

# IHCP *bulletin*

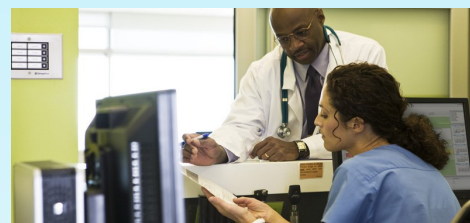
INDIANA HEALTH COVERAGE PROGRAMS    BT201908    FEBRUARY 14, 2019

## Additional information and corrections for the 2019 annual HCPCS codes update

The Indiana Health Coverage Programs (IHCP) previously announced coverage and billing information for new codes for the 2019 Healthcare Common Procedure Coding System (HCPCS) update in *IHCP Bulletin* [BT201866](#). The IHCP is publishing additional information and corrections related to this annual HCPCS update. The additional information and corrections apply retroactively to dates of service (DOS) on or after January 1, 2019, and include the following:

■ [Table 1](#): Corrections to Table 1 of *BT201866*:

- A6460 and A6461: An indication that these procedure codes are included in the long-term care per diem was not included in the bulletin; notation has been added in the Special billing information column.
- C1890: This procedure code was left off the table in error; code has been added.
- C9039: Bulletin incorrectly indicated that prior authorization (PA) is required for this procedure code; PA is not required.
- J3591: Bulletin incorrectly indicated a National Drug Code (NDC) was not required when billing this procedure code; an NDC is required.



■ [Table 2](#): Corrections to Table 6 of *BT201866*

- Pricing percentages for newly covered hearing aid codes that are manually priced were incorrectly noted; correct notation has been added.

■ [Table 3](#): Newly covered Current Procedural Terminology (CPT<sup>®1</sup>) codes published in *BT201866* that have been added for coverage as Medical Review Team (MRT) codes. MRT providers may submit, resubmit, or adjust FFS claims affected by this change for DOS on or after January 1, 2019.

■ [Table 4](#): Procedure code added as Clinical Laboratory Improvement Amendments (CLIA)-waived test effective for DOS on or after January 1, 2019. Providers may submit, resubmit, or adjust FFS claims affected by this update for DOS on or after January 1, 2019.

■ [Table 5](#): Discontinued codes included in the 2019 annual HCPCS code updates, along with alternate code considerations. Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](#) for coverage information. Codes that were discontinued January 1, 2019, for which no alternative codes were identified, are not listed but are available for reference or download from the [Centers for Medicare & Medicaid Services \(CMS\) website](#) at [cms.gov](#).

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Note: Emphasis (**bold type**) has been added to the new or corrected information in Tables 1 and 2 for ease of reference.

Table 1 – Corrections to Table 1 of BT201866 – 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
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 Table 6 of <a href="#">BT201866</a> for manual pricing information <b>Included in long-term care per diem</b>
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 Table 6 of <a href="#">BT201866</a> for manual pricing information <b>Included in long-term care per diem</b>
<b>C1890</b>	<b>No implantable/insertable device used with device-intensive procedures</b>	<b>Noncovered for all programs</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
C9039	Injection, plazomicin, 5 mg	Covered for all programs	<b>No</b>	Yes	Linked to revenue code 636
J3591	Unclassified drug or biological used for ESRD on dialysis	Covered for all programs	No	<b>Yes</b>	See Table 6 of <a href="#">BT201866</a> for manual pricing information

\* "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 2 – Corrections to Table 6 of BT201866 – Pricing for newly covered alphanumeric and CPT codes that are manually priced

Procedure code	Description	Amount reimbursed when billed on a CMS-1500 claim
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	75% of manufacturer's suggested retail price (MSRP) <b>or 120% of cost invoice</b>
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	75% of MSRP <b>or 120% of cost invoice</b>
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	75% of MSRP <b>or 120% of cost invoice</b>
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	75% of MSRP <b>or 120% of cost invoice</b>
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	75% of MSRP <b>or 120% of cost invoice</b>

Table 3 – Newly covered codes added to the MRT codes, effective for DOS on or after January 1, 2019

Procedure code	Modifier	Description
96130	SE	Psychological testing evaluation by qualified health care professional, first 60 minutes
96131	SE	Psychological testing evaluation by qualified health care professional, additional 60 minutes
96136	SE	Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes
96137	SE	Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes

Table 4 – Procedure code added as CLIA-waived test, effective for DOS on or after January 1, 2019

Procedure code	Description
87634	Detection test for respiratory syncytial virus

Table 5 – Discontinued codes from the 2019 annual HCPCS update with alternate code considerations, effective for DOS on or after January 1, 2019

Procedure code	Description	Alternate code considerations
0159T	Computer-aided detection and computer algorithm analysis of breast MRI image data	77048–77049
0346T	Ultrasound, elastography (list separately in addition to code for primary procedure)	76981–76983
0359T	Behavior identification assessment	97151, 97152
0360T	Observational behavioral follow-up assessment first 30 minutes	97151, 97152
0361T	Observational behavioral follow-up assessment additional 30 minutes	97151, 97152
0363T	Exposure behavioral follow-up assessment each additional 30 minutes	97153–97158, 0362T, 0373T
0364T	Behavior treatment by protocol administered by technician first 30 minutes	97153–97158, 0362T, 0373T
0365T	Behavior treatment by protocol administered by technician each additional 30 minutes	97153–97158, 0362T, 0373T
0366T	Group behavior treatment by protocol administered by technician first 30 minutes	97153–97158, 0362T, 0373T
0367T	Group behavior treatment by protocol administered by technician each additional 30 minutes	97153–97158, 0362T, 0373T
0368T	Behavior treatment with protocol modification administered by physician or other qualified health care professional first 30 minutes	97153–97158, 0362T, 0373T
0369T	Behavior treatment with protocol modification administered by physician or other qualified health care professional each additional 30 minutes	97153–97158, 0362T, 0373T
0370T	Family behavior treatment guidance administered by physician	97153–97158, 0362T, 0373T
0371T	Multiple-family group behavior treatment guidance administered by physician or other qualified health care professional	97153–97158, 0362T, 0373T
0372T	Behavior treatment social skills group administered by physician or other qualified health care professional	97153–97158, 0362T, 0373T
0374T	Behavior treatment with protocol modification additional 30 minutes	0373T
0387T	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular	33274

*Table 5 – Discontinued codes from the 2019 annual HCPCS update with alternate code considerations, effective for DOS on or after January 1, 2019*

Procedure code	Description	Alternate code considerations
0388T	Transcatheter removal of permanent leadless pacemaker, ventricular	33275
0389T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system	33274, 33275, 93279, 93286, 93288, 93294, 93296
0390T	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system	33274, 33275, 93279, 93286, 93288, 93294, 93296
0391T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system	33274, 33275, 93279, 93286, 93288, 93294, 93296
0406T	Examination of nasal passage and sinus using an endoscope with placement of implant	31237, 31299
0407T	Examination of nasal passage and sinus using an endoscope with placement of implant, biopsy and removal of polyps	31237, 31299
10022	Fine needle aspiration using imaging guidance	10005–10012
11100	Biopsy of single growth of skin and/or tissue	11102, 11104, 11106
11101	Biopsy of each additional growth of skin and/or tissue	11103, 11105, 11107
27370	Injection of contrast for X-ray imaging of knee	20610–20611, 27369
33282	Implantation patient-activated heart monitoring device	33285–33286
33284	Removal of implantable patient-activated heart monitoring device	33285–33286
43760	Change of stomach feeding, accessed through the skin	43762–43763
50395	Dilation of kidney and/or urinary duct (ureter) with creation of drainage tract, accessed through the skin	50436, 50437
64550	Application of nerve stimulator electrodes to skin surface	97014, 97032
77058	MRI scan of one breast with contrast	77046, 77048
77059	MRI scan of both breasts with contrast	77046, 77048
81211	Gene analysis (breast cancer 1 and 2) full sequence and common duplication or deletion variants	81162–81164
81213	Gene analysis (breast cancer 1 and 2) uncommon duplication or deletion variants	81162–81164
81214	Gene analysis (breast cancer 1) full sequence and common duplication or deletion variants	81165–81166
92275	Recording of retinal electrical responses to external stimuli	92273–92274, 0509T
95974	Electronic analysis and programming of implanted complex cranial neurostimulator generator system during or after surgery, first hour	95976–95977
95975	Electronic analysis and programming of implanted complex cranial neurostimulator generator system during or after surgery	95976–95977
95978	Electronic analysis and programming of implanted complex deep brain neurostimulator generator system, first hour	95983, 95984
95979	Electronic analysis and programming of implanted complex deep brain neurostimulator generator system	95983, 95984
96101	Psychological testing with interpretation and report by psychologist or physician per hour	96130–96131, 96136–96139, 96146
96102	Psychological testing with interpretation and report by technician per hour	96130–96131, 96136–96139, 96146
96103	Psychological testing with interpretation and report by computer	96130–96131, 96136–96139, 96146
96111	Developmental testing	96112–96113
96118	Neuropsychological testing, interpretation, and report by psychologist or physician per hour	96132–96133, 96136–96139, 96146

Table 5 – Discontinued codes from the 2019 annual HCPCS update with alternate code considerations, effective for DOS on or after January 1, 2019

Procedure code	Description	Alternate code considerations
96119	Neuropsychological testing by technician with interpretation and report by a qualified healthcare professional per hour	96132–96133, 96136–96139, 96146
96120	Neuropsychological testing by a computer with interpretation and report by a qualified healthcare professional	96132–96133, 96136–96139, 96146
C8904	Magnetic resonance imaging without contrast, breast; unilateral	77046
C8907	Magnetic resonance imaging without contrast, breast; bilateral	77047
C9014	Injection, cerliponase alfa, 1 mg	J0567
C9015	Injection, c-1 esterase inhibitor (human), haegarda, 10 units	J0599
C9016	Injection, triptorelin extended release, 3.75 mg	J3316
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	J9153
C9028	Injection, inotuzumab ozogamicin, 0.1 mg	J9229
C9029	Injection, guselkumab, 1 mg	J1628
C9030	Injection, copanlisib, 1 mg	J9057
C9031	Lutetium lu 177, dotatate, therapeutic, 1 mci	A9513
C9032	Injection, voretigene neparvovec-rzyl, 1 billion vector genome	J3398
C9033	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	J1454
C9275	Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose	A9589
C9463	Injection, aprepitant, 1 mg	J0185
C9464	Injection, rolapitant, 0.5 mg	J2797
C9465	Hyaluronan or derivative, durolane, for intra-articular injection, per dose	J7318
C9466	Injection, benralizumab, 1 mg	J0517
C9467	Injection, rituximab and hyaluronidase, 10 mg	J9311
C9468	Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, rebinyn, 1 i.u.	J7203
C9469	Injection, triamcinolone acetone, preservative-free, extended-release, microsphere formulation, 1 mg	J3304
C9492	Injection, durvalumab, 10 mg	J9173
C9493	Injection, edaravone, 1 mg	J1301
C9497	Loxapine, inhalation powder, 10 mg	J2062
C9741	Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report	33289
C9744	Ultrasound, abdominal, with contrast	76978–76979
C9748	Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy	53854
C9750	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation and peri-operative interrogation and programming; complete system (includes device and electrode)	0525T
D1515	Space maintainer-fixed bilateral	D1516, D1517
D1525	Space maintainer-removable bilateral	D1526, D1527
D5281	Removable unilateral partial denture-one piece cast metal (including clasps and teeth)	D5282, D5283
D9940	Occlusal guards, by report	D9944, D9945, D9946
K0903	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	A5514

*Table 5 – Discontinued codes from the 2019 annual HCPCS update with alternate code considerations, effective for DOS on or after January 1, 2019*

<b>Procedure code</b>	<b>Description</b>	<b>Alternate code considerations</b>
Q2040	Tisagenlecleucel, up to 250 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	Q2042
Q4131	Epifix or epicord, per square centimeter	Q4186, Q4187
Q4172	Puraply or puraply am, per square centimeter	Q4195, Q4196
Q5102	Injection, infliximab, biosimilar, 10 mg	Q5103, Q5104
Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	J3304
Q9994	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	B4105
Q9995	Injection, emicizumab-kxwh, 0.5 mg	J7170
V5170	Hearing aid, cros, in the ear	V5171, V5172
V5180	Hearing aid, cros, behind the ear	V5181
V5210	Hearing aid, bicros, in the ear	V5212, V5213, V5214
V5220	Hearing aid, bicros, behind the ear	V5221