

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201224

JULY 3, 2012



Coverage and billing information for the July quarterly HCPCS code updates

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

The table on the following page includes a list of the alphanumeric codes, along with code descriptions and program coverage information. Covered codes may be billed for dates of service on or after July 1, 2012. These codes have been added to IndianaAIM, and changes posted to the [Code Sets](#) and [Fee Schedule](#) on indianamedicaid.com with an effective date of July 1, 2012. The standard global billing procedures and edits apply.

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Table 1 – Quarterly HCPCS code updates, effective July 1, 2012

Procedure code	Description	Prior authorization requirements	Program coverage	NDC required
C9291	INJECTION, AFLIBERCEPT, 2 MG VIAL	N/A	Discontinued (after June 30, 2012)	N/A
C9368	GRAFIX CORE, PER SQUARE CENTIMETER	N/A	Noncovered for all programs; Noncovered for Package C	N/A
C9369	GRAFIX PRIME, PER SQUARE CENTIMETER	N/A	Noncovered for all programs; Noncovered for Package C	N/A
C9732	INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS	N/A	Discontinued (after June 30, 2012)	N/A
J1680	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 100MG	N/A	Noncovered for all programs; Noncovered for Package C (after June 30, 2012)	N/A
J9001	INJECTION, DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	N/A	Noncovered for all programs; Noncovered for Package C (after June 30, 2012)	N/A
Q2034	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)	N/A	Noncovered for all programs; Noncovered for Package C	N/A
Q2045	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	No for all programs; no for Package C	Covered for all programs; covered for Package C	Yes
Q2046	INJECTION, AFLIBERCEPT, 1 MG	No for all programs; no for Package C	Covered for all programs; covered for Package C	Yes
Q2047	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	No for all programs; no for Package C	Covered for all programs; covered for Package C	Yes
Q2048	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, DOXIL, 10 MG	No for all programs; no for Package C	Covered for all programs; covered for Package C	Yes
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG	N/A	Noncovered for all programs; Noncovered for Package C	N/A
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	N/A	Noncovered for all programs; Noncovered for Package C	N/A

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

Questions?

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