

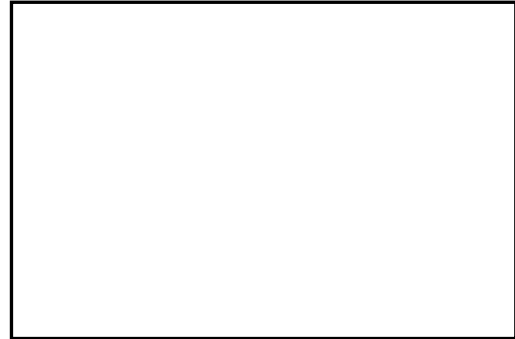
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202229 APRIL 14, 2022

Manual pricing reimbursement information for select April 2022 quarterly HCPCS codes

The Indiana Health Coverage Programs (IHCP) previously announced coverage and billing information for new codes for the April quarterly Healthcare Common Procedure Coding System (HCPCS) updates in *IHCP Bulletin BT202227*.

The procedure codes listed in Table 1 are manually priced by the IHCP on professional claims for dates of service (DOS) on or after **April 1, 2022**. For outpatient claims, these codes will reimburse the flat fee of the revenue code when they are reported according to national billing guidelines.



The Professional Fee Schedule will be updated to reflect this information. This fee schedule can be accessed from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Procedure codes A4238, E2102, K1031, K1032 and K1033 will be added to *Procedure Codes That Require Attachments*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

Table 1 – Manually priced procedure codes on professional claims

Procedure code	Description	Amount reimbursed when billed on a professional claim
A4238	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	75% manufacturer's suggested retail price (MSRP) or 120% cost invoice
E2102	Adjunctive continuous glucose monitor or receiver	75% MSRP or 120% cost invoice
K1031	Non-pneumatic compression controller without calibrated gradient pressure	75% MSRP or 120% cost invoice
K1032	Non-pneumatic sequential compression garment, full leg	75% MSRP or 120% cost invoice
K1033	Non-pneumatic sequential compression garment, half leg	75% MSRP or 120% cost invoice
V2525	Contact lens, hydrophilic, dual focus, per lens	90% of the amount billed

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