

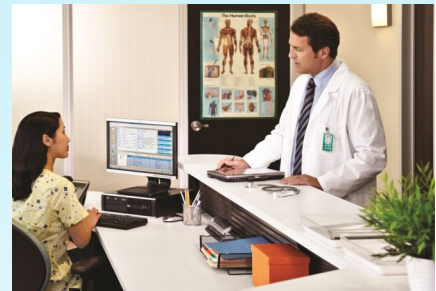
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201808 MARCH 6, 2018

Additional information provided from the 2018 annual HCPCS update

Coverage and billing information about new codes from the 2018 annual Healthcare Common Procedure Coding System (HCPCS) update was published in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201782](#), dated December 28, 2017. The IHCP is publishing additional information related to the annual HCPCS updates. The additional information applies retroactively to dates of service (DOS) on or after **January 1, 2018**, and includes the following:

- [Table 1](#): Description revisions for codes that affected the reimbursement rate. Consult the [Professional Fee Schedule](#) at indianamedicaid.com for updated reimbursement information. Rate changes for these codes were made to the fee-for-service (FFS) claim-processing system as of February 16, 2018. FFS claims for these codes with DOS from January 1, 2018, through February 16, 2018, should be voided and replaced to receive the appropriate reimbursement.
- [Table 2](#): Newly covered code linked to revenue codes for outpatient billing. Providers may bill the procedure code and the revenue codes together, as appropriate.
- [Table 3](#): Description revisions for Current Dental Terminology (CDT^{®1}) codes that significantly changed the meaning/intent.
- [Table 4](#): Newly covered Current Procedural Terminology (CPT^{®2}) codes published in *BT201782* that have been added for coverage as Medical Review Team (MRT) codes. MRT providers may submit, resubmit, or adjust FFS claims affected by this change for DOS on or after January 1, 2018.
- [Table 5](#): Newly covered CPT code published in *BT201782* that has been added for coverage under the Family Planning Eligibility Program. Providers may submit, resubmit, or adjust FFS claims affected by this update for DOS on or after January 1, 2018.
- [Table 6](#): Newly covered HCPCS codes published in *BT201782* that have been added to the code set for provider specialty 250 – *DME/Medical Supply Dealer*. Durable medical equipment (DME) providers may submit, resubmit, or adjust FFS claims affected by this update for DOS on after January 1, 2018.
- [Table 7](#): Newly covered HCPCS codes published in *BT201782* added to the code set for provider specialty 180 – *Optometrist*. Optometrists may submit, resubmit, or adjust FFS claims affected by this update for DOS on after January 1, 2018.



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- [Table 8](#): Newly covered HCPCS codes published in *BT201782* that have been added to the long-term care (LTC) per diem rate. The [LTC DME Per Diem Table](#) will be updated with these codes.
- [Table 9](#): Two modifiers discontinued effective December 31, 2017.
- [Table 10](#): Two procedure codes added as Clinical Laboratory Improvement Amendments (CLIA)-waived tests effective for DOS on or after January 1, 2018. Providers may submit, resubmit, or adjust FFS claims affected by this update for DOS on or after January 1, 2018.
- [Table 11](#): Discontinued codes included in the 2018 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 [Professional Fee Schedule](#) at indianamedicaid.com for coverage information. Codes that were discontinued January 1, 2018, 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.

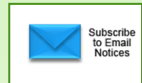
The information on these tables will be reflected in the next regular update to the [Fee Schedules](#) and to the affected code tables on the [Code Sets](#) page at indianamedicaid.com. Individual managed care entities (MCEs) establish and publish reimbursement and billing guidance within the managed care delivery system. Questions about how these updates affect managed care billing should be directed to the appropriate MCE.

QUESTIONS?

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Table 1 – Codes with revised descriptions that affect reimbursement, effective for DOS on or after January 1, 2018

Procedure code	Revised Description	Reimbursement Changes
97760	Training in use of orthotics (supports, braces, or splints) for arms, legs and/or trunk, per 15 minutes	Physician rates updated
97761	Training in use of prosthesis for arms and/or legs, per 15 minutes	Physician rates updated

Table 2 – Newly covered code linked to revenue codes for outpatient billing, effective for DOS on or after January 1, 2018

Procedure code	Description	Revenue code linkages
95249	Continuous monitoring of glucose in tissue fluid using sensor under skin	Linked to revenue codes 920 and 929

Table 3 – Dental codes with revised descriptions that significantly change the codes' meaning/intent, effective for DOS on or after January 1, 2018

Procedure code	Revised Description
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment

Table 4 – Newly covered codes added to the MRT codes, effective for DOS on after January 1, 2018

Note: Effective February 13, 2017, all MRT procedure codes must be billed with the modifier SE – State and/or federally funded programs/services.

Procedure code	Modifier	Description
71045	SE	Radiologic exam chest single view
71046	SE	Radiologic exam chest 2 views
71047	SE	Radiologic exam chest 3 views
71048	SE	Radiologic exam chest 4+ views
74018	SE	Radiologic exam abdomen 1 view
74019	SE	Radiologic exam abdomen 2 views
74021	SE	Radiologic exam abdomen 3+ views

Table 5 – Newly covered code added to Family Planning Eligibility Program, effective for DOS on after January 1, 2018

Procedure code	Description
71045	Radiologic exam chest single view

Table 6 – Newly covered codes added to code set for provider specialty 250 – DME/Medical Supply Dealer, effective for DOS on or after January 1, 2018

Procedure code	Description
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each

Table 7 – Newly covered codes added to provider specialty 180 – Optometrist, effective for DOS on or after January 1, 2018

Procedure code	Description
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)

Table 8 – Newly covered codes added to the LTC per diem rate, effective for DOS on or after January 1, 2018

Procedure code	Description
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot

Table 9 – Modifiers discontinued, effective for DOS on or after January 1, 2018

Modifier	Description
CP	Adjunctive service related to a procedure assigned to a comprehensive ambulatory payment classification (C-APC) procedure, but reported on a different claim
SZ	Habilitative services

Table 10 – Procedure codes added as CLIA-waived tests, effective for DOS on or after January 1, 2018

Procedure code	Description
85025	Complete blood cell count (red cells, white blood cell, platelets), automated test
87801	Detection test for multiple organisms

Table 11 – Discontinued codes from the 2018 annual HCPCS update with alternate code considerations, effective for DOS on or after January 1, 2018

Procedure code	Description	Alternate code considerations
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum	00731, 00732
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	00811, 00812, 00813
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	15733
34800	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708
34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708

Table 11 – Discontinued codes from the 2018 annual HCPCS update with alternate code considerations, effective for DOS on or after January 1, 2018

Procedure code	Description	Alternate code considerations
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708
34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708
34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (list separately in addition to code for primary procedure)	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection, each vessel	34709, 34710, 34711
34826	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (list separately in addition to code for primary procedure)	34709, 34710, 34711
34900	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma)	34707, 34708
36515	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion	36516
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	55250
71010	Radiologic examination, chest; single view, frontal	71045
71015	Radiologic examination, chest; stereo, frontal	71045
71020	Radiologic examination, chest, 2 views, frontal and lateral;	71046
71021	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure	71047
71022	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections	71047, 71048
71023	Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy	71046, 76000, 76001
71030	Radiologic examination, chest, complete, minimum of 4 views;	71048
71034	Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy	71048, 76000, 76001
71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)	71048, 76000, 76001
74000	Radiologic examination, abdomen; single anteroposterior view	74018
74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views	74019, 74021
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	74019, 74021
75658	Angiography, brachial, retrograde, radiological supervision and interpretation	75710
75952	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709, 34710, 34711, 0254T

Table 11 – Discontinued codes from the 2018 annual HCPCS update with alternate code considerations, effective for DOS on or after January 1, 2018

Procedure code	Description	Alternate code considerations
75953	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709, 34710, 34711, 0254T
75954	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709, 34710, 34711, 0254T
94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre – and – post spirometry and oximetry)	94618
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	97127
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	97763
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustments (as needed), and ordering of additional tests, initial 90 days of therapy (must include a minimum of 8 INR measurements)	93792, 93793
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score	81520
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	33927, 33928, 33929
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)	33927, 33928, 33929
0053T	Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit	33927, 33928, 33929
0178T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; with interpretation and report	93000, 93005, 93010, 93799
0179T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; tracing and graphics only, without interpretation and report	93000, 93005, 93010, 93799
0180T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; interpretation and report only	93000, 93005, 93010, 93799
0255T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral, radiological supervision and interpretation	0254T
0299T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application	28899
0300T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application	19499

Table 11 – Discontinued codes from the 2018 annual HCPCS update with alternate code considerations, effective for DOS on or after January 1, 2018

Procedure code	Description	Alternate code considerations
0301T	Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement and disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy guidance	19499
0304T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intraoperative interrogation and programming when performed; device only	32994
0309T	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (list separately in addition to code for primary procedure)	22899
0310T	Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity	64999
0340T	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cyroablation, unilateral, includes imaging guidance	32994
0438T	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance	55874
C9140	Injection, factor viii (antihemophilic factor, recombinant) (afstyla), 1 i.u.	J7210
C9483	Injection, atezolizumab, 10 mg	J9022
C9484	Injection, eteplirsen, 10 mg	J1428
C9485	Injection, olaratumab, 10 mg	J9285
C9486	Injection, granisetron extended release, 0.1 mg	J1627
C9489	Injection, nusinersen, 0.1 mg	J2326
C9490	Injection, bezlotoxumab, 10 mg	J0565
C9491	Injection, avelumab, 10 mg	J9023
C9494	Injection, ocrelizumab, 1 mg	J2350
D5510	Repair broken complete denture base	D5611, D5612
D5610	Repair resin denture base	D5611, D5612
D5620	Repair cast framework	D5621, D5622
G0202	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed	77067
G0204	Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral	77066
G0206	Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral	77065
Q9984	Levonorgestrel-releasing intrauterine contraceptive system (kyleena), 19.5 mg	J7296
Q9985	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	J1729
Q9986	Injection, hydroxyprogesterone caproate, (makena), 10 mg	J1726
Q9987	Pathogen(s) test for platelets	P9100
Q9988	Platelets, pheresis, pathogen-reduced, each unit	P9073
Q9989	Ustekinumab, for intravenous injection, 1 mg	J3358