

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2020110    OCTOBER 1, 2020

## October 2020 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective October 1, 2020, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines.

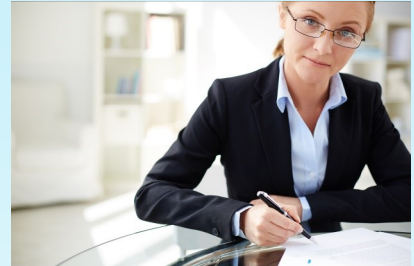


- [Table 1](#) provides a list of new codes contained in the quarterly update, along with code descriptions, program coverage, prior authorization (PA) requirements, National Drug Code (NDC) requirements, and any special billing instructions. For reimbursement consideration, covered codes may be billed for dates of service (DOS) on or after October 1, 2020, unless otherwise specified.
- [Table 2](#) lists new modifiers included in the 2020 quarterly HCPCS update effective October 1, 2020, showing the modifier, description, and type. Providers should follow Current Procedural Terminology (CPT<sup>®1</sup>) coding guidelines for reporting services using appropriate modifiers.
- [Table 3](#) identifies new HCPCS codes for the coronavirus disease 2019 (COVID-19). These codes are effective for dates of service on or after **August 10, 2020**. For providers submitting claims to managed care entities (MCEs), the IHCP will allow for a limited timely filing extension to ensure that providers have the full 90 days to submit claims back to the effective date. Providers will have 90 days *from the date of this publication* to submit claims for these codes to the MCE. If the claim is beyond 90 days from the date of service, then the provider should submit a copy of this provider bulletin (first page only) with the claim.
- [Table 4](#) identifies new skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate.
- [Table 5](#) identifies newly covered codes for which separate reimbursement is allowed in an outpatient setting when billed with revenue code 636 – *Drugs requiring detailed coding*. For reimbursement consideration, providers may bill these procedure codes and the revenue code together, as appropriate.
- [Table 6](#) presents pricing for newly covered procedure codes that are manually priced.
- [Table 7](#) provides available PA criteria for the newly covered procedure codes that require PA.
- [Table 8](#) identifies alternate procedure codes to be used in place of codes that have been discontinued.

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The October 1, 2020, quarterly HCPCS codes will be added to the IHCP claim-processing system. Established pricing will be posted on the appropriate fee schedule accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). 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):

- Family Planning Eligibility Program Codes
- Podiatry Services Codes
- Procedure Code Modifiers for Professional Claims
- Procedure Codes That Require NDCs
- Revenue Codes with Special Procedure Code Linkages



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 fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to the DXC Prior Authorization Unit at 1-800-457-4584, option 7. Individual MCEs establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

The October 1, 2020, quarterly HCPCS update also includes a list of discontinued codes. These codes are available for reference or download from the [CMS website](#) at [cms.gov](http://cms.gov).

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?

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.

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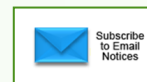


Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2020, unless otherwise noted

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	Covered and includes: <ul style="list-style-type: none"> <li>• Family Planning Eligibility Program</li> <li>• Presumptive Eligibility (PE) Family Planning Only</li> </ul>	No	No	Effective 8/10/2020 See <a href="#">Table 3</a> See <a href="#">Table 6</a>  Allowed for Podiatrist (provider specialty 140)
86409	Neutralizing antibody SARS-CoV-2 titer	Covered and includes: <ul style="list-style-type: none"> <li>• Family Planning Eligibility Program</li> <li>• Presumptive Eligibility (PE) Family Planning Only</li> </ul>	No	No	Effective 8/10/2020 See <a href="#">Table 3</a> See <a href="#">Table 6</a>  Allowed for Podiatrist (provider specialty 140)
0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy	Noncovered	N/A	N/A	N/A
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	Noncovered	N/A	N/A	N/A
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	Noncovered	N/A	N/A	N/A
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected	Noncovered	N/A	N/A	N/A
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	Noncovered	N/A	N/A	N/A
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	Noncovered	N/A	N/A	N/A

\* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.  
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Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2020, unless otherwise noted

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0207U	Quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	Noncovered	N/A	N/A	N/A
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	Noncovered	N/A	N/A	N/A
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)	Noncovered	N/A	N/A	N/A
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	Noncovered	N/A	N/A	N/A
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband (Do not report 0212U in conjunction with 81425)	Noncovered	N/A	N/A	N/A
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling) (Do not report 0213U in conjunction with 81426)	Noncovered	N/A	N/A	N/A
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband (Do not report 0214U in conjunction with 81415)	Noncovered	N/A	N/A	N/A

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Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2020, unless otherwise noted

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling) (Do not report 0215U in conjunction with 81416)	Noncovered	N/A	N/A	N/A
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Noncovered	N/A	N/A	N/A
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Noncovered	N/A	N/A	N/A
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	Noncovered	N/A	N/A	N/A
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	Noncovered	N/A	N/A	N/A
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	Noncovered	N/A	N/A	N/A
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene	Noncovered	N/A	N/A	N/A
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	Noncovered	N/A	N/A	N/A
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	Noncovered	N/A	N/A	N/A
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	Noncovered	N/A	N/A	N/A

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Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2020, unless otherwise noted

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C9060	Fluoroestradiol F18, diagnostic, 1 mCi	Noncovered	N/A	N/A	N/A
C9062	Injection, daratumumab 10 mg and hyaluronidase-fihj	Covered	No	Yes	See <a href="#">Table 5</a>
C9064	Mitomycin pyelocalyceal instillation, 1 mg	Covered	No	Yes	See <a href="#">Table 5</a>
C9065	Injection, romidepsin, non-lypohilized (e.g. liquid), 1mg	Covered	No	Yes	See <a href="#">Table 5</a>
C9066	Injection, sacituzumab govitecan-hziy, 10 mg	Covered	No	Yes	See <a href="#">Table 5</a>
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mCi	Noncovered	N/A	N/A	N/A
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy (ureteral catheterization is included) and vacuum aspiration of the kidney, collecting system and urethra if applicable	Covered	No	No	No
C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)	Covered	No	No	No
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts	Covered	No	No	No
G1020	Clinical decision support mechanism curbside clinical augmented workflow, as defined by the Medicare Appropriate Use Criteria Program	Noncovered	N/A	N/A	N/A
G1021	Clinical decision support mechanism ehealthline clinical decision support mechanism, as defined by the Medicare Appropriate Use Criteria Program	Noncovered	N/A	N/A	N/A
G1022	Clinical decision support mechanism intermountain clinical decision support mechanism, as defined by the Medicare Appropriate Use Criteria Program	Noncovered	N/A	N/A	N/A
G1023	Clinical decision support mechanism persivia clinical decision support, as defined by the Medicare Appropriate Use Criteria Program	Noncovered	N/A	N/A	N/A
J1437	Injection, ferric derisomaltose, 10 mg	Noncovered	N/A	N/A	N/A
J1632	Injection, brexanolone, 1 mg	Covered	Yes See <a href="#">Table 7</a>	Yes	See <a href="#">Table 5</a> See <a href="#">Table 8</a>
J1738	Injection, meloxicam, 1 mg	Covered	No	Yes	See <a href="#">Table 5</a> See <a href="#">Table 8</a>
J3032	Injection, eptinezumab-jjmr, 1 mg	Covered	Yes See <a href="#">Table 7</a>	Yes	See <a href="#">Table 5</a> See <a href="#">Table 8</a>
J3241	Injection, teprotumumab-trbw, 10 mg	Covered	No	Yes	See <a href="#">Table 5</a> See <a href="#">Table 8</a>
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Covered	No	Yes	See <a href="#">Table 5</a>
J9227	Injection, isatuximab-irfc, 10 mg	Covered	No	Yes	See <a href="#">Table 5</a>
J9304	Injection, pemetrexed (Pemfexy), 10 mg	Noncovered	N/A	N/A	N/A
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	Noncovered	N/A	N/A	N/A
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	Noncovered	N/A	N/A	N/A
K1009	Speech volume modulation system, any type, including all components and accessories	Noncovered	N/A	N/A	N/A

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Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2020, unless otherwise noted

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
K1010	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	Noncovered	N/A	N/A	N/A
K1011	Activation device for intraurethral drainage device with valve, replacement only, each	Noncovered	N/A	N/A	N/A
K1012	Charger and base station for intraurethral activation device, replacement only	Noncovered	N/A	N/A	N/A
Q4249	Amniphy, for topical use only, per square centimeter	Covered	No	No	See <a href="#">Table 4</a> See <a href="#">Table 5</a>  Allowed for Podiatrist (provider specialty 140)
Q4250	AmnioAMP-MP, per square centimeter	Covered	No	No	See <a href="#">Table 4</a> See <a href="#">Table 5</a>  Allowed for Podiatrist (provider specialty 140)
Q4254	Novafix DL, per square centimeter	Covered	No	No	See <a href="#">Table 4</a> See <a href="#">Table 5</a>  Allowed for Podiatrist (provider specialty 140)
Q4255	REGUaRD, for topical use only, per square centimeter	Covered	No	No	See <a href="#">Table 4</a> See <a href="#">Table 5</a>  Allowed for Podiatrist (provider specialty 140)
Q9001	Assessment by Department of Veterans Affairs chaplain services	Noncovered	N/A	N/A	N/A
Q9002	Counseling, individual, by Department of Veterans Affairs chaplain services	Noncovered	N/A	N/A	N/A
Q9003	Counseling, group, by Department of Veterans Affairs chaplain services	Noncovered	N/A	N/A	N/A
T2047	Habilitation, prevocational, waiver; per 15 minutes	Noncovered	N/A	N/A	N/A
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens	Noncovered	N/A	N/A	N/A

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Table 2 – New modifiers included in the 2020 quarterly HCPCS update, effective October 1, 2020

Modifier	Description	Type
J5	Off-the-shelf orthotic subject to DMEPOS competitive bidding program that is furnished as part of a physical therapist or occupational therapist professional service	Informational
V4	Demonstration modifier 4	Informational

Table 3 – New procedure codes related to COVID-19

Procedure code	Description	Effective date
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	8/10/2020
86409	Neutralizing antibody SARS-CoV-2 titer	8/10/2020

Table 4 – New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate

Procedure code	Description
Q4249	Amniply, for topical use only, per square centimeter
Q4250	AmnioAMP-MP, per square centimeter
Q4254	Novafix DL, per square centimeter
Q4255	REGUaRD, for topical use only, per square centimeter

Table 5 – Newly covered codes for which separate reimbursement is allowed when billed with revenue code 636, effective for DOS on or after October 1, 2020

Procedure code	Description
C9062	Injection, daratumumab 10 mg and hyaluronidase-fihj
C9064	Mitomycin pyelocalyceal instillation, 1 mg
C9065	Injection, romidepsin, non-lyophilized (e.g. liquid), 1mg
C9066	Injection, sacituzumab govitecan-hziy, 10 mg
J1632	Injection, brexanolone, 1 mg
J1738	Injection, meloxicam, 1 mg
J3032	Injection, eptinezumab-jjmr, 1 mg
J3241	Injection, teprotumumab-trbw, 10 mg
J7351	Injection, bimatoprost, intracameral implant, 1 microgram
J9227	Injection, isatuximab-irfc, 10 mg
Q4249	Amniply, for topical use only, per square centimeter
Q4250	AmnioAMP-MP, per square centimeter
Q4254	Novafix DL, per square centimeter
Q4255	REGUaRD, for topical use only, per square centimeter



*Table 6 – Newly covered procedure codes that are manually priced*

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a professional claim	Amount reimbursed as % of billed charges when billed on an outpatient claim
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	30%	15%
86409	Neutralizing antibody SARS-CoV-2 titer	30%	15%

*Table 7 – Newly covered procedure codes that require PA and available PA criteria*

Procedure code	Description	PA criteria
J1632	Injection, brexanolone, 1 mg	<ul style="list-style-type: none"> <li>Member must have diagnosis of postpartum depression</li> <li>Provide confirmation that member, pharmacy, and facility are enrolled in the <a href="#">Zulresso REMS program</a></li> <li>Must provide name and National Provider Identifier (NPI) of the qualified facility and healthcare providers providing and monitoring infusion</li> </ul>
J3032	Injection, eptinezumab-jjmr, 1 mg	<ul style="list-style-type: none"> <li>All the following have either been tried and failed, or there is documented intolerance or contradiction for their use: <ul style="list-style-type: none"> <li>Propranolol or topiramate</li> <li>Aimovig</li> <li>Emgality</li> </ul> </li> <li>Quantity does not exceed 3mL/90 days</li> </ul>

*Table 8 – Alternate procedure codes to be used in place of codes that have been discontinued*

Discontinued procedure code	Description	Alternate code consideration
C9055	Injection, brexanolone, 1 mg	J1632
C9059	Injection, meloxicam, 1 mg	J1738
C9061	Injection, teprotumumab-trbw, 10 mg	J3241
C9063	Injection, eptinezumab-jjmr, 1 mg	J3032