

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201811 MARCH 29, 2018

April 2018 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, 2018, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines.



- [Table 1](#) provides a list of new codes contained in the quarterly update, along with code descriptions, program coverage, prior authorization (PA) requirements, National Drug Code (NDC) requirements, and any special billing instructions. For reimbursement consideration, covered codes may be billed for dates of service (DOS) on or after April 1, 2018.
- [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, 2018.
- [Table 3](#) identifies the newly covered code from Table 1 for which separate reimbursement is allowed when billed with revenue code 274 – *Medical/surgical supplies and devices (also see 062X, an extension of 027X) – Prosthetic/orthotic devices*. For reimbursement consideration, providers may bill this procedure code and the revenue code together, as appropriate, for DOS on or after April 1, 2018.
- [Table 4](#) identifies two codes included in the quarterly update for which the descriptions have been revised for DOS on or after April 1, 2018.
- [Table 5](#) identifies one discontinued code included in the quarterly update, along with the alternate code considerations. The code is discontinued for DOS on or after April 1, 2018.
- [Table 6](#) identifies four newly covered modifiers included in the quarterly update for DOS on or after April 1, 2018.
- [Table 7](#) identifies three modifiers included in the quarterly update for which the descriptions have been revised for DOS on or after April 1, 2018.
- [Table 8](#) identifies three modifiers discontinued for DOS on or after April 1, 2018.

The codes in the quarterly update have been added to the Indiana CoreMMIS claim-processing system. Coverage and reimbursement information will be reflected in the next regular update to the [IHCP Fee Schedules](#), as appropriate, and to the affected code tables on the [Code Sets](#) page at indianamedicaid.com. The standard global billing procedure and edits apply unless otherwise noted. Reimbursement and PA information applies 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.

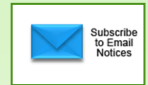
The April 2018 HCPCS code updates are available for download from the [CMS website](#) at cms.gov. They are also posted on the [American Medical Association website](#) at ama-assn.org.

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Table 1 – New HCPCS codes, effective for DOS on or after April 1, 2018

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C9462	Injection, delafloxacin, 1 mg	Covered	No	Yes	Linked to revenue code 636 – see Table 2
C9463	Injection, aprepitant, 1 mg	Covered	No	Yes	Linked to revenue code 636 – see Table 2
C9464	Injection, rolapitant, 0.5 mg	Covered	No	Yes	Linked to revenue code 636 – see Table 2
C9465	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose	Covered	No	No	Linked to revenue code 636 – see Table 2
C9466	Injection, benralizumab, 1 mg	Covered	No	Yes	Linked to revenue code 636 – see Table 2
C9467	Injection, rituximab and hyaluronidase, 10 mg	Covered	No	Yes	Linked to revenue code 636 – see Table 2
C9468	Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 i.u.	Covered	No	Yes	Linked to revenue code 636 – see Table 2
C9469	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Covered	No	Yes	No
C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)	Covered	No	No	Manually priced; reimbursed at 90% of billed charges for professional claims
G9873	First Medicare Diabetes Prevention Program (MDPP) core session was attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions	Noncovered	N/A	N/A	N/A
G9874	Four total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1	Noncovered	N/A	N/A	N/A

* "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 1 – New HCPCS codes, effective for DOS on or after April 1, 2018

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
	through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions.				
G9875	Nine total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions	Noncovered	N/A	N/A	N/A
G9876	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9.	Noncovered	N/A	N/A	N/A
G9877	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12.	Noncovered	N/A	N/A	N/A
G9878	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an	Noncovered	N/A	N/A	N/A

* "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 1 – New HCPCS codes, effective for DOS on or after April 1, 2018

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
	MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9.				
G9879	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12	Noncovered	N/A	N/A	N/A
G9880	The MDPP beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight in months 1-12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session.	Noncovered	N/A	N/A	N/A
G9881	The MDPP beneficiary achieved at least 9% weight loss (WL) from his/her baseline weight in months 1-24 under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance session.	Noncovered	N/A	N/A	N/A
G9882	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 13-15	Noncovered	N/A	N/A	N/A

* "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 1 – New HCPCS codes, effective for DOS on or after April 1, 2018

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
	under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 13-15.				
G9883	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 16-18 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 16-18.	Noncovered	N/A	N/A	N/A
G9884	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 19-21 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 19-21.	Noncovered	N/A	N/A	N/A
G9885	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 22-24 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is	Noncovered	N/A	N/A	N/A

* "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 1 – New HCPCS codes, effective for DOS on or after April 1, 2018

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
	furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 22-24.				
G9890	Bridge Payment: A one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP Expanded Model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary.	Noncovered	N/A	N/A	N/A
G9891	MDPP session reported as a line-item on a claim for a payable MDPP Expanded Model (EM) HCPCS code for a session furnished by the billing supplier under the MDPP Expanded Model and counting toward achievement of the attendance performance goal for the payable MDPP Expanded Model HCPCS code. (This code is for reporting purposes only).	Noncovered	N/A	N/A	N/A
K0903	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	Covered	No	No	Linked to revenue code 274 - see Table 3
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T cells, including leukapheresis and dose preparation procedures, per infusion	Covered	Yes	Yes	Linked to revenue code 636 – see Table 2
Q5103	Injection, infliximab-dyyb, biosimilar, (INFLECTRA), 10 mg	Covered	No	Yes	Linked to revenue code 636 – see Table 2
Q5104	Injection, infliximab-abda, biosimilar, (RENFLEXIS), 10 mg	Covered	No	Yes	Linked to revenue code 636 – see Table 2

* "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 – Newly covered codes for which separate reimbursement is allowed when billed with revenue code 636, effective for DOS on or after April 1, 2018

Procedure code	Description
C9462	Injection, delafloxacin, 1 mg
C9463	Injection, aprepitant, 1 mg
C9464	Injection, rolapitant, 0.5 mg
C9465	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose
C9466	Injection, benralizumab, 1 mg
C9467	Injection, rituximab and hyaluronidase, 10 mg
C9468	Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 i.u.
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T cells, including leukapheresis and dose preparation procedures, per infusion
Q5103	Injection, infliximab-dyyb, biosimilar, (INFLECTRA), 10 mg
Q5104	Injection, infliximab-abda, biosimilar, (RENFLEXIS), 10 mg

Table 3 – Newly covered code for which separate reimbursement is allowed when billed with revenue code 274, effective for DOS on or after April 1, 2018

Procedure code	Description
K0903	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each

Table 4 – Codes with revised descriptions, effective for DOS on or after April 1, 2018

Procedure code	New Description
G0516	Insert drug implant, >=4
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram

Table 5 – Discontinued code with alternate code considerations, effective for DOS on or after April 1, 2018

Procedure code	Description	Alternate code
Q5102	Injection, infliximab, biosimilar, 10 mg	Q5103, Q5104

Table 6 – Newly covered modifiers, effective for DOS on or after April 1, 2018

Modifier	Description
QA	Prescribed amounts of stationary oxygen for daytime use while at rest and night-time use differ and the average of the two amounts is less than 1 liter per minute (LPM)
QB	Prescribed amounts of stationary oxygen for daytime use while at rest and night-time use differ and the average of the two amounts exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
QR	Prescribed amounts of stationary oxygen for daytime use while at rest and night-time use differ and the average of the two amounts is greater than 4 liters per minute (LPM)
VM	Medicare diabetes prevention program (MDPP) virtual make-up session

Table 7 – Modifiers with revised descriptions, effective for DOS on or after April 1, 2018

Modifier	New Descriptions
QE	Prescribed amount of stationary oxygen while at rest is less than 1 liter per minute (LPM)
QF	Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
QG	Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (LPM)

Table 8 – Discontinued modifiers, effective for DOS on or after April 1, 2018

Modifier	Description
ZA	Novartis/sandoz
ZB	Pfizer/hospira
ZC	Merck/samsung bioepis