codes will be covered when rendered by a podiatrist for dates of service (DOS) on or after August 3, 2018.

These changes will be reflected in the Podiatry Services Codes code table on the [Code Sets](#) page at indianamedicaid.com. Reimbursement and billing guidelines for the procedure codes in the podiatrist code set remain unchanged and are subject to current policies, edits, and audits. Claims submitted by podiatrists for procedure codes not included in the code set will be denied for explanation of benefits (EOB) code 1012 – *Service and or modifier billed not payable for your provider type/specialty*.

*Table 1 – Additions to covered procedure codes for podiatrists (specialty 140)*

Procedure code	Description
11100	Biopsy of single growth of skin and/or tissue
11101	Biopsy of each additional growth of skin and/or tissue
11760	Repair of finger or toe nail bed
12001	Repair of wound (2.5 centimeters or less) of the scalp, neck, underarms, trunk, arms and/or legs
12002	Repair of wound (2.6 to 7.5 centimeters) of the scalp, neck, underarms, genitals, trunk, arms and/or legs
12020	Repair of separation of wound closure
12041	Repair of wound (2.5 centimeters or less) of neck, hands, feet, and/or genitals
13160	Second repair of surgical wound
14040	Tissue transfer repair of wound (10 sq centimeters or less) of the forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet
14041	Tissue transfer repair of wound (10.1 to 30.0 sq centimeters) of the forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet
14350	Repair of tissue loss of finger or toe
15002	Preparation of graft site at trunk, arms, or legs (first 100 sq cm or 1% body area infants and children)
15004	Preparation of graft site of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or 1% body area of infants and children)
15040	Relocation of skin (100 sq cm or less) for tissue cultured graft
15050	Skin graft (2 centimeters) to tip of finger or toe
15100	Skin graft at trunk, arms, or legs (first 100 sq cm or less, or 1% body area of infants and children)
15110	Skin graft at trunk, arms, or legs (first 100 sq cm or less, or 1% body area of infants and children)
15115	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or less, or 1% body area of infants and children)

*continued*

Table 1 – Additions to Covered Procedure Codes for Podiatrists (Specialty 140) (continued)

Procedure code	Description
15120	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or less, or 1% body area of infants and children)
15130	Skin graft at trunk, arms, or legs (first 100 sq cm or less, or 1% body area of infants and children)
15135	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or less, or 1% body area of infants and children)
15150	Skin graft at trunk, arms, or legs (first 25 sq centimeters or less)
15155	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 25 sq centimeters or less)
15220	Relocation of patient skin (20 sq centimeters or less) to scalp, arms, and/or legs
15240	Relocation of patient skin to forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet (20 sq centimeters or less)
15271	Application of skin substitute (wound surface up to 100 sq cm) to trunk, arms, or legs (first 25 sq cm or less)
15272	Application of skin substitute (wound surface up to 100 sq cm) to trunk, arms, or legs
15273	Application of skin substitute (wound surface greater or equal to 100 sq cm) to trunk, arms, or legs (first 100 sq cm or 1% body area of infants and children)
15274	Application of skin substitute (wound surface greater or equal to 100 sq cm) to trunk, arms, or legs
15275	Application of skin substitute (wound surface up to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 25 sq cm or less)
15276	Application of skin substitute (wound surface up to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes
15277	Application of skin substitute (wound surface great than or equal to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or 1% body area of infants and children)
15278	Application of skin substitute (wound surface great than or equal to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes
17000	Destruction of skin growth
17003	Destruction of 2-14 skin growths
17004	Destruction of 15 or more skin growths
17250	Application of chemical agent to excessive wound tissue
20103	Exploration of penetrating wound of arm or leg
20220	Biopsy of bone using needle or trocar
20225	Deep biopsy of bone using needle or trocar

continued

Table 1 – Additions to Covered Procedure Codes for Podiatrists (Specialty 140) (continued)

Procedure code	Description
20240	Biopsy of bone, open procedure
20612	Aspiration and/or injection of cysts
20670	Removal of bone implant
20680	Removal of deep bone implant
20690	Application of uniplane external bone fixation on one arm or leg
20692	Application of multiplane external bone fixation system on one arm or leg
20694	Removal of external bone fixation under anesthesia
20696	Application of multiplane external bone fixation system on one arm or leg
20697	Application of multiplane external bone fixation system
20900	Small bone graft harvest
27600	Incision of tissue of front and/or lateral muscle compartments of lower leg
27601	Incision of tissue of rear muscle compartments of lower leg
27602	Incision of tissue of front and/or lateral and rear muscle compartments of lower leg
27604	Drainage of infected fluid-filled sac (bursa) of leg or ankle
27605	Incision of Achilles tendon, accessed through the skin using local anesthetic
27606	Incision of Achilles tendon, accessed through the skin requiring general anesthesia
27607	Incision of bone of leg or ankle
27610	Exploration, drainage, or removal of foreign body of ankle
27612	Release of ankle joint capsule
27620	Exploration of ankle joint
27625	Removal of membrane covering of ankle joint
27626	Removal of membrane covering ankle joint and tendon
27630	Removal of growth of leg and/or ankle tendon lining or capsule
27635	Removal or scraping of cyst or growth of either bone of lower leg
27637	Removal or scraping of cyst or growth of either bone of lower leg with patient-derived bone graft
27638	Removal or scraping of cyst or growth of either bone of lower leg with donor bone graft
27640	Partial removal of shin bone
27641	Partial removal of leg bone
27650	Repair of ruptured Achilles tendon, open or through skin procedure

continued



*Table 1 – Additions to Covered Procedure Codes for Podiatrists (Specialty 140) (continued)*

<b>Procedure code</b>	<b>Description</b>
27652	Repair of ruptured Achilles tendon with graft, open or through skin procedure
27654	Repair of ruptured Achilles tendon
27658	Repair of leg tendon
27659	Repair of leg tendon
27664	Repair of leg tendon
27665	Repair of leg tendon
27675	Repair of dislocating lower leg tendons
27676	Repair of dislocating lower leg tendons
27680	Release of leg and/or ankle tendon
27681	Release of multiple tendons of leg and/or ankle
27685	Lengthening or shortening of tendon of leg or ankle
27686	Lengthening or shortening of multiple tendons of leg or ankle
27687	Lengthening of calf muscle
27690	Transplant of tendon and muscle rerouting at lower leg or ankle
27691	Transplant of deep tendon with muscle rerouting at lower leg or ankle
27692	Transplant of tendon and muscle rerouting at lower leg or ankle
27695	Repair of disrupted collateral ligament of ankle
27696	Repair of disruption of both collateral ligaments of ankle
27698	Repair of disrupted collateral ligament of ankle
27700	Repair of ankle joint
27702	Repair of ankle joint with prosthesis
27703	Repair of ankle joint with revision of prosthesis
27704	Removal of ankle implant
27705	Incision of shin bone
27707	Incision of leg bone
27709	Incision of shin and outer lower leg bones
27760	Closed treatment of broken ankle
27762	Closed treatment of broken ankle with manipulation
27766	Open treatment of broken ankle

*continued*

Table 1 – Additions to Covered Procedure Codes for Podiatrists (Specialty 140) (continued)

Procedure code	Description
27767	Closed treatment of broken ankle
27768	Closed treatment of broken ankle with manipulation
27769	Open treatment of broken ankle
27786	Closed treatment of broken ankle
27788	Closed treatment of broken ankle with manipulation
27792	Open treatment of broken ankle
27808	Closed treatment of broken ankle
27810	Closed treatment of broken ankle with manipulation
27814	Open treatment of broken ankle
27816	Closed treatment of broken ankle
27818	Closed treatment of broken ankle with manipulation
27822	Open treatment of broken ankle
27823	Open treatment of broken ankle
27824	Closed treatment of fracture of lower weight bearing joint of shin bone
27825	Closed treatment of fracture of lower weight bearing joint of shin bone with traction and/or manipulation
27829	Open treatment of ligament tear at ankle joint
27830	Closed treatment of knee joint dislocation
27831	Closed treatment of knee joint dislocation under anesthesia
27840	Closed treatment of ankle dislocation
27842	Closed treatment of ankle dislocation under anesthesia
27846	Open treatment of ankle dislocation
27848	Open treatment of ankle dislocation with repair or internal or external hardware
27860	Manipulation of ankle under general anesthesia
27870	Fusion of ankle joint, open procedure
28208	Repair of foot tendon
28291	Correction of rigid deformity of first joint of big toe using implant
28295	Correction of bunion
29700	Removal or bivalving of gauntlet, boot, or body cast
29799	Casting or strapping procedure

continued

Table 1 – Additions to Covered Procedure Codes for Podiatrists (Specialty 140) (continued)

Procedure code	Description
64640	Destruction of peripheral nerve or branch
64774	Removal of growth of skin nerve
64776	Removal of growth of finger or toe nerve
64778	Removal of growth of finger or toe nerve
64782	Removal of growth of hand or foot nerve
64783	Removal of growth of hand or foot nerve
64787	Implantation of nerve end into bone or muscle
73590	X-ray of lower leg, 2 views
Q4100	Skin substitute, not otherwise specified
Q4101	Apligraf, per square centimeter
Q4102	Oasis wound matrix, per square centimeter
Q4103	Oasis burn matrix, per square centimeter
Q4104	Integra bilayer matrix wound dressing (BMWWD), per square centimeter
Q4105	Integra dermal regeneration template (DRT) or integra omnigraft dermal regeneration matrix, per square centimeter
Q4106	Dermagraft, per square centimeter
Q4107	Graftjacket, per square centimeter
Q4108	Integra matrix, per square centimeter
Q4110	Primatrix, per square centimeter
Q4111	Gammagraft, per square centimeter
Q4112	Cymetra, injectable, 1 cc
Q4113	Graftjacket xpress, injectable, 1 cc
Q4114	Integra flowable wound matrix, injectable, 1 cc
Q4115	Alloskin, per square centimeter
Q4116	Alloderm, per square centimeter
Q4117	Hyalomatrix, per square centimeter
Q4118	Matristem micromatrix, 1 mg
Q4121	Theraskin, per square centimeter
Q4122	Dermacell, per square centimeter

continued



Table 1 – Additions to Covered Procedure Codes for Podiatrists (Specialty 140) (continued)

Procedure code	Description
Q4123	Alloskin RT, per square centimeter
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter
Q4125	Arthroflex, per square centimeter
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter
Q4127	Talymed, per square centimeter
Q4128	FlexHD, allopatch hd, or matrix hd, per square centimeter
Q4130	Strattice™, per square centimeter
Q4131	EpiFix or EpiCrd, per square centimeter
Q4132	Grafix core and grafixpl core, per square centimeter
Q4133	Grafix prime and grafixpl prime, per square centimeter
Q4134	hMatrix, per square centimeter
Q4135	Mediskin, per square centimeter
Q4136	E-Z Derm, per square centimeter
Q4137	Amnioexcel or biodexcel, per square centimeter
Q4138	Biodfence dryflex, per square centimeter
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc
Q4140	Biodfence, per square centimeter
Q4141	Alloskin ac, per square centimeter
Q4142	XCM BIOLOGIC tissue matrix, per square centimeter
Q4143	Repriza, per square centimeter
Q4145	EpiFix, injectable, 1 mg
Q4146	Tensix, per square centimeter
Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter
Q4148	Neox cord 1k, NEOX CORD RT, or clarix cord 1k, per square centimeter
Q4149	Excellagen, 0.1 cc
Q4150	Allowrap DS or dry, per square centimeter
Q4151	Amnioband or guardian, per square centimeter
Q4152	Dermapure, per square centimeter

continued

Table 1 – Additions to Covered Procedure Codes for Podiatrists (Specialty 140) (continued)

Procedure code	Description
Q4153	Dermavest and plurivest, per square centimeter
Q4154	Biovance, per square centimeter
Q4155	Neoxflo or clarixflo, 1 mg
Q4156	Neox 100 or clarix 100, per square centimeter
Q4157	Revitalon, per square centimeter
Q4158	Kerecis omega3, per square centimeter
Q4159	Affinity, per square centimeter
Q4160	Nushield, per square centimeter
Q4161	bio-ConneKt wound matrix, per square centimeter
Q4162	Woundex flow, bioskin flow, 0.5 cc
Q4163	Woundex, bioskin, per square centimeter
Q4164	Helicoll, per square centimeter
Q4165	Keramatrix, per square centimeter
Q4166	Cytal, per square centimeter
Q4167	Truskin, per square centimeter
Q4168	Amnioband, 1 mg
Q4169	Artacent wound, per square centimeter
Q4170	Cygnus, per square centimeter
Q4171	Interfyl, 1 mg
Q4172	Puraply or puraply am, per square centimeter
Q4173	Palingen or palingen xplus, per square centimeter
Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc
Q4175	Miroderm, per square centimeter
Q4176	Neopatch, per square centimeter
Q4177	Floweramnioflo, 0.1 cc
Q4178	Floweramniopatch, per square centimeter
Q4179	Flowerderm, per square centimeter
Q4180	Revita, per square centimeter

continued

*Table 1 – Additions to Covered Procedure Codes for Podiatrists (Specialty 140) (continued)*

Procedure code	Description
Q4181	Amnio wound, per square centimeter
Q4182	Transcyte, per square centimeter

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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