

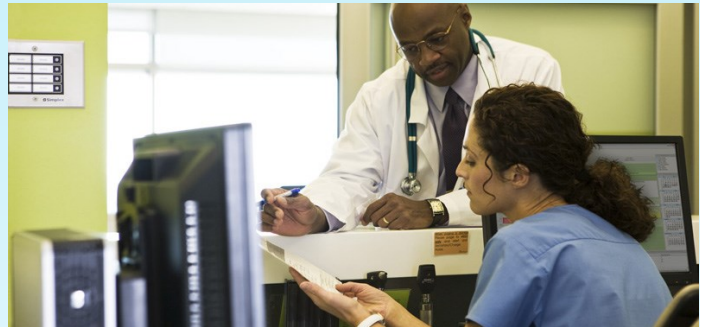
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201544 JULY 9, 2015

July 2015 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective July 1, 2015, per the Centers for Medicare & Medicaid (CMS), to determine coverage and billing guidelines.

■ [Table 1](#) provides a list of the new codes contained in the quarterly update, along with code descriptions, program coverage determinations, prior authorization requirements, National Drug Code (NDC) requirements, and any special billing instructions. Covered codes may be billed for dates of service (DOS) on or after July 1, 2015. These codes have been added to the IndianaAIM claims processing system; coverage, billing, and reimbursement information has been posted to the [Code Sets](#) and [Fee Schedule](#) at indianamedicaid.com. The standard global billing procedures and edits apply.



- [Table 2](#) identifies the newly covered codes from Table 1 for which 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 these procedure codes and the revenue code together, as appropriate, for DOS on or after July 1, 2015.
- [Table 3](#) identifies three deleted codes included in the quarterly update, along with the alternate code considerations. The code deletions are effective for DOS on or after July 1, 2015. The alternate codes noted are new codes, which are included in Table 1 with coverage determinations noted.
- [Table 4](#) identifies a single deleted modifier included in the quarterly update. The modifier deletion is effective for DOS on or after July 1, 2015.
- [Table 5](#) identifies two codes included in the quarterly update for which the descriptions have been revised, effective for DOS on or after July 1, 2015.

The July 2015 HCPCS code updates are also available for download from the [CMS website](#) at cms.gov.

Table 1 – Quarterly update of new HCPCS codes, effective for DOS on or after July 1, 2015

Procedure code	Description	Program coverage	Prior authorization required	NDC required	Special billing instructions
0009M	VisibiliT, Sequenom, Center for Molecular Medicine, LLC	Noncovered for all programs	N/A	N/A	N/A
0010M	4Kscore test, OPKO Diagnostics, LLC	Noncovered for all programs	N/A	N/A	N/A
0392T	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device	Noncovered for all programs	N/A	N/A	N/A
0393T	Removal of esophageal sphincter augmentation device	Noncovered for all programs	N/A	N/A	N/A
C2613	Lung biopsy plug with delivery system	Covered for all programs	No	No	No
C9453	Injection, Nivolumab, 1 mg	Covered for all programs	No	Yes	See Table 2
C9454	Injection, Pasireotide long acting, 1 mg	Covered for all programs	No	Yes	See Table 2
C9455	Injection, Siltuximab 10 mg	Covered for all programs	No	Yes	See Table 2
Q5101	Injection, Filgrastim g-csf Biosimilar, 1 microgram	Noncovered for all programs	N/A	N/A	N/A
Q9976	Injection, Ferric Pyrophosphate Citrate Solution, 0.1 mg or iron	Noncovered for all programs	N/A	N/A	N/A
Q9977	Compounded drug not otherwise classified	Noncovered for all programs	N/A	N/A	N/A
Q9978	Netupitant 300 mg and Palonosetron 0.5 mg, oral	Covered for all programs	No	Yes	See Table 2

Table 2 – Newly covered codes for which separate reimbursement is allowed under revenue code 636

Procedure code	Description
C9453	Injection, Nivolumab, 1 mg
C9454	Injection, Pasireotide long acting, 1 mg
C9455	Injection, Siltuximab, 10 mg
Q9978	Netupitant 300 mg and Palonosetron 0.5 mg, oral

Table 3 – Quarterly update of deleted codes, effective for DOS on or after July 1, 2015

Procedure code	Description	Alternate code
C9448	Netupitant 300 mg and Palonosetron 0.5 mg, oral	Q9978 – Netupitant 300 mg and Palonosetron 0.5 mg, oral
C9737	Laparoscopy, surgical, esophageal sphincter augmentation with device	0392T – Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device
S8262	Mandibular orthopedic repositioning device, each	None

Table 4 – Quarterly update of deleted modifiers, effective for DOS on or after July 1, 2015

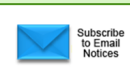
Modifier	Description	Type
JF	Compounded Drug	Informational

Table 5 – Newly revised code descriptions, effective for DOS on or after July 1, 2015

Procedure code	Description	Revision
0001M	HCV FibroSURE, LabCorp Fibro Test	This code was effective January 1, 2015. The short description was changed from <i>Infectious Dis HCV 6 Assays</i>
C9349	PuraPly and PuraPly Antimicrobial, any type, per square centimeter	This code was effective January 1, 2015. The trade name for this product has been changed from "Fortaderm" to "PuraPly," effective July 1, 2015.

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