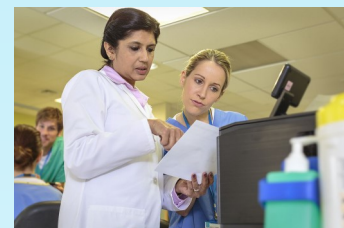


# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201866    DECEMBER 31, 2018

## Coverage and billing information for the 2019 annual HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2019 annual Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. The IHCP coverage and billing information provided in this bulletin is effective January 1, 2019. The bulletin and its attachment serve as notice of the following information:



- [Table 1](#): New alphanumeric, Current Procedural Terminology (CPT<sup>1®</sup>) and Current Dental Terminology (CDT<sup>2®</sup>) codes included in the 2019 annual HCPCS update. Coverage and billing information for these procedure codes applies to dates of service (DOS) on or after January 1, 2019.
- [Table 2](#): New procedure codes released in July 2018 after the third-quarter HCPCS updates were completed. Coverage and billing information for these codes is retroactive to DOS on or after **July 1, 2018**.
- [Table 3](#): New procedure codes released in October 2018 after the fourth-quarter HCPCS updates were completed. Coverage and billing information for these codes is retroactive to DOS on or after **October 1, 2018**.
- [Table 4](#): Newly covered procedure codes carved out of managed care.
- [Table 5](#): New modifiers included in the 2019 annual HCPCS update effective January 1, 2019, showing the modifier code, description, and type. Providers should follow CPT coding guidelines for reporting services using appropriate modifiers.
- [Table 6](#): Pricing for newly covered procedure codes that are manually priced codes.
- [Table 7](#): Pricing percentages for newly covered CDT codes that are manually priced codes.
- [Table 8](#): Newly covered skin substitute procedure codes, reimbursed at the flat, statewide per-unit rate.

Providers should be aware of the following coverage parameters regarding certain covered codes included in the 2019 annual HCPCS update:

### ■ HCPCS code A9513

Procedure code A9513 (lutetium [Lutathera]) replaces code C9031. Code A9513 requires prior authorization (PA) and may be considered medically necessary when **all** the following criteria are met:

- Member is age 18 years of age or older.
- Member has a diagnosis of unresectable, locally advanced, or metastatic gastroenteropancreatic neuroendocrine tumor (GEP-NET).
- Member has somatostatin receptor-based imaging documenting somatostatin receptor-positive GEP-NET.

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- Member has received long-acting somatostatin analog (SSA) therapy (that is, Somatuline Depot OR Sandostatin LAR) for a duration of at least 12 weeks.
- Member has not received a prior course of therapy with lutetium (that is, maximum of 4 doses at intervals of at least 8 weeks).

Lutetium therapy is not considered medically necessary for experimental/investigational use for indications not supported by Centers for Medicare & Medicaid Services (CMS)-recognized compendia or acceptable peer-reviewed literature.

#### ■ HCPCS code C9039

The PA criteria for procedure code C9039 (plazomicin) are under development and will be announced in a subsequent publication. Requests for retroactive PA will be considered after the criteria have been established and published.

#### ■ HCPCS code J3398

Procedure code J3398 (voretigene neparvovec-rzyl [Luxturna]) replaces code C9032. Code J3398 requires PA and is proven and/or medically necessary for the treatment of inherited retinal dystrophies (IRD) caused by mutations in the retinal pigment epithelium-specific protein 65kDa (RPE65) gene in members who meet **all** the following criteria:

- Member is greater than 12 months of age.
- Diagnosis is made of a confirmed biallelic RPE65 mutation-associated retinal dystrophy (for example, Leber's congenital amaurosis [LCA], Retinitis pigmentosa [RP] Early Onset Severe Retinal Dystrophy [EOSRD], and so on).
- Genetic testing documents biallelic mutations of the RPE65 gene.
- Sufficient viable retinal cells as determined by optical coherence tomography (OCT) confirm an area of retina within the posterior pole of >100 µm thickness.
- Treatment is prescribed and will be administered by ophthalmologist or retinal surgeon with experience providing subretinal injections.
- Member has not previously received RPE65 gene therapy in intended eye.

J3398 is carved out of managed care and reimbursed fee-for-service (FFS). For managed care members, providers should contact the MCE regarding PA for the hospital stay associated with the treatment. If the MCE approves PA for the hospital stay, the MCE will coordinate the process to obtain PA for the drug. For FFS members, providers should request PA through Cooperative Managed Care Services (CMCS); CMCS will coordinate the PA approval process.

#### ■ HCPCS code J9057

Procedure code J9057 (copanlisib [Aliqopa]) replaces code C9030. Code J9057 requires PA and may be considered medically necessary when **all** the following criteria are met:

- Member is age 18 years of age or older.
- Member has a diagnosis of follicular lymphoma.
- Member has relapsed, refractory, or progressive disease.
- Member has received at least two prior systemic therapies.
- Member will be using copanlisib as monotherapy.



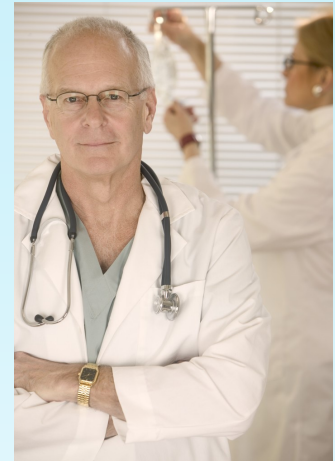
Copanlisib therapy is not considered medically necessary for members who have experienced disease progression while on or following a PI3K inhibitor (for example, idelalisib, copanlisib).

This agent may be approved in 6-month durations or as determined through clinical review. The quantity limit is three 60 mg vials per 28 days. The recommended dose is 60 mg administered as a 1-hour intravenous infusion on Days 1, 8, and 15 of a 28-day treatment cycle on an intermittent schedule (3 weeks on and 1 week off) with continued treatment until disease progression or unacceptable toxicity.

#### ■ HCPCS code J9173

Procedure code J9173 (durvalumab [Imfinzi]) replaces code C9492. Code J9173 requires PA. PA is subject to the following requirements:

- Member must be 18 years of age or older.
- Member must have **one** of the following:
  - ◆ Locally advanced or metastatic urothelial carcinoma with **one** of the following:
    - ⇒ Disease progression during or following platinum-containing chemotherapy
    - ⇒ Disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy
  - ◆ Non-small cell lung cancer (NSCLC) with **all** the following:
    - ⇒ Must be unresectable, stage III NSCLC
    - ⇒ Disease has **not** progressed following concurrent platinum-based chemotherapy and radiation therapy
- PA is limited to 12 months.
- PA renewal requires the following criteria be met:
  - ◆ Locally advanced or metastatic urothelial carcinoma
  - ◆ **No** disease progression or unacceptable toxicities
- PA renewal is limited to 12 months.



#### ■ HCPCS code Q2042

Procedure code Q2042 (tisagenlecleucel [Kymriah]) is replacing code Q2040. Code Q2042 requires PA and may be considered medically necessary when **all** the following criteria are met:

- Member has not received prior tisagenlecleucel treatment.
- Member will be administered tisagenlecleucel treatment:
  - ◆ At a Kymriah Risk Evaluation and Mitigation Strategy (REMS) Program-certified facility
  - ◆ By healthcare providers who have successfully completed the Kymriah REMS Program Knowledge Assessment
- Member is either:
  - ◆ 25 years of age or younger with a diagnosis of B-cell acute lymphoblastic leukemia that is refractory or in second or later relapse
  - ◆ At least 18 years of age with a diagnosis of relapsed or refractory large B-cell lymphoma following at least two lines of systemic therapy and is not a primary central nervous system lymphoma

Q2042 is carved out of managed care and reimbursed FFS. For managed care members, providers should contact the MCE regarding PA for the hospital stay associated with the treatment. If the MCE approves PA for the hospital stay, the MCE will coordinate the process to obtain PA for the drug. For FFS members, providers should request PA through CMCS; CMCS will coordinate the PA approval process.

■ **Coverage requirements for gene therapy**

Providers are reminded that the following requirements apply to all PA requests for gene therapy:

- Letter of medical necessity
- Supportive patient/clinical chart documents demonstrating member diagnosis requirements

The 2019 annual HCPCS, CPT, and CDT codes will be added to the claim-processing system. Established pricing will be posted on the appropriate [IHCP Fee Schedule](#) and updates will be made to the following code table documents on the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers):

- Procedures Codes That Require National Drug Codes (NDCs)
- Durable and Home Medical Equipment and Supplies Codes
- Hearing Services Codes
- Vision Services Codes
- Podiatry Services Codes
- Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, PA, and billing information apply to services delivered under the FFS delivery system. Questions about FFS PA should be directed to CMCS at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled. Note that the procedure codes carved out of managed care (Table 4) will follow FFS guidance.

The 2019 annual HCPCS update also includes modifications to description for some existing HCPCS codes. These modifications are available for reference or download from the [CMS website](#) at [cms.gov](http://cms.gov). Any modifications to descriptions that affect IHCP reimbursement will be announced at a later date.

The 2019 annual HCPCS update also includes a list of deleted codes. These codes are available for reference or download from the CMS website at [cms.gov](http://cms.gov). The CMS has not yet published the alternative codes associated with the deleted codes. After this information is announced by the CMS, the IHCP will issue a publication listing any IHCP-covered codes that were deleted for which there are associated codes effective as of January 1, 2019.

The IHCP is awaiting the final posting of the CMS *Outpatient Fee Schedule*, which could affect pricing for some codes. The IHCP will issue a publication detailing any additional pricing information after final calculations are completed.



**QUESTIONS?**

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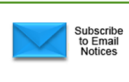


Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description   | Program coverage*        | Prior authorization required | NDC required | Special billing information                           |
|----------------|---|--------------------------|------------------------------|--------------|---|
| 10004          | Fine needle aspiration of additional lesion                             | Covered for all programs | No                           | No           | No  |
| 10005          | Fine needle aspiration of first lesion using ultrasound guidance        | Covered for all programs | No                           | No           | No  |
| 10006          | Fine needle aspiration of additional lesion using ultrasound guidance   | Covered for all programs | No                           | No           | No  |
| 10007          | Fine needle aspiration of first lesion using fluoroscopic guidance      | Covered for all programs | No                           | No           | No  |
| 10008          | Fine needle aspiration of additional lesion using fluoroscopic guidance | Covered for all programs | No                           | No           | No  |
| 10009          | Fine needle aspiration of first lesion using CT guidance                | Covered for all programs | No                           | No           | No  |
| 10010          | Fine needle aspiration of additional lesion using CT guidance           | Covered for all programs | No                           | No           | No  |
| 10011          | Fine needle aspiration of first lesion using MR guidance                | Covered for all programs | No                           | No           | See <a href="#">Table 6</a>                           |
| 10012          | Fine needle aspiration of additional lesion using MR guidance           | Covered for all programs | No                           | No           | See <a href="#">Table 6</a>                           |
| 11102          | Tangential biopsy of single skin lesion                                 | Covered for all programs | No                           | No           | Added to Podiatrist (140) provider specialty code set |
| 11103          | Tangential biopsy of additional skin lesion                             | Covered for all programs | No                           | No           | Added to Podiatrist (140) provider specialty code set |
| 11104          | Punch biopsy of single skin lesion                                      | Covered for all programs | No                           | No           | Added to Podiatrist (140) provider specialty code set |
| 11105          | Punch biopsy of additional skin lesion                                  | Covered for all programs | No                           | No           | Added to Podiatrist (140) provider specialty code set |
| 11106          | Incisional biopsy of single skin lesion                                 | Covered for all programs | No                           | No           | Added to Podiatrist (140) provider specialty code set |
| 11107          | Incisional biopsy of additional skin lesion                             | Covered for all programs | No                           | No           | Added to Podiatrist (140) provider specialty code set |
| 20932          | Donor bone and joint graft to joint surface and neighboring bone        | Covered for all programs | No                           | No           | No  |
| 20933          | Half-cylindrical donor bone graft                                       | Covered for all programs | No                           | No           | No  |
| 20934          | Cylindrical donor bone graft  | Covered for all programs | No                           | No           | No  |

\* "Covered" indicates the service described for the code is covered, subject to the limitations of the member's benefit package.  
 "Noncovered" indicates that the IHCP does not cover the service described for the code.



Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| 27369          | Injection of contrast for imaging of knee joint   | Covered for all programs    | No                           | No           | No                          |
| 33274          | Insertion or replacement of permanent leadless pacemaker into lower right chamber of heart via catheter using imaging guidance  | Covered for all programs    | No                           | No           | No                          |
| 33275          | Removal of permanent leadless pacemaker into lower right chamber of heart via catheter using imaging guidance   | Covered for all programs    | No                           | No           | No                          |
| 33285          | Insertion of heart rhythm monitor under skin  | Covered for all programs    | No                           | No           | See <a href="#">Table 6</a> |
| 33286          | Removal of heart rhythm monitor from under skin   | Covered for all programs    | No                           | No           | No                          |
| 33289          | Insertion of wireless pressure sensor into lung artery via catheter   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 33440          | Replacement of aortic valve by translocation of pulmonary valve, replacement of pulmonary valve with conduit, and enlargement of outflow tract from left lower chamber of heart | Covered for all programs    | No                           | No           | No                          |
| 33866          | Graft to half of aortic artery arch   | Covered for all programs    | No                           | No           | No                          |
| 36572          | Insertion of central venous catheter for infusion using imaging guidance, patient younger than 5 years  | Covered for all programs    | No                           | No           | No                          |
| 36573          | Insertion of central venous catheter for infusion using imaging guidance, patient 5 years or older  | Covered for all programs    | No                           | No           | No                          |
| 38531          | Open biopsy or excision of lymph nodes in groin   | Covered for all programs    | No                           | No           | No                          |
| 43762          | Replacement of stomach stoma tube accessed through skin   | Covered for all programs    | No                           | No           | No                          |
| 43763          | Replacement of stomach stoma tube accessed through skin with revision of stoma opening  | Covered for all programs    | No                           | No           | No                          |
| 50436          | Enlargement of existing opening into urinary tract accessed through skin using imaging guidance   | Covered for all programs    | No                           | No           | No                          |
| 50437          | Enlargement of existing opening into urinary tract accessed through skin and creation of new access into urine collecting system of kidney, using imaging guidance              | Covered for all programs    | No                           | No           | No                          |
| 53854          | Destruction of prostate tissue accessed through urethra using radiofrequency generated water vapor heat therapy   | Covered for all programs    | No                           | No           | No                          |
| 76391          | Magnetic resonance (eg, vibration) elastography   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 76978          | Ultrasound using targeted microbubble contrast of first lesion  | Covered for all programs    | No                           | No           | No                          |
| 76979          | Ultrasound using targeted microbubble contrast of additional lesion   | Covered for all programs    | No                           | No           | No                          |
| 76981          | Elastography ultrasound of organ tissue   | Covered for all programs    | No                           | No           | No                          |
| 76982          | Elastography ultrasound of first lesion   | Covered for all programs    | No                           | No           | No                          |
| 76983          | Elastography ultrasound of additional lesion  | Covered for all programs    | No                           | No           | No                          |
| 77046          | MRI of one breast   | Covered for all programs    | No                           | No           | No                          |
| 77047          | MRI of both breasts   | Covered for all programs    | No                           | No           | No                          |

\* "Covered" indicates the service described for the code is covered, subject to the limitations of the member's benefit package.

"Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| 77048          | MRI of one breast with and without contrast   | Covered for all programs    | No                           | No           | No                          |
| 77049          | MRI of both breasts with and without contrast   | Covered for all programs    | No                           | No           | No                          |
| 81163          | Gene analysis (breast cancer 1 and 2) of full sequence                                    | Covered for all programs    | Yes                          | No           | Limited to 1 per lifetime   |
| 81164          | Gene analysis (breast cancer 1 and 2) for duplication or deletion variants                | Covered for all programs    | Yes                          | No           | Limited to 1 per lifetime   |
| 81165          | Gene analysis (breast cancer 1) of full sequence  | Covered for all programs    | Yes                          | No           | Limited to 1 per lifetime   |
| 81166          | Gene analysis (breast cancer 1) for duplication or deletion variants                      | Covered for all programs    | Yes                          | No           | Limited to 1 per lifetime   |
| 81167          | Gene analysis (breast cancer 2) for duplication or deletion variants                      | Covered for all programs    | Yes                          | No           | Limited to 1 per lifetime   |
| 81171          | Gene analysis (fragile X mental retardation 2) for abnormal alleles                       | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81172          | Gene analysis (fragile X mental retardation 2) for characterization of alleles            | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81173          | Gene analysis (androgen receptor) of full sequence  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81174          | Gene analysis (androgen receptor) for known familial variant                              | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81177          | Gene analysis (atropin 1) for abnormal alleles  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81178          | Gene analysis (ataxin 1) for abnormal alleles   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81179          | Gene analysis (ataxin 2) for abnormal alleles   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81180          | Gene analysis (ataxin 3) for abnormal alleles   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81181          | Gene analysis (ataxin 7) for abnormal alleles   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81182          | Gene analysis (ataxin 8 opposite strand [non-protein coding]) for abnormal alleles        | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81183          | Gene analysis (ataxin 10) for abnormal alleles  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81184          | Gene analysis (calcium voltage-gated channel subunit alpha1 A) for abnormal alleles       | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81185          | Gene analysis (calcium voltage-gated channel subunit alpha1 A) of full sequence           | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81186          | Gene analysis (calcium voltage-gated channel subunit alpha1 A) for known familial variant | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81187          | Gene analysis (CCH-type zinc finger nucleic acid binding protein) for abnormal alleles    | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81188          | Gene analysis (cystatin B) for abnormal alleles   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81189          | Gene analysis (cystatin B) of full sequence   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81190          | Gene analysis (cystatin B) for known familial variants                                    | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81204          | Gene analysis (androgen receptor) for characterization of alleles                         | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81233          | Gene analysis (Bruton's tyrosine kinase) for common variants                              | Noncovered for all programs | N/A                          | N/A          | N/A                         |

\* "Covered" indicates the service described for the code is covered, subject to the limitations of the member's benefit package.  
 "Noncovered" indicates that the IHCP does not cover the service described for the code.



Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| 81234          | Gene analysis (DM1 protein kinase) for abnormal alleles   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81236          | Gene analysis (enhancer of zeste 2 polycomb repressive complex 2 subunit) of full sequence          | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81237          | Gene analysis (enhancer of zeste 2 polycomb repressive complex 2 subunit) for common variants       | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81239          | Gene analysis (DM1 protein kinase) for characterization of alleles                                  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81271          | Gene analysis (Huntingtin) for abnormal alleles   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81274          | Gene analysis (Huntingtin) for characterization of alleles  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81284          | Gene analysis (frataxin) for abnormal alleles   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81285          | Gene analysis (frataxin) for characterization of alleles  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81286          | Gene analysis (frataxin) of full sequence   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81289          | Gene analysis (frataxin) for known familial variants  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81305          | Gene analysis (myeloid differentiation primary response 88) for p.Leu265Pro variant                 | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81306          | Gene analysis (nudix hydrolase 15) for common variants  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81312          | Gene analysis (poly[A] binding protein nuclear 1) for abnormal alleles                              | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81320          | Gene analysis (phospholipase C gamma 2) for common variants   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81329          | Gene analysis (survival of motor neuron 1, telomeric) for dosage/deletion                           | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81333          | Gene analysis (transforming growth factor beta-induced) for common variants                         | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81336          | Gene analysis (survival of motor neuron 1, telomeric) of full sequence                              | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81337          | Gene analysis (survival of motor neuron 1, telomeric) for known familial sequence variants          | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81343          | Gene analysis (protein phosphatase 2 regulatory subunit Bbeta) for abnormal alleles                 | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81344          | Gene analysis (TATA box binding protein) for abnormal alleles                                       | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81345          | Gene analysis (telomerase reverse transcriptase) targeted sequence analysis                         | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81443          | Genomic sequence analysis panel for severe inherited conditions with sequencing of 15 or more genes | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81518          | mRNA gene analysis of 11 genes in breast tumor tissue   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 81596          | Biochemical assays for evaluation of chronic Hepatitis C virus infection                            | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 82642          | Measurement of dihydrotestosterone  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 83722          | Measurement of small dense low density lipoprotein cholesterol                                      | Covered for all programs    | No                           | No           | No                          |
| 90689          | Inactivated quadrivalent influenza vaccine for injection into muscle, 0.25 ml dosage                | Noncovered for all programs | N/A                          | N/A          | N/A                         |

\* "Covered" indicates the service described for the code is covered, subject to the limitations of the member's benefit package.

"Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information                            |
|----------------|---|-----------------------------|------------------------------|--------------|--|
| 92273          | Full field recording of retinal electrical responses to external stimuli with interpretation and report   | Covered for all programs    | No                           | No           | Added to Optometrist (180) provider specialty code set |
| 92274          | Multifocal recording of retinal electrical responses to external stimuli with interpretation and report   | Covered for all programs    | No                           | No           | Added to Optometrist (180) provider specialty code set |
| 93264          | Remote monitoring of wireless pressure sensor in lung artery with qualified health care professional analysis, review, and report   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| 95836          | Recording of brain cortex electrical responses to implanted stimulation device with interpretation and report   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| 95976          | Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with simple cranial nerve stimulator programming   | Covered for all programs    | No                           | No           | No   |
| 95977          | Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with complex cranial nerve stimulator programming  | Covered for all programs    | No                           | No           | No   |
| 95983          | Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with brain stimulator programming, first 15 minutes face-to-face time with qualified health care professional      | Covered for all programs    | No                           | No           | No   |
| 95984          | Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with brain stimulator programming, additional 15 minutes face-to-face time with qualified health care professional | Covered for all programs    | No                           | No           | No   |
| 96112          | Developmental test administration by qualified health care professional with interpretation and report, first 60 minutes  | Covered for all programs    | Yes                          | No           | Modifier AH allowed                                    |
| 96113          | Developmental test administration by qualified health care professional with interpretation and report, additional 30 minutes   | Covered for all programs    | Yes                          | No           | Modifier AH allowed                                    |
| 96121          | Neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60 minutes  | Covered for all programs    | Yes                          | No           | Modifier AH allowed                                    |
| 96130          | Psychological testing evaluation by qualified health care professional, first 60 minutes  | Covered for all programs    | Yes                          | No           | Modifier AH allowed                                    |
| 96131          | Psychological testing evaluation by qualified health care professional, additional 60 minutes   | Covered for all programs    | Yes                          | No           | Modifier AH allowed                                    |
| 96132          | Neuropsychological testing evaluation by qualified health care professional, first 60 minutes   | Covered for all programs    | Yes                          | No           | Modifier AH allowed                                    |
| 96133          | Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes  | Covered for all programs    | Yes                          | No           | Modifier AH allowed                                    |
| 96136          | Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes   | Covered for all programs    | Yes                          | No           | Modifier AH allowed                                    |
| 96137          | Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes  | Covered for all programs    | Yes                          | No           | Modifier AH allowed                                    |

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Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description   | Program coverage*        | Prior authorization required | NDC required | Special billing information  |
|----------------|---|--------------------------|------------------------------|--------------|--|
| 96138          | Psychological or neuropsychological test administration and scoring by technician, first 30 minutes   | Covered for all programs | Yes                          | No           | No   |
| 96139          | Psychological or neuropsychological test administration and scoring by technician, additional 30 minutes  | Covered for all programs | Yes                          | No           | No   |
| 96146          | Psychological or neuropsychological test administration and scoring by single standardized instrument via electronic platform with automated result             | Covered for all programs | Yes                          | No           | No   |
| 97151          | Behavior identification assessment by qualified health care professional, each 15 minutes   | Covered for all programs | Yes                          | No           | Limited to ages 0-20<br>See <i>IHCP Bulletin BT201867</i> for ABA therapy information<br>See <a href="#">Table 6</a> |
| 97152          | Behavior identification assessment by technician under direction of qualified health care professional, each 15 minutes   | Covered for all programs | Yes                          | No           | Limited to ages 0-20<br>See <i>BT201867</i> for ABA therapy information<br>See <a href="#">Table 6</a>               |
| 97153          | Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient, each 15 minutes       | Covered for all programs | Yes                          | No           | Limited to ages 0-20<br>See <i>BT201867</i> for ABA therapy information<br>See <a href="#">Table 6</a>               |
| 97154          | Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients, each 15 minutes | Covered for all programs | Yes                          | No           | Limited to ages 0-20<br>See <i>BT201867</i> for ABA therapy information<br>See <a href="#">Table 6</a>               |
| 97155          | Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes                       | Covered for all programs | Yes                          | No           | Limited to ages 0-20<br>See <i>BT201867</i> for ABA therapy information<br>See <a href="#">Table 6</a>               |

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Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description  | Program coverage*           | Prior authorization required | NDC required | Special billing information   |
|----------------|--|-----------------------------|------------------------------|--------------|---|
| 97156          | Family adaptive behavior treatment guidance by qualified health care professional (with or without patient present), each 15 minutes   | Covered for all programs    | Yes                          | No           | Limited to ages 0-20<br>See <a href="#">BT201867</a> for ABA therapy information<br>See <a href="#">Table 6</a> |
| 97157          | Family adaptive behavior treatment guidance by qualified health care professional without patient present, each 15 minutes   | Covered for all programs    | Yes                          | No           | Limited to ages 0-20<br>See <a href="#">BT201867</a> for ABA therapy information<br>See <a href="#">Table 6</a> |
| 97158          | Group adaptive behavior treatment with protocol modification administered by qualified health care professional to multiple patients, each 15 minutes  | Covered for all programs    | Yes                          | No           | Limited to ages 0-20<br>See <a href="#">BT201867</a> for ABA therapy information<br>See <a href="#">Table 6</a> |
| 99451          | Telephone or internet assessment and management service provided by consultative physician with written report, 5 minutes or more of medical consultative discussion and review  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 99452          | Telephone or internet referral service, 30 minutes   | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 99453          | Remote monitoring of physiologic parameters, initial set-up and patient education on use of equipment  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 99454          | Remote monitoring of physiologic parameters, initial supply of devices with daily recordings or programmed alerts transmission, each 30 days   | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 99457          | Remote monitoring of physiologic parameters management services, 20 minutes or more of qualified health care professional time per calendar month  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 99491          | Chronic care management services by qualified health care professional, 30 minutes or more per calendar month  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| A4563          | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| A5514          | 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 for all programs    | No                           | No           | Added to Podiatrist (140) and DME (250) provider specialty code sets  |
| A6460          | Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing  | Covered for all programs    | No                           | No           | See <a href="#">Table 6</a>   |

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Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description   | Program coverage*           | Prior authorization required          | NDC required | Special billing information                          |
|----------------|---|-----------------------------|---------------------------------------|--------------|--|
| A6461          | Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing  | Covered for all programs    | No                                    | No           | See <a href="#">Table 6</a>                          |
| A9513          | Lutetium lu 177, dotatate, therapeutic, 1 millicurie  | Covered for all programs    | Yes                                   | Yes          | Crosswalked from C9031<br>Linked to revenue code 636 |
| A9589          | Instillation, hexaminolevulinate hydrochloride, 100 mg  | Noncovered for all programs | N/A                                   | N/A          | N/A  |
| B4105          | In-line cartridge containing digestive enzyme(s) for enteral feeding, each  | Noncovered for all programs | N/A                                   | N/A          | N/A  |
| C1823          | Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads  | Noncovered for all programs | N/A                                   | N/A          | N/A  |
| C8937          | Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)  | Covered for all programs    | Yes                                   | No           | See <a href="#">Table 6</a>                          |
| C9035          | Injection, aripiprazole lauroxil (aristada initio), 1 mg  | Covered for all programs    | No                                    | Yes          | Linked to revenue code 636                           |
| C9036          | Injection, patisiran, 0.1 mg  | Covered for all programs    | No                                    | Yes          | Linked to revenue code 636                           |
| C9037          | Injection, risperidone (perseris), 0.5 mg   | Covered for all programs    | No                                    | Yes          | No   |
| C9038          | Injection, mogamulizumab-kpkc, 1 mg   | Covered for all programs    | No                                    | Yes          | Linked to revenue code 636                           |
| C9039          | Injection, plazomicin, 5 mg   | Covered for all programs    | Yes<br>(PA criteria to be determined) | Yes          | Linked to revenue code 636                           |
| C9407          | Iodine i-131 iobenguane, diagnostic, 1 millicurie   | Noncovered for all programs | N/A                                   | N/A          | N/A  |
| C9408          | Iodine i-131 iobenguane, therapeutic, 1 millicurie  | Noncovered for all programs | N/A                                   | N/A          | N/A  |
| C9749          | Repair of nasal vestibular lateral wall stenosis with implant(s)  | Noncovered for all programs | N/A                                   | N/A          | N/A  |
| C9751          | Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s) | Noncovered for all programs | N/A                                   | N/A          | N/A  |
| C9752          | Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum  | Noncovered for all programs | N/A                                   | N/A          | N/A  |

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| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information                         |
|----------------|---|-----------------------------|------------------------------|--------------|---|
| C9753          | Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| C9754          | Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)  | Covered for all programs    | No                           | No           | See <a href="#">Table 6</a>                         |
| C9755          | Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed | Covered for all programs    | No                           | No           | See <a href="#">Table 6</a>                         |
| D0412          | Blood glucose level test - in-office using a glucose meter  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| D1516          | Space maintainer - fixed - bilateral, maxillary   | Covered for all programs    | Yes for ages 1-3             | No           | Limited to ages 1-20<br>See <a href="#">Table 7</a> |
| D1517          | Space maintainer - fixed - bilateral, mandibular  | Covered for all programs    | Yes for ages 1-3             | No           | Limited to ages 1-20<br>See <a href="#">Table 7</a> |
| D1526          | Space maintainer - removable - bilateral, maxillary   | Covered for all programs    | Yes for ages 1-3             | No           | Limited to ages 1-20<br>See <a href="#">Table 7</a> |
| D1527          | Space maintainer - removable - bilateral, mandibular  | Covered for all programs    | Yes for ages 1-3             | No           | Limited to ages 1-20<br>See <a href="#">Table 7</a> |
| D5282          | Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary   | Covered for all programs    | Yes                          | No           | See <a href="#">Table 7</a>                         |
| D5283          | Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular  | Covered for all programs    | Yes                          | No           | See <a href="#">Table 7</a>                         |
| D5876          | Add metal substructure to acrylic full denture (per arch)   | Covered for all programs    | Yes                          | No           | See <a href="#">Table 7</a>                         |
| D9130          | Temporomandibular joint dysfunction - non-invasive physical therapies   | Noncovered for all programs | N/A                          | N/A          | N/A   |
| D9613          | Infiltration of sustained release therapeutic drug - single or multiple sites   | Noncovered for all programs | N/A                          | N/A          | N/A   |
| D9944          | Occlusal guard - hard appliance, full arch  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| D9945          | Occlusal guard - soft appliance, full arch  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| D9946          | Occlusal guard - hard appliance, partial arch   | Noncovered for all programs | N/A                          | N/A          | N/A   |
| D9961          | Duplicate/copy patient's records  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| D9990          | Certified translation or sign-language services - per visit   | Noncovered for all programs | N/A                          | N/A          | N/A   |

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| Procedure code | Description   | Program coverage*           | Prior authorization required                      | NDC required | Special billing information                                   |
|----------------|---|-----------------------------|---|--------------|---|
| E0447          | Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)   | Covered for all programs    | Yes if billed with place of service code 12 or 99 | No           | Added to DME (250) and HME (251) provider specialty code sets |
| E0467          | Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions   | Covered for all programs    | Yes   | No           | Added to DME (250) provider specialty code set                |
| G0068          | Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes  | Noncovered for all programs | N/A   | N/A          | N/A   |
| G0069          | Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes   | Noncovered for all programs | N/A   | N/A          | N/A   |
| G0070          | Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes   | Noncovered for all programs | N/A   | N/A          | N/A   |
| G0071          | Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only | Noncovered for all programs | N/A   | N/A          | N/A   |
| G0076          | Brief (20 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)  | Noncovered for all programs | N/A   | N/A          | N/A   |
| G0077          | Limited (30 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)  | Noncovered for all programs | N/A   | N/A          | N/A   |
| G0078          | Moderate (45 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)   | Noncovered for all programs | N/A   | N/A          | N/A   |
| G0079          | Comprehensive (60 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)  | Noncovered for all programs | N/A   | N/A          | N/A   |

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| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| G0080          | Extensive (75 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G0081          | Brief (20 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G0082          | Limited (30 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G0083          | Moderate (45 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G0084          | Comprehensive (60 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G0085          | Extensive (75 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G0086          | Limited (30 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G0087          | Comprehensive (60 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G2010          | Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G2011          | Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes   | Noncovered for all programs | N/A                          | N/A          | N/A                         |

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|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| G2012          | Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 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 for all programs | 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 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 for all programs | N/A                          | N/A          | N/A                         |
| 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 for all programs | 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 for all programs | N/A                          | N/A          | N/A                         |

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| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| 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 for all programs | 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 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            | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 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 for all programs | 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 for all programs | 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 for all programs | N/A                          | N/A          | N/A                         |

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| Procedure code | Description  | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|--|-----------------------------|------------------------------|--------------|-----------------------------|
| G9882          | Two Medicare diabetes prevention program (MDPP) ongoing maintenance sessions (ms) were attended by an MDPP beneficiary in months (MO) 13-15 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 | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 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 for all programs | 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 for all programs | 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 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 | Noncovered for all programs | N/A                          | N/A          | N/A                         |

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Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description  | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|--|-----------------------------|------------------------------|--------------|-----------------------------|
| 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 for all programs | 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 for all programs | N/A                          | N/A          | N/A                         |
| G9978          | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved bundled payments for care improvement advanced (BPCI advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self-limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology                       | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G9979          | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved bundled payments for care improvement advanced (BPCI advanced) model episode of care, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | Noncovered for all programs | N/A                          | N/A          | N/A                         |

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| Procedure code | Description  | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|--|-----------------------------|------------------------------|--------------|-----------------------------|
| G9980          | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved bundled payments for care improvement advanced (BPCI advanced) model episode of care, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology                        | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G9981          | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved bundled payments for care improvement advanced (BPCI advanced) model episode of care, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G9982          | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved bundled payments for care improvement advanced (BPCI advanced) model episode of care, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology     | Noncovered for all programs | N/A                          | N/A          | N/A                         |

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| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| G9983          | Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved bundled payments for care improvement advanced (BPCI advanced) model episode of care, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self-limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology                             | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| G9984          | Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved bundled payments for care improvement advanced (BPCI advanced) model episode of care, which requires at least 2 of the following 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| J0185          | Injection, Aprepitant, 1 mg   | Covered for all programs    | No                           | Yes          | Linked to revenue code 636  |
| J0517          | Injection, Benralizumab, 1 mg   | Covered for all programs    | No                           | Yes          | Linked to revenue code 636  |
| J0567          | Injection, Cerliponase alfa, 1 mg   | Covered for all programs    | No                           | Yes          | Linked to revenue code 636  |
| J0584          | Injection, Burosumab-twza 1 mg  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636  |
| J0599          | Injection, c-1 esterase inhibitor (human), (Haegarda), 10 units   | Covered for all programs    | No                           | Yes          | Linked to revenue code 636  |
| J0841          | Injection, Crotalidae immune f(ab')2 (equine), 120 mg   | Covered for all programs    | No                           | Yes          | Linked to revenue code 636  |
| J1095          | Injection, Dexamethasone 9%   | Noncovered for all programs | N/A                          | N/A          | N/A                         |

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| Procedure code | Description  | Program coverage*           | Prior authorization required | NDC required | Special billing information  |
|----------------|--|-----------------------------|------------------------------|--------------|--|
| J1301          | Injection, Edaravone, 1 mg   | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J1454          | Injection, Fosnetupitant 235 mg and Palonosetron 0.25 mg   | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J1628          | Injection, Guselkumab, 1 mg  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J1746          | Injection, Ibalizumab-uiyk, 10 mg  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J2062          | Loxapine for inhalation, 1 mg  | Covered for all programs    | No                           | Yes          | No   |
| J2186          | Inj., Meropenem, Vaborbactam   | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J2787          | Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| J2797          | Injection, Rolapitant, 0.5 mg  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J3245          | Injection, Tildrakizumab, 1 mg   | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J3304          | Injection, Triamcinolone Acetonide, preservative-free, extended-release, microsphere formulation, 1 mg | Covered for all programs    | No                           | Yes          | No   |
| J3316          | Injection, Triptorelin, extended-release, 3.75 mg  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J3397          | Injection, Vestronidase alfa-vjbk, 1 mg  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J3398          | Injection, Voretigene Neparvovec-rzyl, 1 billion vector genomes  | Covered for all programs    | Yes                          | Yes          | Crosswalked from C9032<br>Linked to revenue code 636<br>See <a href="#">Table 4</a>      |
| J3591          | Unclassified drug or biological used for ESRD on dialysis  | Covered for all programs    | No                           | No           | See <a href="#">Table 6</a>  |
| J7170          | Injection, Emicizumab-kxwh, 0.5 mg   | Covered for all programs    | No                           | Yes          | Linked to revenue code 636<br>See <a href="#">Table 4</a><br>See <a href="#">Table 6</a> |
| J7177          | Injection, Human fibrinogen concentrate (Fibryga), 1 mg  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636<br>See <a href="#">Table 4</a><br>See <a href="#">Table 6</a> |

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|----------------|---|-----------------------------|------------------------------|--------------|--|
| J7203          | Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636<br>See <a href="#">Table 4</a><br>See <a href="#">Table 6</a> |
| J7318          | Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg   | Covered for all programs    | No                           | No           | No   |
| J7329          | Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg  | Covered for all programs    | No                           | No           | No   |
| J9044          | Injection, Bortezomib, not otherwise specified, 0.1 mg  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J9057          | Injection, Copanlisib, 1 mg   | Covered for all programs    | Yes                          | Yes          | Crosswalked from C9030<br>Linked to revenue code 636                                     |
| J9153          | Injection, Liposomal, 1 mg daunorubicin and 2.27 mg cytarabine  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J9173          | Injection, Durvalumab, 10 mg  | Covered for all programs    | Yes                          | Yes          | Crosswalked from C9492<br>Linked to revenue code 636                                     |
| J9229          | Injection, Inotuzumab ozogamicin, 0.1 mg  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J9311          | Injection, rituximab 10 mg and hyaluronidase  | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| J9312          | Injection, rituximab, 10 mg   | Covered for all programs    | No                           | Yes          | Linked to revenue code 636   |
| L8608          | Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| L8698          | Miscellaneous component, supply or accessory for use with total artificial heart system   | Covered for all programs    | Yes                          | No           | See <a href="#">Table 6</a>  |
| L8701          | Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated     | Noncovered for all programs | N/A                          | N/A          | N/A  |
| L8702          | Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1000          | Pain screened as moderate to severe   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1001          | Plan of care to address moderate to severe pain documented on or before the date of the second visit with a clinician   | Noncovered for all programs | N/A                          | N/A          | N/A  |

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| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| M1002          | Plan of care for moderate to severe pain not documented on or before the date of the second visit with a clinician, reason not given  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1003          | TB screening performed and results interpreted within twelve months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1004          | Documentation of medical reason for not screening for TB or interpreting results (i.e., patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1005          | TB screening not performed or results not interpreted, reason not given   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1006          | Disease activity not assessed, reason not given   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1007          | >=50% of total number of a patient's outpatient RA encounters assessed  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1008          | <50% of total number of a patient's outpatient RA encounters assessed   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1009          | Patient treatment and final evaluation complete   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1010          | Patient treatment and final evaluation complete   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1011          | Patient treatment and final evaluation complete   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1012          | Patient treatment and final evaluation complete   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1013          | Patient treatment and final evaluation complete   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1014          | Patient treatment and final evaluation complete   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1015          | Patient treatment and final evaluation complete   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1016          | Female patients unable to bear children   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1017          | Patient admitted to palliative care services  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1018          | Patients with an active diagnosis or history of cancer (except basal cell and squamous cell skin carcinoma), patients who are heavy tobacco smokers, lung cancer screening patients   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1019          | Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) phq-9 or phq-9m score of less than 5   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1020          | Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) phq-9 or phq-9m score of less than 5. either phq-9 or phq-9m score was not assessed or is greater than or equal to 5 | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1021          | Patient had only urgent care visits during the performance period   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1022          | Patients who were in hospice at any time during the performance period  | Noncovered for all programs | N/A                          | N/A          | N/A                         |

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|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| M1023          | Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at six months as demonstrated by a six month (+/-60 days) phq-9 or phq-9m score of less than five  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1024          | Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at six months as demonstrated by a six month (+/-60 days) phq-9 or phq-9m score of less than five. either phq-9 or phq-9m score was not assessed or is greater than or equal to five | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1025          | Patients who were in hospice at any time during the performance period  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1026          | Patients who were in hospice at any time during the performance period  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1027          | Imaging of the head (CT or MRI) was obtained  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1028          | Documentation of patients with primary headache diagnosis and imaging other than CT or MRI obtained   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1029          | Imaging of the head (CT or MRI) was not obtained, reason not given  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1030          | Patients with clinical indications for imaging of the head  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1031          | Patients with no clinical indications for imaging of the head   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1032          | Adults currently taking pharmacotherapy for oud   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1033          | Pharmacotherapy for oud initiated after June 30th of performance period   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1034          | Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1035          | Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1036          | Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1037          | Patients with a diagnosis of lumbar spine region cancer at the time of the procedure  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1038          | Patients with a diagnosis of lumbar spine region fracture at the time of the procedure  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1039          | Patients with a diagnosis of lumbar spine region infection at the time of the procedure   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1040          | Patients with a diagnosis of lumbar idiopathic or congenital scoliosis  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1041          | Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1042          | Functional status measurement with score was obtained utilizing the oswestry disability index (odi version 2.1a) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively  | Noncovered for all programs | N/A                          | N/A          | N/A                         |

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|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| M1043          | Functional status measurement with score was not obtained utilizing the oswestry disability index (odi version 2.1a) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively    | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1044          | Functional status was measured by the oswestry disability index (odi version 2.1a) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively                                      | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1045          | Functional status measurement with score was obtained utilizing the oxford knee score (oks) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively                             | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1046          | Functional status measurement with score was not obtained utilizing the oxford knee score (oks) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively                         | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1047          | Functional status was measured by the oxford knee score (oks) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1048          | Functional status measurement with score was obtained utilizing the oswestry disability index (odi version 2.1a) patient reported outcome tool within three months preoperatively and at three months (6 to 20 weeks) postoperatively     | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1049          | Functional status measurement with score was not obtained utilizing the oswestry disability index (odi version 2.1a) patient reported outcome tool within three months preoperatively and at three months (6 to 20 weeks) postoperatively | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1050          | Functional status was measured by the oswestry disability index (odi version 2.1a) patient reported outcome tool within three months preoperatively and at three months (6 to 20 weeks) postoperatively                                   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1051          | Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1052          | Leg pain was not measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1053          | Leg pain was measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1054          | Patient had only urgent care visits during the performance period   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| M1055          | Aspirin or another antiplatelet therapy used  | Noncovered for all programs | N/A                          | N/A          | N/A                         |

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| Procedure code | Description  | Program coverage*           | Prior authorization required | NDC required | Special billing information  |
|----------------|--|-----------------------------|------------------------------|--------------|--|
| M1056          | Prescribed anticoagulant medication during the performance period, history of GI bleeding, history of intracranial bleeding, bleeding disorder and specific provider documented reasons: allergy to aspirin or anti-platelets, use of non-steroidal anti-inflammatory agents, drug-drug interaction, uncontrolled hypertension > 180/110 mmhg or gastroesophageal reflux disease | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1057          | Aspirin or another antiplatelet therapy not used, reason not given   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1058          | Patient was a permanent nursing home resident at any time during the performance period  | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1059          | Patient was in hospice or receiving palliative care at any time during the performance period  | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1060          | Patient died prior to the end of the performance period  | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1061          | Patient pregnancy  | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1062          | Patient immunocompromised  | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1063          | Patients receiving high doses of immunosuppressive therapy   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1064          | Shingrix vaccine documented as administered or previously received   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1065          | Shingrix vaccine was not administered for reasons documented by clinician (e.g. patient administered vaccine other than Shingrix, patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)  | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1066          | Shingrix vaccine not documented as administered, reason not given  | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1067          | Hospice services for patient provided any time during the measurement period   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1068          | Adults who are not ambulatory  | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1069          | Patient screened for future fall risk  | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1070          | Patient not screened for future fall risk, reason not given  | Noncovered for all programs | N/A                          | N/A          | N/A  |
| M1071          | Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| Q2042          | Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose   | Covered for all programs    | Yes                          | Yes          | Crosswalked from Q2040<br>Linked to revenue code 636<br>See <a href="#">Table 4</a><br>See <a href="#">Table 6</a> |

\* "Covered" indicates the service described for the code is covered, subject to the limitations of the member's benefit package.  
 "Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description   | Program coverage*        | Prior authorization required | NDC required | Special billing information  |
|----------------|---|--------------------------|------------------------------|--------------|--|
| Q4183          | Surgigraft, per square centimeter                   | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4184          | Cellesta, per square centimeter                     | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4185          | Cellesta flowable amnion (25 mg per cc); per 0.5 cc | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4186          | Epifix, per square centimeter                       | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4187          | Epicord, per square centimeter                      | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |

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 "Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description                        | Program coverage*        | Prior authorization required | NDC required | Special billing information  |
|----------------|------------------------------------|--------------------------|------------------------------|--------------|--|
| Q4188          | Amnioarmor, per square centimeter  | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4189          | Artacent ac, 1 mg                  | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4190          | Artacent ac, per square centimeter | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4191          | Restorigin, per square centimeter  | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4192          | Restorigin, 1 cc                   | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |

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 "Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description                        | Program coverage*        | Prior authorization required | NDC required | Special billing information  |
|----------------|------------------------------------|--------------------------|------------------------------|--------------|--|
| Q4193          | Coll-e-derm, per square centimeter | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4194          | Novachor, per square centimeter    | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4195          | Puraply, per square centimeter     | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4196          | Puraply am, per square centimeter  | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4197          | Puraply xt, per square centimeter  | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |

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 "Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description                                      | Program coverage*        | Prior authorization required | NDC required | Special billing information  |
|----------------|--|--------------------------|------------------------------|--------------|--|
| Q4198          | Genesis amniotic membrane, per square centimeter | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4200          | Skin te, per square centimeter                   | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4201          | Matrion, per square centimeter                   | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4202          | Keroxx (2.5g/cc), 1cc                            | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q4203          | Derma-gide, per square centimeter                | Covered for all programs | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |

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 "Noncovered" indicates that the IHCP does not cover the service described for the code.



Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information  |
|----------------|---|-----------------------------|------------------------------|--------------|--|
| Q4204          | Xwrap, per square centimeter  | Covered for all programs    | No                           | No           | Linked to revenue code 636<br>See <a href="#">Table 8</a><br>Added to Podiatrist (140) provider specialty code set |
| Q5107          | Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg                   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| Q5109          | Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg                    | Noncovered for all programs | N/A                          | N/A          | N/A  |
| Q5111          | Injection, Pegfilgrastim-cbqv, biosimilar, (udenyc), 0.5 mg.              | Noncovered for all programs | N/A                          | N/A          | N/A  |
| T4545          | Incontinence product, disposable, penile wrap, each                       | Noncovered for all programs | N/A                          | N/A          | N/A  |
| V5171          | Hearing aid, contralateral routing device, monaural, in the ear (ITE)     | Covered for all programs    | Yes                          | No           | See <a href="#">Table 6</a><br>Added to Hearing Aid Dealer (220) and DME (250) provider specialty code sets        |
| V5172          | Hearing aid, contralateral routing device, monaural, in the canal (ITC)   | Noncovered for all programs | N/A                          | N/A          | N/A  |
| V5181          | Hearing aid, contralateral routing device, monaural, behind the ear (BTE) | Covered for all programs    | Yes                          | No           | See <a href="#">Table 6</a><br>Added to Hearing Aid Dealer (220) and DME (250) provider specialty code sets        |
| V5211          | Hearing aid, contralateral routing system, binaural, ITE/ITE              | Covered for all programs    | Yes                          | No           | See <a href="#">Table 6</a><br>Added to Hearing Aid Dealer (220) and DME (250) provider specialty code sets        |
| V5212          | Hearing aid, contralateral routing system, binaural, ITE/ITC              | Noncovered for all programs | N/A                          | N/A          | N/A  |
| V5213          | Hearing aid, contralateral routing system, binaural, ITE/BTE              | Covered for all programs    | Yes                          | No           | See <a href="#">Table 6</a><br>Added to Hearing Aid Dealer (220) and DME (250) provider specialty code sets        |

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 "Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information   |
|----------------|---|-----------------------------|------------------------------|--------------|---|
| V5214          | Hearing aid, contralateral routing system, binaural, ITC/ITC  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| V5215          | Hearing aid, contralateral routing system, binaural, ITC/BTE  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| V5221          | Hearing aid, contralateral routing system, binaural, bte/bte  | Covered for all programs    | Yes                          | No           | See <a href="#">Table 6</a><br>Added to Hearing Aid Dealer (220) and DME (250) provider specialty code sets |
| 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 for all programs | 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 for all programs | N/A                          | N/A          | N/A   |
| 0509T          | Pattern recording of retinal electrical responses to external stimuli with interpretation and report  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 0510T          | Removal of implant from tunnel on outer side of foot (sinus tarsi)  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 0511T          | Removal and reinsertion of implant from tunnel on outer side of foot (sinus tarsi)  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 0512T          | High energy shock wave therapy for initial wound of outer body surface  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 0513T          | High energy shock wave therapy for additional wound of outer body surface   | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 0514T          | Visual axis identification using patient fixation during operation  | Covered for all programs    | No                           | No           | See <a href="#">Table 6</a>   |
| 0515T          | Insertion of complete wireless heart stimulator system for pacing of lower left chamber of heart  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 0516T          | Insertion of electrode of wireless heart stimulator system for pacing of lower left chamber of heart  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 0517T          | Insertion of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart   | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 0518T          | Removal of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart   | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 0519T          | Removal and replacement of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart   | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 0520T          | Removal and replacement of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart, with placement of new electrode  | Noncovered for all programs | N/A                          | N/A          | N/A   |
| 0521T          | Evaluation of parameters of wireless heart stimulator system for pacing of lower left chamber of heart including connection, recording, disconnection, and analysis   | Noncovered for all programs | N/A                          | N/A          | N/A   |

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"Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| 0522T          | Evaluation, testing, and programming adjustment of wireless heart stimulator system for pacing of lower left chamber of heart with qualified health care professional analysis, review, and report                                  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0523T          | Measurement fractional flow reserve in arteries of heart with 3D functional mapping during procedure  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0524T          | Chemical destruction of insufficient vein of arm or leg via catheter using imaging guidance   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0525T          | Insertion or replacement of complete monitoring system for deficient blood flow in heart muscle using imaging guidance  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0526T          | Insertion or replacement of electrode of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0527T          | Insertion or replacement of implantable monitor of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0528T          | Evaluation, testing, and programming adjustment of monitoring system for deficient blood flow in heart muscle with analysis, review, and report   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0529T          | Evaluation of parameters of monitoring system for deficient blood flow in heart muscle with analysis, review, and report  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0530T          | Removal of complete monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0531T          | Removal of electrode of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0532T          | Removal of implantable monitor of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0533T          | Continuous recording of movement disorder symptoms for 8-10 days with set-up, patient training, configuration of monitor, upload of data , analysis and initial report configuration, download of review, interpretation and report | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0534T          | Continuous recording of movement disorder symptoms for 8-10 days with set-up, patient training, configuration of monitor  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0535T          | Continuous recording of movement disorder symptoms for 8-10 days with data upload, analysis and initial report configuration  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0536T          | Continuous recording of movement disorder symptoms for 8-10 days with download of review, interpretation and report   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0537T          | Harvesting of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell therapy, per day   | Covered for all programs    | Yes                          | No           | No                          |
| 0538T          | Preparation of blood-derived T white blood cells (T lymphocytes) for transportation for chimeric antigen receptor T-cell therapy  | Covered for all programs    | Yes                          | No           | No                          |
| 0539T          | Receipt and preparation of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell therapy   | Covered for all programs    | Yes                          | No           | No                          |

\* "Covered" indicates the service described for the code is covered, subject to the limitations of the member's benefit package.

"Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New codes included in the 2019 annual HCPCS update, effective for DOS on or after January 1, 2019

| Procedure code | Description  | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|--|-----------------------------|------------------------------|--------------|-----------------------------|
| 0540T          | Administration of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell therapy | Covered for all programs    | Yes                          | No           | See <a href="#">Table 6</a> |
| 0541T          | Imaging of heart muscle using magnetocardiography to detect deficient blood flow, single study                   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0542T          | Interpretation and report of imaging of heart muscle using magnetocardiography to detect deficient blood flow    | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0080U          | BDX-XL2, Biodesix®, Inc  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0081U          | DecisionDx®-UM, Castle Biosciences, Inc  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0082U          | NextGen Precision™ Testing, Precision Diagnostics LBN<br>Precision Toxicology, LLC                               | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0083U          | Onco4D™, Animated Dynamics, Inc  | Noncovered for all programs | N/A                          | N/A          | N/A                         |

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Table 2 – New HCPCS codes released July 2018, retroactive to DOS on or after July 1, 2018

| Procedure code | Description   | Program coverage*             | Prior authorization required | NDC required | Special billing information |
|----------------|---|-------------------------------|------------------------------|--------------|-----------------------------|
| 0045U          | mRNA gene analysis of 12 genes in breast ductal carcinoma in situ tumor tissue  | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0046U          | Gene analysis (fms-related tyrosine kinase 3) for internal tandem duplication variants  | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0047U          | mRNA gene analysis of 17 genes in prostate tumor tissue   | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0048U          | DNA gene analysis of 468 genes in solid organ tumor tissue  | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0049U          | Gene analysis (nucleophosmin)   | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0050U          | DNA gene analysis of targeted sequences in 194 genes for acute myelogenous leukemia   | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0051U          | Testing for presence of 31 prescription drugs in urine  | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0052U          | Measurement of all five major lipoprotein classes and subclasses in blood   | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0053U          | FISH analysis of 4 genes in prostate needle biopsy specimen   | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0054U          | Measurement of 14 or more drug classes in capillary blood   | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0055U          | DNA gene analysis of 96 target sequences in plasma for heart transplant   | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0056U          | Whole genome sequencing in blood or bone marrow for acute myelogenous leukemia  | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0057U          | mRNA gene analysis of 51 genes in solid organ tumor tissue  | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0058U          | Measurement of antibodies to Merkel cell polyoma virus oncoprotein in serum   | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0059U          | Test for presence of antibodies to Merkel cell polyoma virus oncoprotein in serum   | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0060U          | Gene analysis for identical twins in maternal blood   | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| 0061U          | Spatial frequency domain imaging of skin  | Noncovered for all programs   | N/A                          | N/A          | N/A                         |
| G2000          | Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ect, current covered gold standard) or magnetic seizure therapy (mst, non-covered experimental therapy), performed in an approved ide-based clinical trial, per treatment session | Noncovered for all programs** | 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.

\*\*G2000 was released with an effective date of August 1, 2018.

Table 3 – New HCPCS codes released October 2018, retroactive to DOS on or after October 1, 2018

| Procedure code | Description   | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|---|-----------------------------|------------------------------|--------------|-----------------------------|
| 0062U          | Autoimmune (systemic lupus erythematosus), igg and igm analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0063U          | Neurology (autism), 32 amines by lc-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0064U          | Antibody, treponema pallidum, total and rapid plasma reagin (rpr), immunoassay, qualitative   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0065U          | Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0066U          | Placental alpha-micro globulin-1 (pamg-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0067U          | Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [mmp-1], carcinoembryonic antigen-related cell adhesion molecule 6 [ceacam6], hyaluronoglucosaminidase [hyal1], highly expressed in cancer protein [hec1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0068U          | Candida species panel (c. albicans, c. glabrata, c. parapsilosis, c. kruseii, c. tropicalis, and c. auris), amplified probe technique with qualitative report of the presence or absence of each species  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0069U          | Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression sco   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0070U          | Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4n, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14a, *14b, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xn)   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0071U          | Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (list separately in addition to code for primary procedure)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0072U          | Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, cyp2d6-2d7 hybrid gene) (list separately in addition to code for primary procedure)   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0073U          | Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, cyp2d7-2d6 hybrid gene) (list separately in addition to code for primary procedure)   | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0074U          | Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (list separately in addition to code for primary procedure)   | Noncovered for all programs | N/A                          | N/A          | N/A                         |



Table 3 – New HCPCS codes released October 2018, retroactive to DOS on or after October 1, 2018

| Procedure code | Description  | Program coverage*           | Prior authorization required | NDC required | Special billing information |
|----------------|--|-----------------------------|------------------------------|--------------|-----------------------------|
| 0075U          | Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (list separately in addition to code for primary procedure)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0076U          | Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (list separately in addition to code for primary procedure)  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0077U          | Immunoglobulin paraprotein (m-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype  | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0078U          | Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, abcb1, COMT, dat1, DBH, DOR, drd1, drd2, drd4, GABA, gal, htr2a, HTTLPR, MTHFR, MUOR, oprk1, oprm1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder | Noncovered for all programs | N/A                          | N/A          | N/A                         |
| 0079U          | Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPS), urine and buccal DNA, for specimen identity verification  | Noncovered for all programs | 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 4 – Newly covered codes for which reimbursement is carved out of managed care

| Procedure code | Description  |
|----------------|--|
| J3398          | Injection, voretigene neparovec-rzyl, 1 billion vector genomes   |
| J7170          | Injection, emicizumab-kxwh, 0.5 mg   |
| J7177          | Injection, human fibrinogen concentrate (fibryga), 1 mg  |
| J7203          | Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu   |
| Q2042          | Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose |

Table 5 – New modifiers included in the 2019 annual HCPCS updates, effective January 1, 2019

| Modifier | Description   | Type          |
|----------|---|---------------|
| CO       | Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant   | Informational |
| CQ       | Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant  | Informational |
| ER       | Items and services furnished by a provider-based, off-campus emergency department   | Informational |
| G0       | Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke   | Informational |
| QA       | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is less than 1 liter per minute (lpm)                               | Informational |
| QB       | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts exceeds 4 liters per minute (lpm) and portable oxygen is prescribed | Informational |

Table 5 – New modifiers included in the 2019 annual HCPCS updates, effective January 1, 2019

| Modifier | Description   | Type          |
|----------|---|---------------|
| QQ       | Ordering professional consulted a qualified clinical decision support mechanism for this service and the related data was provided to the furnishing professional           | Informational |
| QR       | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is greater than 4 liters per minute (lpm) | Informational |
| VM       | Medicare diabetes prevention program (MDPP) virtual make-up session   | Informational |

Table 6 – Pricing for newly covered alphanumeric and CPT codes that are manually priced

| Procedure code | Description  | Amount reimbursed when billed on a CMS-1500 claim |
|----------------|--|---|
| 10011          | Fine needle aspiration of first lesion using MR guidance   | 20% of billed charges                             |
| 10012          | Fine needle aspiration of additional lesion using MR guidance  | 20% of billed charges                             |
| 33285          | Insertion of heart rhythm monitor under skin   | 20% of billed charges                             |
| 97151          | Behavior identification assessment by qualified health care professional, each 15 minutes  | 40% of billed charges                             |
| 97152          | Behavior identification assessment by technician under direction of qualified health care professional, each 15 minutes  | 40% of billed charges                             |
| 97153          | Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient, each 15 minutes  | 40% of billed charges                             |
| 97154          | Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients, each 15 minutes  | 40% of billed charges                             |
| 97155          | Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes  | 40% of billed charges                             |
| 97156          | Family adaptive behavior treatment guidance by qualified health care professional (with or without patient present), each 15 minutes   | 40% of billed charges                             |
| 97157          | Family adaptive behavior treatment guidance by qualified health care professional without patient present, each 15 minutes   | 40% of billed charges                             |
| 97158          | Group adaptive behavior treatment with protocol modification administered by qualified health care professional to multiple patients, each 15 minutes  | 40% of billed charges                             |
| A6460          | Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing  | 75% of MSRP or 120% of Cost invoice               |
| A6461          | Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing   | 75% of MSRP or 120% of Cost invoice               |
| C8937          | Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)             | 90% of billed charges                             |
| C9754          | Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed) | 90% of billed charges                             |

Table 6 – Pricing for newly covered alphanumeric and CPT codes that are manually priced

| Procedure code | Description   | Amount reimbursed when billed on a CMS-1500 claim |
|----------------|---|---|
| C9755          | Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed | 90% of billed charges                             |
| J3591          | Unclassified drug or biological used for ESRD on dialysis   | 105% of NDC WAC                                   |
| J7170          | Injection, emicizumab-kxwh, 0.5 mg  | SMAC  |
| J7177          | Injection, human fibrinogen concentrate (fibryga), 1 mg   | SMAC  |
| J7203          | Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu  | SMAC  |
| L8698          | Miscellaneous component, supply or accessory for use with total artificial heart system   | 75% of MSRP or 120% of Cost Invoice               |
| Q2042          | Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose  | 105% of NDC WAC                                   |
| V5171          | Hearing aid, contralateral routing device, monaural, in the ear (ite)   | 75% of MSRP                                       |
| V5181          | Hearing aid, contralateral routing device, monaural, behind the ear (bte)   | 75% of MSRP                                       |
| V5211          | Hearing aid, contralateral routing system, binaural, ite/ite  | 75% of MSRP                                       |
| V5213          | Hearing aid, contralateral routing system, binaural, ite/bte  | 75% of MSRP                                       |
| V5221          | Hearing aid, contralateral routing system, binaural, bte/bte  | 75% of MSRP                                       |
| 0514T          | Visual axis identification using patient fixation during operation  | 90% of billed charges                             |
| 0540T          | Administration of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell therapy  | 90% of billed charges                             |

Table 7 – Pricing percentages for newly covered CDT codes that are manually priced

| Dental procedure code | Description  | Amount reimbursed as % of billed charges when billed on a Dental claim |
|-----------------------|--|--|
| D1516                 | Space maintainer - fixed - bilateral, maxillary  | 90%  |
| D1517                 | Space maintainer - fixed - bilateral, mandibular   | 90%  |
| D1526                 | Space maintainer - removable - bilateral, maxillary  | 90%  |
| D1527                 | Space maintainer - removable - bilateral, mandibular   | 90%  |
| D5282                 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary  | 90%  |
| D5283                 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular | 90%  |
| D5876                 | Add metal substructure to acrylic full denture (per arch)  | 90%  |

Table 8 – New skin substitute procedure codes reimbursed at the flat, statewide per-unit rate

| Procedure code | Description   |
|----------------|---|
| Q4183          | Surgigraft, per square centimeter                   |
| Q4184          | Cellesta, per square centimeter                     |
| Q4185          | Cellesta flowable amnion (25 mg per cc); per 0.5 cc |
| Q4186          | Epifix, per square centimeter                       |
| Q4187          | Epicord, per square centimeter                      |
| Q4188          | Amnioarmor, per square centimeter                   |
| Q4189          | Artacent ac, 1 mg                                   |
| Q4190          | Artacent ac, per square centimeter                  |
| Q4191          | Restorigin, per square centimeter                   |

*Table 8 – New skin substitute procedure codes reimbursed at the flat, statewide per-unit rate*

| Procedure code | Description                                      |
|----------------|--|
| Q4192          | Restorigin, 1 cc                                 |
| Q4193          | Coll-e-derm, per square centimeter               |
| Q4194          | Novachor, per square centimeter                  |
| Q4195          | Puraply, per square centimeter                   |
| Q4196          | Puraply am, per square centimeter                |
| Q4197          | Puraply xt, per square centimeter                |
| Q4198          | Genesis amniotic membrane, per square centimeter |
| Q4200          | Skin te, per square centimeter                   |
| Q4201          | Matrion, per square centimeter                   |
| Q4202          | Keroxx (2.5g/cc), 1cc                            |
| Q4203          | Derma-gide, per square centimeter                |
| Q4204          | Xwrap, per square centimeter                     |