

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201211

MARCH 29, 2012



Coverage and billing information for the April quarterly HCPCS code updates

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates, effective April 1, 2012, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines.

The following table includes a list of the new alphanumeric and Current Procedural Terminology (CPT^{®1}) codes, along with code descriptions and program coverage information. It also includes deleted code information for codes with coverage ending on March 31, 2012. New codes have been added to IndianaAIM, and changes posted to the [Code Sets](#) and [Fee Schedule](#) on indianamedicaid.com with an effective date of April 1, 2012. The standard global billing procedures and edits apply.

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Table 1—Quarterly HCPCS code updates, effective April 1, 2012

HCPCS code	Description	Program coverage	Alternate codes for consideration
V8	INFECTION PRESENT	Discontinued effective March 31, 2012	N/A
V9	NO INFECTION PRESENT	Discontinued effective March 31, 2012	N/A
S0353	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INITIAL TREATMENT	Not covered	N/A
S0354	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER ESTABLISHED PATIENT WITH A CHANGE IN REGIMEN	Not covered	N/A
S0596	PHAKIC INTRAOCULAR LENS FOR CORRECTION OF REFRACTIVE ERROR	Not covered	N/A
S3721	PROSTATE CANCER ANTIGEN 3 (PCA3) TESTING	Not covered	N/A
S8930	ELECTRICAL STIMULATION OF AURICULAR ACUPUNCTURE POINTS; EACH 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT	Not covered	N/A
S3711	CIRCULATING TUMOR CELL TEST	Discontinued effective March 31, 2012	N/A
S3713	KRAS MUTATION ANALYSIS TESTING	Discontinued effective March 31, 2012	N/A
S3818	COMPLETE GENE SEQUENCE ANALYSIS; BRCA 1 GENE	Discontinued effective March 31, 2012	Cross-walked to: 81211, 81212, 81213, 81214, 81215, 81216, 81217*
S3819	COMPLETE GENE SEQUENCE ANALYSIS; BRCA 2 GENE	Discontinued effective March 31, 2012	Cross-walked to: 81211, 81212, 81213, 81214, 81215, 81216, 81217*
S3820	COMPLETE BRCA 1 AND BRCA 2 GENE ANALYSIS FOR SUSCEPTIBILITY TO BREAST AND OVARIAN CANCER	Discontinued effective March 31, 2012	Cross-walked to: 81211, 81212, 81213, 81214, 81215, 81216, 81217*
S3822	SINGLE MUTATION ANALYSIS (IN INDIVIDUAL WITH A KNOWN BRCA1 OR BRCA2 MUTATION IN THE FAMILY) FOR SUSCEPTIBILITY TO BREAST AND OVARIAN CANCER	Discontinued effective March 31, 2012	Cross-walked to: 81211, 81212, 81213, 81214, 81215, 81216, 81217*
S3823	THREE MUTATION BRCA1 AND BRCA2 ANALYSIS FOR SUSCEPTIBILITY TO BREAST AND OVARIAN CANCER IN ASHKENAZI INDIVIDUALS	Discontinued effective March 31, 2012	Cross-walked to: 81211, 81212, 81213, 81214, 81215, 81216, 81217*
S3828	COMPLETE GENE SEQUENCE ANALYSIS; MLH1 GENE	Discontinued effective March 31, 2012	N/A
S3829	COMPLETE GENE SEQUENCE ANALYSIS; MLH2 GENE	Discontinued effective March 31, 2012	N/A

HCPCS code	Description	Program coverage	Alternate codes for consideration
S3830	COMPLETE MLH AND MSH2 GENE SEQUENCE ANALYSIS FOR HEREDITARY NONPOLYPOSIS COLORECTAL CANCER (HNPCC) GENETIC TESTING	Discontinued effective March 31, 2012	N/A
S3831	SINGLE MUTATION ANALYSIS (IN INDIVIDUAL WITH A KNOWN MLH AND MSH2 MUTATION IN THE FAMILY) FOR HEREDITARY NONPOLYPOSIS COLORECTAL CANCER (HNPCC) GENETIC TESTING	Discontinued effective March 31, 2012	N/A
S3835	COMPLETE GENE SEQUENCE ANALYSIS FOR CYSTIC FIBROSIS GENETIC TESTING	Discontinued effective March 31, 2012	N/A
S3837	COMPLETE GENE SEQUENCE ANALYSIS FOR HEMOCHROMATOSIS GENETIC TESTING	Discontinued effective March 31, 2012	N/A
S3843	DNA ANALYSIS OF THE F5 GENE FOR SUSCEPTIBILITY TO FACTOR V LEIDEN THROMBOPHILIA	Discontinued effective March 31, 2012	N/A
S3847	GENETIC TESTING FOR TAY SACHS DISEASE	Discontinued effective March 31, 2012	Cross-walked to: 81255*
S3848	GENETIC TESTING FOR GAUCHER DISEASE	Discontinued effective March 31, 2012	Cross-walked to: 81251*
S3851	GENETIC TESTING FOR CANAVAN DISEASE	Discontinued effective March 31, 2012	Cross-walked to: 81200*
S3860	GENETIC TESTING, COMPREHENSIVE CARDIAC ION CHANNEL ANALYSIS, FOR VARIANTS IN 5 MAJOR CARDIAC ION CHANNEL GENES FOR INDIVIDUALS WITH HIGH INDEX OF SUSPICION FOR FAMILIAL LONG QT SYNDROME (LQTS) OR RELATED SYNDROMES	Discontinued effective March 31, 2012	Cross-walked to: 81280, 81281, 81282*
S3862	GENETIC TESTING, FAMILY-SPECIFIC ION CHANNEL ANALYSIS, FOR BLOOD-RELATIVES OF INDIVIDUALS (INDEX CASE) WHO HAVE PREVIOUSLY TESTED POSITIVE FOR A GENETIC VARIANT OF A CARDIAC ION CHANNEL SYNDROME USING EITHER ONE OF THE ABOVE TEST CONFIGURATIONS OR CONFIRMED RESULTS FROM ANOTHER LABORATORY	Discontinued effective March 31, 2012	N/A

HCPCS code	Description	Program coverage	Alternate codes for consideration
S8049	INTRAOPERATIVE RADIATION THERAPY (SINGLE ADMINISTRATION)	Discontinued effective March 31, 2012	N/A

* See Table 2 for information on coverage and reimbursement of crosswalked codes.

Note: The April 2012 HCPCS code updates are also available for download from the [CMS website](http://cms.gov) at cms.gov.

Effective for dates of service on or after April 1, 2012, the IHCP will provide coverage for the molecular pathology codes in Table 2 when they are billed on a CMS-1500 or UB-04 claim form. Additional billing instructions for these procedure codes will follow in an upcoming banner. Changes will be posted to the [Code Sets](#) and [Fee Schedule](#) on indianamedicaid.com.

Table 2—Covered codes effective for dates of service on or after April 1, 2012

Procedure Code	Description	Limits and restrictions	Reimbursement rate
81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, E285A, Y231X)	<ul style="list-style-type: none"> One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%
81211	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE DUPLICATION/DELETION VARIANTS IN BRCA1 (1E, EXON 13 DEL 3.835KB, EXON 13 DUP 6KB, EXON 14-20 DEL 26KB, EXON 22 DEL 510BP, EXON 8-9 DEL 7.1KB)	<ul style="list-style-type: none"> Requires prior authorization One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%
81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELΔG, 5385INSC, 6174DELΔT VARIANTS	<ul style="list-style-type: none"> Requires prior authorization One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%
81213	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; UNCOMMON DUPLICATION/DELETION VARIANTS	<ul style="list-style-type: none"> Requires prior authorization One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%

Procedure Code	Description	Limits and restrictions	Reimbursement rate
81214	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND COMMON DUPLICATION/DELETION VARIANTS (IE, EXON 13 DEL 3.835KB, EXON 13 DUP 6KB, EXON 14-20 DEL 26KB, EXON 22 DEL 510BP, EXON 8-9 DEL 7.1KB)	<ul style="list-style-type: none"> Requires prior authorization One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%
81215	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	<ul style="list-style-type: none"> Requires prior authorization One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%
81216	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	<ul style="list-style-type: none"> Requires prior authorization One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%
81217	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	<ul style="list-style-type: none"> Requires prior authorization One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%
81251	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	<ul style="list-style-type: none"> One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%
81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, 1278INSTATC, 1421+1G>C, G269S)	<ul style="list-style-type: none"> One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%
81280	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); FULL SEQUENCE ANALYSIS	<ul style="list-style-type: none"> Requires prior authorization One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%
81281	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); KNOWN FAMILIAL SEQUENCE VARIANT	<ul style="list-style-type: none"> Requires prior authorization One unit restriction One lifetime restriction 	Manual price: <ul style="list-style-type: none"> CMS-1500 claim form – 30% UB-04 claim form – 15%

Procedure Code	Description	Limits and restrictions	Reimbursement rate
81282	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); DUPLICATION/DELETION VARIANTS	<ul style="list-style-type: none">• Requires prior authorization• One unit restriction• One lifetime restriction	Manual price: <ul style="list-style-type: none">• CMS-1500 claim form – 30%• UB-04 claim form – 15%

Questions?

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