

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201965    NOVEMBER 14, 2019

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

The Indiana Health Coverage Programs (IHCP) previously announced coverage and billing information for new codes for the October 2019 Healthcare Common Procedure Coding System (HCPCS) update in *IHCP Bulletin* [BT201955](#). The IHCP is publishing additional information and corrections related to that quarterly HCPCS update. The additional information and corrections apply retroactively to dates of service (DOS) on or after October 1, 2019.

The following additional information and corrections apply to *Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2019*, published in *BT201955*:

- **J0222 – Injection, patisiran, 0.1 mg:** The bulletin correctly indicated that prior authorization (PA) is required; however, PA criteria is under development and will be announced at a later date.
- **J0642 – Injection, levoleucovorin (Khapzory), 0.5 mg:** This procedure code was omitted from the table in error. The code is covered and the appropriate billing information follows:
  - Pricing: Maximum fee
  - PA: None required
  - Billing guidance: Must be billed with the National Drug Code (NDC) of the product administered
- **J1096 – Dexamethasone, lacrimal ophthalmic insert, 0.1 mg:** The bulletin incorrectly indicated that the code is not covered. The appropriate billing information follows:
  - Pricing: Maximum fee
  - PA: None required
  - Billing guidance:
    - ◆ Must be billed with the NDC of the product administered.
    - ◆ Separate reimbursement is allowed under revenue code 636 – *Drugs requiring detailed coding*. For reimbursement consideration, providers may bill the procedure code and revenue code together, as appropriate.
- **J3111 – Injection, romosozumab-aqqg, 1 mg:** The bulletin correctly indicated that PA is required. The member must meet all the following PA criteria:
  - Postmenopausal woman with osteoporosis
  - High risk for bone fracture(s)
  - History of failure, contraindication, or intolerance to oral or intravenous bisphosphonate therapy
  - No myocardial infraction or stroke in the previous year
  - No uncorrected hypocalcemia
  - Lifetime duration of therapy limit: 1 year



- J9119 – *Injection, cemiplimab-rwlc, 1 mg*: The bulletin correctly indicated that PA is required. The member must be diagnosed with one of the following:
  - Metastatic cutaneous squamous cell carcinoma (CSCC)
  - Locally advanced CSCC (and member is not a candidate for curative surgery or curative radiation)
- Q5117 – *Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg*: The bulletin incorrectly indicated that PA is not required for this procedure code; PA is required. The member must be diagnosed with one of the following:
  - HER2 overexpressing breast cancer
  - HER2 overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma



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