

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201764 SEPTEMBER 28, 2017

October 2017 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective October 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. Covered codes may be billed for dates of service (DOS) on or after October 1, 2017.

- [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 October 1, 2017.

- [Table 3](#) identifies one new modifier included in the quarterly update, effective for DOS on or after October 1, 2017.

Covered codes have been added to the Indiana CoreMMIS claim-processing system. Coverage, billing, and reimbursement information, as appropriate, will be reflected in the next update to 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) 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 October 2017 HCPCS code updates are available for download from the [CMS website](#) at cms.gov or on the [American Medical Association website](#) at ama-assn.org.



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

Procedure code	Description	Program coverage*	PA required**	NDC required	Special billing coverage
C9491	Injection, avelumab, 10 mg	Covered	Yes	Yes	Covered with PA for Merkel-cell carcinoma treatment. Linked to revenue code 636 (see Table 2)
C9492	Injection, durvalumab, 10 mg	Noncovered	N/A	N/A	N/A
C9493	Injection, edaravone, 1 mg	Covered	No	Yes	Linked to revenue code 636 (see Table 2)
C9494	Injection, ocrelizumab, 1 mg	Noncovered	N/A	N/A	N/A
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	Noncovered	N/A	N/A	N/A
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	Noncovered	N/A	N/A	N/A
0020U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service	Noncovered	N/A	N/A	N/A
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	Noncovered	N/A	N/A	N/A
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider	Noncovered	N/A	N/A	N/A
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	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 2 – Newly covered codes for which separate reimbursement is allowed when billed with revenue code 636

Procedure code	Description
C9491	Injection, avelumab, 10 mg
C9493	Injection, edaravone, 1 mg

Table 3 – New modifier effective for DOS on or after October 1, 2017

Modifier	Description
ZC	Merck/Samsung Bioepis

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