

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201724 MARCH 30, 2017

## April 2017 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective April 1, 2017, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines. Note that some procedure codes released by the CMS with the second-quarter HCPCS update have effective dates other than April 1, 2017.

- Table 1 provides a list of the new codes contained in the quarterly update, along with code descriptions, program coverage determinations, prior authorization (PA) requirements, National Drug Code (NDC) requirements, and any special billing instructions. Covered codes may be billed for dates of service (DOS) on or after April 1, 2017. These codes have been added to the Indiana CoreMMIS claim-processing system; coverage, billing, and reimbursement information will be posted to the [Fee Schedule](#) at indianamedicaid.com. Updates will be made to the *Procedure Codes That Require NDCs* on the [Code Sets](#) web page. The standard global billing procedures and edits apply.
- [Table 2](#) identifies the newly covered codes from Table 1 for which separate reimbursement is allowed when billed with 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 April 1, 2017.



The April 2017 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 April 1, 2017 (unless otherwise noted)*

Procedure code	Description	Program coverage*	PA required**	NDC required	Special billing coverage
C9484	Injection, eteplirsen, 10 mg	Covered for all programs	No	Yes	See <a href="#">Table 2</a>
C9485	Injection, olaratumab, 10 mg	Covered for all programs	No	Yes	See <a href="#">Table 2</a>
C9486	Injection, granisetron extended release, 0.1 mg	Covered for all programs	No	Yes	See <a href="#">Table 2</a>

\* “Covered” indicates that 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.

\*\* PA requirements apply to services delivered under the fee-for-service delivery system. Individual managed care entities establish and publish PA requirements within the managed care delivery system.

*Table 1 – Quarterly update of new HCPCS codes, effective for DOS on or after April 1, 2017 (unless otherwise noted) (Continued)*

Procedure code	Description	Program coverage*	PA required**	NDC required	Special billing coverage
C9487	Ustekinumab, for intravenous injection, 1 mg	Covered for all programs	No	Yes	See <a href="#">Table 2</a>
C9488	Injection, conivaptan hydrochloride, 1 mg	Covered for all programs	No	Yes	See <a href="#">Table 2</a>
0001U (Effective 2/1/17)	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	Noncovered for all programs	N/A	N/A	N/A
0002U (Effective 2/1/17)	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	Noncovered for all programs	N/A	N/A	N/A
0003U (Effective 2/1/17)	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	Noncovered for all programs	N/A	N/A	N/A
0004U (Effective 5/1/17)	Infectious disease (bacterial), DNA, 27 resistance genes, PCR amplification and probe hybridization in microarray format (molecular detection and identification of AmpC, carbapenemase and ESBL coding genes), bacterial culture colonies, report of genes detected or not detected, per isolate	Noncovered for all programs	N/A	N/A	N/A
0005U (Effective 5/1/17)	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Noncovered for all programs	N/A	N/A	N/A

\* "Covered" indicates that 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.

\*\* PA requirements apply to services delivered under the fee-for-service delivery system. Individual managed care entities establish and publish PA requirements within the managed care delivery system.

*Table 2 – Newly covered codes for which separate reimbursement is allowed when billed with revenue code 636*

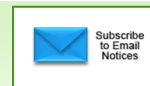
<b>Procedure code</b>	<b>Description</b>
C9484	Injection, eteplirsen, 10 mg
C9485	Injection, olaratumab, 10 mg
C9486	Injection, granisetron extended release, 0.1 mg
C9487	Ustekinumab, for intravenous injection, 1 mg
C9488	Injection, conivaptan hydrochloride, 1 mg

**QUESTIONS?**

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

**SIGN UP FOR IHCP EMAIL NOTIFICATIONS**

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.



**COPIES OF THIS PUBLICATION**

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

**TO PRINT**

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.