

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201815 APRIL 26, 2018

## Additional information provided from the April 2018 quarterly HCPCS update

The Indiana Health Coverage Programs (IHCP) is publishing additional information from the April 2018 quarterly Healthcare Common Procedure Coding System (HCPCS) update, per the Centers for Medicare & Medicaid (CMS). Coverage and billing information about the April 2018 quarterly HCPCS update was previously published in *IHCP Bulletin* [BT201811](#), dated March 29, 2018. Additional codes contained in the quarterly update were not released by the CMS until after *BT201811* was published.



These additional codes are listed in Table 1 and are effective retroactively to dates of service (DOS) on or after April 1, 2018. (Note the exception for two codes on the table that are effective retroactively to DOS on or after January 1, 2018.) All are Common Procedural Terminology (CPT<sup>®</sup>) laboratory codes that are noncovered by the IHCP. Coverage information for these codes will be reflected in the next regular update to the [Professional Fee Schedule](#) at indianamedicaid.com.

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

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

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	Noncovered	N/A	N/A	N/A
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	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.

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Table 1 – New CPT codes, effective for DOS on or after April 1, 2018 (Continued)

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0033U**	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	Noncovered	N/A	N/A	N/A
0034U**	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism), gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	Noncovered	N/A	N/A	N/A
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	Noncovered	N/A	N/A	N/A
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	Noncovered	N/A	N/A	N/A
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Noncovered	N/A	N/A	N/A
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative	Noncovered	N/A	N/A	N/A
0039U	Deoxy ribonucleic acid (DNA) antibody, double stranded, high avidity	Noncovered	N/A	N/A	N/A
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	Noncovered	N/A	N/A	N/A
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM	Noncovered	N/A	N/A	N/A
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG	Noncovered	N/A	N/A	N/A
0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM	Noncovered	N/A	N/A	N/A
0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG	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.

\*\*0033U and 0034U are effective for DOS on or after January 1, 2018.

**QUESTIONS?**

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