IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201706 JANUARY 24, 2017

Additional information provided from the 2017 annual HCPCS code updates

Coverage and billing information about new codes from the 2017 annual Healthcare Common Procedure Coding System (HCPCS) code updates was published in *Indiana Health Coverage Program (IHCP) Bulletin* BT201694, dated December 29, 2016. The IHCP is publishing this update to provide additional information related to the annual HCPCS updates, including the following:

- Table 1: Corrections to the IHCP coverage information originally published in *BT201694*. The coverage determinations for HCPCS codes A9597and A9598 should have indicated "Noncovered for all programs." These corrections are effective immediately with this publication. Claims for A9597 and A9598 with dates of service (DOS) on or before January 24, 2017, will be unaffected by this correction.
- Table 2: Description revisions to codes included in the 2017 annual HCPCS code updates that affected reimbursement. Consult the Fee Schedule at indianamedicaid.com for coverage information.
- Table 3: Pricing percentages for newly covered codes that are manually priced codes. Codes were inadvertently left off Table 2 in *BT201694*.
- Table 4: Revised special billing instructions for Current Dental Terminology (CDT®[1]) code D6081.
- Table 5: New telemedicine modifier used for informational purposes only.
- Table 6: Discontinued codes included in the 2017 annual HCPCS code updates, along with alternate code considerations. Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the Fee Schedule at indianamedicaid.com for coverage information. Codes that were discontinued January 1, 2017, for which no alternative codes were identified, are not listed but are available for reference or download from the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.

Information noted in these tables is effective for DOS on or after January 1, 2017. The information will be reflected in the next monthly update to the Fee Schedule and to the affected code tables on the *Code Sets* page at indianamedicaid.com.

Reimbursement changes for the codes listed in Table 2 and Table 3 were made to the claim-processing system as of January 13, 2017. Claims for these codes with DOS from January 1, 2017, through January 13, 2017, should be voided and replaced for appropriate reimbursement. Claims for the codes on Tables 2 and 3 that are not voided and replaced will be mass adjusted at a later date. The IHCP will give providers at least 30 days' notice prior to processing the mass adjustment.

QUESTIONS?

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Table 1 − Corrected coverage information for 2017 annual HCPCS codes, effective immediately for DOS on or after January 24, 2017

Procedure code	Description	Incorrect Information published in ***BT201694****	Corrected coverage information*
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	Covered for all programs; PA not required; NDC not required; no special billing requirements	Noncovered for all programs
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified	Covered for all programs; PA not required; NDC not required; no special billing requirements	Noncovered for all programs

* "Covered" indicates the service described for the code is covered, subject to limitations established for certain benefit packages.
"Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 2 − Codes with revised descriptions from the 2017 annual HCPCS updates affecting reimbursement, effective for DOS on or after January 1, 2017

Procedure code	Description	Reimbursement changes
28289	Correction of rigid deformity of first joint of big toe	• Physician rates* updated • ASC** indicator updated
28292	Correction of bunion	• Physician rates* updated • ASC** indicator updated
28297	Correction of bunion	• Physician rates* updated • ASC** indicator updated
31584	Incision of voice box to repair thyroid cartilage fracture	• Physician rates* updated
E0627	Seat lift mechanism, electric, any type	• DME rates updated
E0628	Seat lift mechanism, non-electric, any type	• DME rates updated

*Physician rates have been updated using the 2017 Medicare Physician Fee Schedule relative value units (RVUs).
**ASC = Ambulatory surgical center pricing.

Table 3 − Pricing percentages for newly covered codes from the 2017 annual HCPCS updates that are manually priced, effective for DOS on or after January 1, 2017

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a ***CMS-1500*** **claim**	Amount reimbursed as % of billed charges when billed on a ***UB-04*** **claim**
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	20%	15%
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC)	90%	90%

Table 4 − Revised special billing instruction from the 2017 annual HCPCS updates, effective for DOS on or after January 1, 2017

Procedure code	Description	Revised special billing instructions
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Tooth number must be included on the claim; attachment required: dental chart and proof of dental implant

Table 5 – New telemedicine modifier from the 2017 annual HCPCS updates, effective for DOS on or after January 1, 2017

Modifier code	Description	Type
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system	Informational

Table 6 – Discontinued codes with alternative code considerations from the 2017 annual HCPCS updates, effective for DOS on or after January 1, 2017

Procedure code	Description	Alternate code considerations
11752	Excision of nail and nail matrix, partial or complete, (e.g., ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx	15050, 26236, 28124, 28160
21495	Open treatment of bone between chin and thyroid	31584
22305	Closed treatment of broken spine bones	Use the appropriate evaluation and management (E/M) code
22851	Application of intervertebral biomechanical device(s) (e.g., synthetic cage(s), methymethacrylate) to vertebral defect or interspace (list separately in addition to code for primary procedure)	22853, 22854, 22859
27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation	27197
27194	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia	27198
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (e.g., Silver type procedure)	28292
28293	Correction, hallux valgus (bunionectomy), with or without sesamoidectomy; resection of joint with implant	28291
31582	Laryngoscopy; for laryngeal stenosis, with graft or core mold, including tracheotomy	31551, 31552, 31553, 31554
33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass	33390, 33391
33401	Valvuloplasty, aortic valve; open, with inflow occlusion	33390, 33391
33403	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass	33390, 33391
35450	Transluminal balloon angioplasty, open; renal or other visceral artery	36902, 36905, 36907, 37246, 37247, 37248, 37249
35452	Transluminal balloon angioplasty, open; aortic	36902, 36905, 36907, 37246, 37247, 37248, 37249
35458	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	36902, 36905, 36907, 37246, 37247, 37248, 37249
35460	Transluminal balloon angioplasty, open; venous	36902, 36905, 36907, 37246, 37247, 37248, 37249

Table 6 – Discontinued codes with alternative code considerations from the 2017 annual HCPCS updates, effective for DOS on or after January 1, 2017

Procedure code	Description	Alternate code considerations
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	36902, 36905, 36907, 37246, 37247, 37248, 37249
35472	Transluminal balloon angioplasty, percutaneous; aortic	36902, 36905, 36907, 37246, 37247, 37248, 37249
35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic and branches, each vessel	36902, 36905, 36907, 37246, 37247, 37248, 37249
35476	Transluminal balloon angioplasty, percutaneous; venous	36902, 36905, 36907, 37246, 37247, 37248, 37249
36147	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)	36901, 36902, 36903, 36904, 36905, 36906
36148	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (list separately in addition to code for primary procedure)	36901, 36902, 36903, 36904, 36905, 36906
36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or non-autogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	36904, 36905, 36906
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	62320, 62321
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	62322, 62323
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	62324, 62325
62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	62326, 62327

Table 6 – Discontinued codes with alternative code considerations from the 2017 annual HCPCS updates, effective for DOS on or after January 1, 2017

Procedure code	Description	Alternate code considerations
75791	Angiography, arteriovenous shunt (e.g., dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation	36901, 36902
75962	Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation	36902, 36905, 37246, 37247
75964	Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (list separately in addition to code for primary procedure)	36902, 36905, 37246, 37247
75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	36902, 36905, 37246, 37247
75968	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (list separately in addition to code for primary procedure)	36902, 36905, 37246, 37247
75978	Transluminal balloon angioplasty, venous (e.g., subclavian stenosis), radiological supervision and interpretation	36902, 36905, 36907, 37248, 37249
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (list separately in addition to code for primary procedure)	77065, 77066
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (list separately in addition to code for primary procedure)	77067
77055	Mammography of one breast	77065
77056	Mammography of both breasts	77066
77057	Screening mammography, bilateral (2-view study of each breast)	77067
80300	Drug screen	80305, 80306
80301	Drug screen	80307
80302	Drug screen	80308
80303	Drug screen	80309
80304	Drug screen	80310
97001	Physical therapy evaluation	97161, 97162, or 97163
97002	Physical therapy re-evaluation	97164
97003	Occupational therapy evaluation	97165, 97166, or 97167
97004	Occupational therapy re-evaluation	97168
97005	Athletic training evaluation	97169, 97170, 97171
97006	Athletic training re-evaluation	97172
99143	Moderate sedation services by physician also performing a procedure, patient younger than 5 years of age, first 30 minutes	99151
99144	Moderate sedation services by physician also performing a procedure, patient 5 years of age or older, first 30 minutes	99152
99145	Moderate sedation services by physician or health care provider also performing a procedure	99157

Table 6 – Discontinued codes with alternative code considerations from the 2017 annual HCPCS updates, effective for DOS on or after January 1, 2017

Procedure code	Description	Alternate code considerations
99148	Moderate sedation services by physician not performing a procedure, patient younger than 5 years of age, first 30 minutes	99155
99149	Moderate sedation services by physician not performing a procedure, patient 5 years of age or older, first 30 minutes	99156
99150	Moderate sedation services by physician or health care provider not performing a procedure	99155, 99156, 99157
99420	Administration and interpretation of health risk assessment instrument	96160, 96161
0010M	Oncology (high-grade prostate cancer), biochemical assay of four proteins (total PSA, free PSA, intact PAS and human kallidrein 2 (hk2)) plus patient age, digital rectal examination status, and no history of positive prostate biopsy, utilizing plasma, prognostic algorithm reported as a probability score	81539
0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level	22868, 22869
0172T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (list separately in addition to code for primary procedure)	22868, 22878
0281T	Percutaneous trans-catheter closure of the left atrial appendage with implant, including fluoroscopy, trans-septal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	33340
0291T	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report; initial vessel (list separately in addition to primary procedure)	92978, 92979
0292T	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report; each additional vessel (list separately in addition to primary procedure)	92978, 92979
0336T	Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	58674
0392T	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (i.e., magnetic band)	43284
0393T	Removal of esophageal sphinter augmentation device	43285
A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	A4467
B9000	Enteral nutrition infusion pump - without alarm	B9002
C9121	Injection, Argatroban, per 5 mg	J0883, J0884
C9137	Injection, factor viii (antihemophilic factor, recombinant) Pegylated, 1 i.u.	J7207
C9138	Injection, factor viii (antihemophilic factor, recombinant) (Nuwiq), 1 i.u.	J7209
C9139	Injection, factor ix, albumin fusion protein (recombinant), Idelvion, 1 i.u.	J7202

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Procedure code	Description	Alternate code considerations
C9349	PuraPly, and PuraPly antimicrobial, any type, per square centimeter	Q4172
C9461	Choline c 11, diagnostic, per study dose	A9515
C9470	Injection, aripiprazole Lauroxil, 1 mg	J1942
C9471	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	J7322
C9472	Injection, talimogene laherparepvec, 1 million plaque forming units (PFU)	J9325
C9473	Injection, Mepolizumab, 1 mg	J2182
C9474	Injection, Irinotecan liposome, 1 mg	J9205
C9475	Injection, Necitumumab, 1 mg	J9295
C9476	Injection, Daratumumab, 10 mg	J9145
C9477	Injection, Elotuzumab, 1 mg	J9176
C9478	Injection, Sebelipase alfa, 1 mg	J2840
C9479	Instillation, ciprofloxacin otic suspension, 6 mg	J7342
C9480	Injection, Trabectedin, 0.1 mg	J9352
C9481	Injection, Reslizumab, 1 mg	J2786
C9742	Laryngoscopy, flexible fiber-optic, with injection into vocal cord(s), therapeutic, including diagnostic laryngoscopy, if performed	31537, 31574
C9800	Dermal injection procedure(s) for facial lipodystrophy syndrome (LDS) and provision of radiesse or sculptra dermal filler, including all items and supplies	G0429
E0628	Separate seat lift mechanism for use with patient owned furniture-electric	E0627
G0163	Skilled services of a licensed nurse (LPN or RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	G0495, G0496
G0164	Skilled services of a licensed nurse (LPN or RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	76706
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures (e.g., immunoassay), capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	80305
G0478	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures (e.g., immunoassay), read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	80306
G0479	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service	80307
K0901	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	L1851

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Procedure code	Description	Alternate code considerations
K0902	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	L1852
Q4119	MatriStem wound matrix, per square centimeter	Q4166
Q4120	MatriStem burn matrix, per square centimeter	Q4166
Q9980	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	J7320
Q9981	Rolapitant, oral, 1 mg	J8670