

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201128 JULY 12, 2011



Correction of third-quarter workshop information

The July issue of the Indiana Health Coverage Programs (IHCP) Provider Newsletter contained incorrect information regarding the managed care entity (MCE) session scheduled for the IHCP third-quarter provider workshops. The correct information follows:

HP/Managed Care Entity (MCE) Presentation to Include EPSDT, HEDIS

HP and the MCEs will present a joint focus on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to familiarize primary care providers with the EPSDT program. This session will provide a program overview, description of covered services and specialties, Healthcare Effectiveness Data and Information Set (HEDIS), outreach strategies, and current trends. Upcoming revisions include a collaboration between the MCEs and the American Academy of Pediatrics (AAP), and the alignment of EPSDT programming with the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*.

Coverage determinations for the July quarterly HCPCS code updates

The purpose of this announcement is to notify providers of the coverage determinations for the July quarterly Healthcare Common Procedure Coding System (HCPCS) code updates, to be effective, per the Centers for Medicare & Medicaid Services (CMS), July 1, 2011. The Indiana Health Coverage Programs (IHCP) has reviewed the HCPCS code updates to de-

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termine coverage and billing guidelines. The table on the following pages includes a listing of the alphanumeric and Current Procedural Terminology (CPT^{®1}) codes along with code descriptions and program coverage information.

The IHCP is advising providers of these determinations so the appropriate codes can be billed beginning with dates of service on or after July 1, 2011. Description changes have not been published in this bulletin. The July HCPCS code updates, including description changes, are available for download on the [CMS Web site](#).

These codes have been added to the IndianaAIM claims processing system and fees are posted on [indianamedicaid.com](#) with an effective date of July 1, 2011. Providers may bill these codes for dates of service on or after July 1, 2011. The standard global billing procedures and edits apply.

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Quarterly HCPCS Code Updates, Effective July 1, 2011

HCPCS Code	Description	Program coverage	Requires PA	Requires NDC
0262T	Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach	Not covered	N/A	N/A
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	Not covered	N/A	N/A
0264T	Complete procedure excluding bone marrow harvest	Not covered	N/A	N/A
0265T	Unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	Not covered	N/A	N/A
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Not covered	N/A	N/A
0267T	Lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Not covered	N/A	N/A
0268T	Pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Not covered	N/A	N/A
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Not covered	N/A	N/A
0270T	Lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Not covered	N/A	N/A
0271T	Pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Not covered	N/A	N/A
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);	Not covered	N/A	N/A
0273T	With programming	Not covered	N/A	N/A

HCPCS Code	Description	Program coverage	Requires PA	Requires NDC
0274T	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	Not covered	N/A	N/A
0275T	Lumbar	Not covered	N/A	N/A
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Discontinued effective July 1, 2011	N/A	No
C9283	Injection, acetaminophen, 10 mg	Not covered	N/A	N/A
C9284	Injection, ipilimumab, 1 mg	Covered – all programs	No	Yes
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	Not covered	N/A	N/A
C9365	Oasis Ultra Tri-Layer Matrix, per square centimeter	Covered – all programs	No	No
C9406	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries	Covered – all programs	No	No
C9729	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with ligamentous resection, discectomy, facetectomy and/or foraminotomy, when performed), any method under indirect image guidance, with the use of an endoscope when performed, single or multiple levels, unilateral or bilateral; lumbar	Discontinued effective July 1, 2011	N/A	N/A
C9730	Bronchoscopic bronchial thermoplasty with imaging guidance (if performed), radiofrequency ablation of airway smooth muscle, 1 lobe	Not covered	N/A	N/A
C9731	Bronchoscopic bronchial thermoplasty with imaging guidance (if performed), radiofrequency ablation of airway smooth muscle, 2 or more lobes	Not covered	N/A	N/A
K0741	Portable gaseous oxygen system, rental, includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing, for cluster headaches	Not covered	N/A	N/A
K0742	Portable oxygen contents, gaseous, 1 month's supply = 1 unit, for cluster headaches, for initial month's supply or to replace used contents	Not covered	N/A	N/A
K0743	Suction pump, home model, portable, for use on wounds	Not covered	N/A	N/A
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	Not covered	N/A	N/A
K0745	Absorptive wound dressing for use with suction pump, home	Not covered	N/A	N/A

HCPCS Code	Description	Program coverage	Requires PA	Requires NDC
	model, portable, pad size more than 16 square inches but less than or equal to 48 square inches			
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	Not covered	N/A	N/A
Q2041	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	Not covered	N/A	N/A
Q2042	Injection, hydroxyprogesterone caproate, 1 mg	Not covered	N/A	N/A
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Not covered	N/A	N/A
Q2044	Injection, belimumab, 10 mg	Covered – all programs	No	Yes
S3628	Placental alpha microglobin-1 rapid immunosassay for detection of rupture of fetal membranes	Discontinued effective July 1, 2011	N/A	N/A
S9075	Smoking cessation treatment	Discontinued effective July 1, 2011	N/A	N/A

Questions?

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