IHCP *bulletin*

July 2019 quarterly HCPCS codes updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective July 1, 2019, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines.

- Table 1 provides a list of new codes contained in the quarterly update, along with code descriptions, program coverage, prior authorization (PA) requirements, National Drug Code (NDC), and any special billing instructions. For reimbursement consideration, covered codes may be billed for dates of service (DOS) on or after July 1, 2019.

- Table 2 identifies newly covered codes from Table 1 for which separate reimbursement is allowed when billed with revenue code 636 – *Drugs requiring detailed coding for separate reimbursement in an outpatient setting*. For reimbursement consideration, providers may bill these procedure codes and the revenue code together, as appropriate, for DOS on or after July 1, 2019.

- Table 3 presents pricing for newly covered procedure codes that are manually priced codes.

The codes in the quarterly update have been added to the Indiana *Core*MMIS claim-processing system. Coverage and reimbursement information will be reflected in the next regular update to the IHCP Fee Schedules, as appropriate, and to the affected code tables accessible from the *Code Sets* page at in.gov/medicaid/providers. The standard global billing procedure and edits apply unless otherwise noted. Reimbursement and PA information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care reimbursement, PA, and billing should be directed to the MCE with which the member is enrolled.

The July 2019 HCPCS code updates are available for download from the CMS website at cms.gov. They are also posted on the American Medical Association website at ama-assn.org.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

TO PRINT

A printer-friendly version of this publication, in black and white and without photos, is available for your convenience.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the *Bulletins* page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the IHCP provider website at in.gov/medicaid/providers.
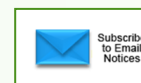
Table 1 – New HCPCS codes, effective for DOS on or after July 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	Noncovered	N/A	N/A	N/A
C9047	Injection, caplacizumab-yhdp, 1 mg	Noncovered	N/A	N/A	N/A
C9048	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Noncovered	N/A	N/A	N/A
C9049	Injection, tagraxofusp-erzs, 10 mcg	Covered for all programs	No	Yes	See Table 2
C9050	Injection, emapalumab-lzsg, 1 mg	Covered for all programs	No	Yes	See Table 2
C9051	Injection, omadacycline, 1 mg	Noncovered	N/A	N/A	N/A
C9052	Injection, ravulizumab-cwvz, 10 mg	Covered for all programs	No	Yes	See Table 2
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure)	Covered for all programs	No	No	See Table 3
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Covered for all programs	No	Yes	See Table 2
J7208	Injection, factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 i.u.	Covered for all programs	No	Yes	Carved out of managed care and the diagnosis-related group (DRG) See Table 2 See Table 3
J7677	Revefenacin inhalation solution, FDA-approved final product, non-compounded, administered through DME, 1 microgram	Covered for all programs	No	Yes	See Table 2
J9030	BCG Live intravesical 1 mg	Covered for all programs	No	Yes	See Table 2
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	Covered for all programs	No	Yes	See Table 2
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Covered for all programs	No	Yes	See Table 2
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Noncovered	N/A	N/A	N/A
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Noncovered	N/A	N/A	N/A
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Noncovered	N/A	N/A	N/A
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Noncovered	N/A	N/A	N/A
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	Noncovered	N/A	N/A	N/A
0085U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	Noncovered	N/A	N/A	N/A
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	Noncovered	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 HCPCS codes, effective for DOS on or after July 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	Noncovered	N/A	N/A	N/A
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	Noncovered	N/A	N/A	N/A
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Noncovered	N/A	N/A	N/A
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)	Noncovered	N/A	N/A	N/A
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	Noncovered	N/A	N/A	N/A
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Noncovered	N/A	N/A	N/A
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	Noncovered	N/A	N/A	N/A
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Noncovered	N/A	N/A	N/A
0095U	Inflammation (eosinophilic esophagitis), ELISA analysis of eotaxin-3 (CCL26 [C-C motif chemokine ligand 26]) and major basic protein (PRG2 [proteoglycan 2, pro eosinophil major basic protein]), specimen obtained by swallowed nylon string, algorithm reported as predictive probability index for active eosinophilic esophagitis	Noncovered	N/A	N/A	N/A
0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	Noncovered	N/A	N/A	N/A
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (Campylobacter [C. jejuni/C. coli/C. upsaliensis], Clostridium difficile [C. difficile] toxin A/B, Plesiomonas shigelloides, Salmonella, Vibrio [V. parahaemolyticus/V. vulnificus/V. cholerae], including specific identification of Vibrio cholerae, Yersinia enterocolitica, Enteroaggregative Escherichia coli [EAEC], Enteropathogenic Escherichia coli [EPEC], Enterotoxigenic Escherichia coli [ETEC] lt/st, Shiga-like toxin-producing Escherichia coli [STEC] stx1/stx2 [including specific identification of the E. coli O157 serogroup within STEC], Shigella/Enteroinvasive Escherichia coli [EIEC], Cryptosporidium, Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia	Noncovered	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 HCPCS codes, effective for DOS on or after July 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
	[also known as G. intestinalis and G. duodenalis], adenovirus F 40/41, astrovirus, norovirus GI/GII, rotavirus A, sapovirus [Genogroups I, II, IV, and V])				
0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydophila pneumonia, Mycoplasma pneumoniae)	Noncovered	N/A	N/A	N/A
0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydophila pneumonia, Mycoplasma pneumoniae)	Noncovered	N/A	N/A	N/A
0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydophila pneumonia, Mycoplasma pneumoniae)	Noncovered	N/A	N/A	N/A
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	Noncovered	N/A	N/A	N/A
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	Noncovered	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 HCPCS codes, effective for DOS on or after July 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	Noncovered	N/A	N/A	N/A
0104U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (32 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	Noncovered	N/A	N/A	N/A
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	Noncovered	N/A	N/A	N/A
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Noncovered	N/A	N/A	N/A
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	Noncovered	N/A	N/A	N/A
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Noncovered	N/A	N/A	N/A
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	Noncovered	N/A	N/A	N/A
0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy	Noncovered	N/A	N/A	N/A
0549T	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy	Noncovered	N/A	N/A	N/A
0550T	Transperineal periurethral balloon continence device; removal, each balloon	Noncovered	N/A	N/A	N/A
0551T	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume	Noncovered	N/A	N/A	N/A
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	Noncovered	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 HCPCS codes, effective for DOS on or after July 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	Covered for all programs	No	No	See Table 3
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	Covered for all programs	No	No	See Table 3
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	Covered for all programs	No	No	See Table 3
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	Covered for all programs	No	No	See Table 3
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Noncovered	N/A	N/A	N/A
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	Noncovered	N/A	N/A	N/A
0560T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure; each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	Noncovered	N/A	N/A	N/A
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A

Table 2 – Newly covered codes for which separate reimbursement is allowed when billed with revenue code 636, effective for DOS on or after July 1, 2019

Procedure code	Description
C9049	Injection, tagraxofusp-erzs, 10 mcg
C9050	Injection, emapalumab-lzsg, 1 mg
C9052	Injection, ravulizumab-cwvz, 10 mg
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron
J7208	Injection, factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 i.u.
J7677	Revefenacin inhalation solution, FDA-approved final product, non-compounded, administered through DME, 1 microgram
J9030	BCG Live intravesical 1mg
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk

* "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 3 – Pricing percentages for newly covered procedure codes that are manually priced

Procedure code	Description	Amount reimbursed when billed on a *CMS-1500* or *UB-04* claim
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure)	90% of billed charges
J7208	Injection, factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 i.u.	Indiana Medicaid Maximum Allowable Cost (State MAC)
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	90% of billed charges
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	90% of billed charges
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	90% of billed charges
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	90% of billed charges