

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201741

JUNE 27, 2017

July 2017 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, 2017, per the Centers for Medicare & Medicaid Services (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 (PA) requirements, National Drug Code (NDC) requirements, and any special billing instructions.
- [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 dates of service (DOS) on or after July 1, 2017.
- [Table 3](#) identifies one deleted code included in the quarterly update, along with the alternate code consideration. The code deletion is effective for DOS on or after July 1, 2017. The alternate code noted is a new code, which is included in Table 1 with coverage determinations noted.
- [Table 4](#) identifies modifiers included in the quarterly update for which descriptions have been revised, effective for DOS on or after July 1, 2017.



The quarterly update included new Current Procedural Terminology (CPT^{®1}) laboratory codes with an effective date of August 1, 2017. These codes, along with coverage and billing information, are listed in [Table 5](#).

The quarterly update also includes revised procedure code descriptions for certain HCPCS codes. The revised descriptions do not affect IHCP coverage or billing guidance for these codes. Accordingly, these description changes are not published in this bulletin.

Covered codes may be billed for DOS on or after July 1, 2017. These codes have been added to the Indiana CoreMMIS claim-processing system; coverage and reimbursement information will be reflected in the tables on the [Code Sets](#) page and in the [fee schedules](#), as appropriate, at indianamedicaid.com. The standard global billing procedures and edits apply unless otherwise noted. Reimbursement and PA information apply to services delivered under the fee-for-service (FFS)

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delivery system. Questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCE) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care reimbursement, PA, and billing should be directed to the MCE with which the member is enrolled.

The July 2017 HCPCS code updates are available for download from the [CMS website](http://cms.gov) at cms.gov. They are also posted on the [American Medical Association's](http://ama-assn.org) website at ama-assn.org.

Table 1 – Quarterly update of new HCPCS codes, effective for DOS on or after July 1, 2017

Procedure code	Description	Program coverage*	PA required**	NDC required	Special billing coverage
C9489	Injection, nusinersen, 0.1 mg	Noncovered	N/A	N/A	N/A
C9490	Injection, bezlotoxumab, 10 mg	Noncovered	N/A	N/A	N/A
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	Covered	No	No	No
C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed	Noncovered	N/A	N/A	N/A
C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance	Noncovered	N/A	N/A	N/A
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit Of Service	Noncovered	N/A	N/A	N/A
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	Noncovered	N/A	N/A	N/A
Q9984	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	Covered, including Family Planning Services	No	Yes	Separately reimbursable in an inpatient setting following delivery
Q9985	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Noncovered	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 1 – Quarterly update of new HCPCS codes, effective for DOS on or after July 1, 2017 (continued)

Procedure code	Description	Program coverage*	PA required**	NDC required	Special billing coverage
Q9986	Injection, hydroxyprogesterone caproate (Makena), 10 mg	Covered	Yes	Yes	Linked to revenue code 636 – see Table 2
Q9987	Pathogen(s) test for platelets	Covered	No	No	No
Q9988	Platelets, pathogen reduced, each unit	Covered	No	No	No
Q9989	Ustekinumab, for Intravenous Injection, 1 mg	Covered	No	Yes	Linked to revenue code 636 – see Table 2
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	Noncovered	N/A	N/A	N/A
0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion	Noncovered	N/A	N/A	N/A
0471T	Each additional lesion (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	Noncovered	N/A	N/A	N/A

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Table 1 – Quarterly update of new HCPCS codes, effective for DOS on or after July 1, 2017 (continued)

Procedure code	Description	Program coverage*	PA required**	NDC required	Special billing coverage
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	Noncovered	N/A	N/A	N/A
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Covered	No	No	Must be billed with cataract surgery code
0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional	Covered	No	No	No
0476T	Patient recording, data scanning, with raw electronic signal transfer of data and storage	Covered	No	No	No
0477T	Signal extraction, technical analysis, and result	Covered	No	No	No
0478T	Review, interpretation, report by physician or other qualified health care professional	Covered	No	No	No
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	Noncovered	N/A	N/A	N/A

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

Procedure code	Description
Q9986	Injection, hydroxyprogesterone caproate (Makena), 10 mg
Q9989	Ustekinumab, for Intravenous Injection, 1 mg

Table 3 – Quarterly update of deleted code with alternate code consideration, effective for DOS on or after July 1, 2017

Procedure code	Description	Alternate code
C9487	Ustekinumab, for intravenous injection, 1 mg	Q9989

Table 4 – Quarterly update of modifiers with revised descriptions, effective for DOS on or after July 1, 2017

Modifier	New description
Q5	Service furnished under a reciprocal billing arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area
Q6	Service furnished under a fee-for-time compensation arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area

Table 5 – Quarterly update of new CPT laboratory codes, effective for DOS on or after August 1, 2017

Procedure code	Description	Program coverage*	PA required**	NDC required	Special billing coverage
0006U	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service	Noncovered	N/A	N/A	N/A

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Table 5 – Quarterly update of new CPT laboratory codes, effective for DOS on or after August 1, 2017 (continued)

Procedure code	Description	Program coverage*	PA required**	NDC required	Special billing coverage
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	Noncovered	N/A	N/A	N/A
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin embedded or fresh tissue, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline and rifabutin	Noncovered	N/A	N/A	N/A
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	Noncovered	N/A	N/A	N/A
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	Noncovered	N/A	N/A	N/A
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites	Noncovered	N/A	N/A	N/A
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)	Noncovered	N/A	N/A	N/A
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	Noncovered	N/A	N/A	N/A

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Table 5 – Quarterly update of new CPT laboratory codes, effective for DOS on or after August 1, 2017 (continued)

Procedure code	Description	Program coverage*	PA required**	NDC required	Special billing coverage
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)	Noncovered	N/A	N/A	N/A
0015U	Drug metabolism (adverse drug reactions), DNA, 22 drug metabolism and transporter genes, real-time PCR, blood or buccal swab, genotype and metabolizer status for therapeutic decision support	Noncovered	N/A	N/A	N/A
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	Noncovered	N/A	N/A	N/A
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	Noncovered	N/A	N/A	N/A

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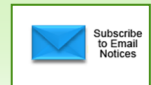
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