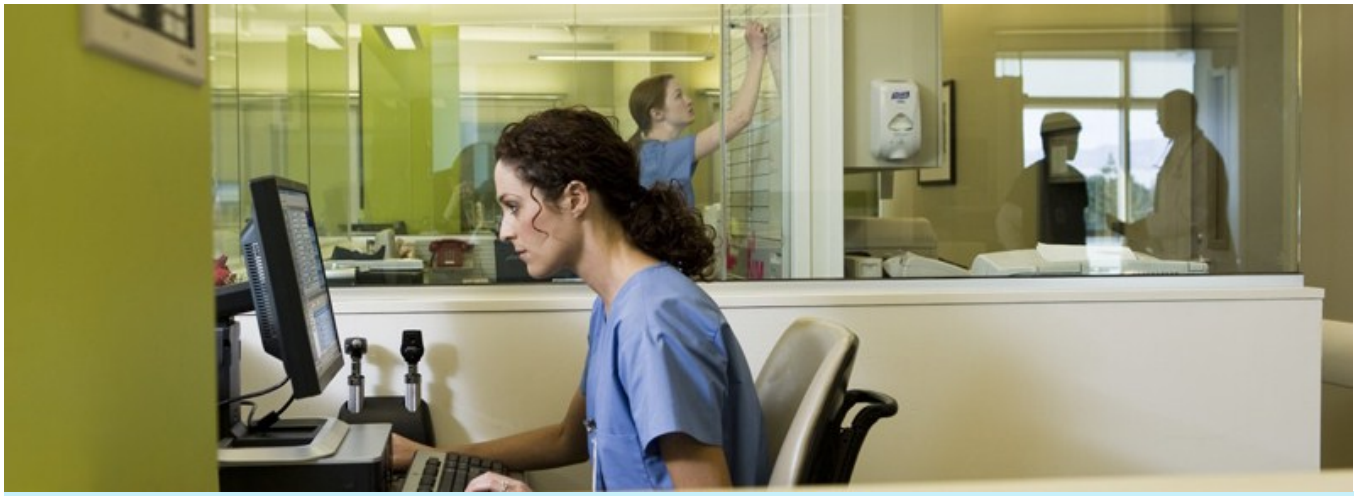
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201309 APRIL 2, 2013



Coverage and billing information for the April 2013 quarterly CPT/HCPCS code updates

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective April 1, 2013, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines.

Table 1 includes a list of the alphanumeric codes, along with code descriptions; program coverage; prior authorization requirements; and information on reimbursement, modifiers, and National Drug Codes (NDCs). Covered codes may be billed for dates of service on or after April 1, 2013. These codes have been added to Indiana*AIM* with coverage, billing, and reimbursement information posted to the Code Sets and Fee Schedule on indianamedicaid.com. The standard global billing procedures and edits apply. The April 2013 HCPCS code updates are also available for download from the CMS website at cms.gov.

Table 1 − Quarterly HCPCS code updates, effective April 1, 2013

Procedure Code	Description	Program Coverage	Prior Authorization Requirements	Reimbursement Information	Modifier	NDC
C9130	Injection, immune globulin (Bivigam), 500 mg	Covered for all programs; covered for Package C	No for all programs; no for Package C	Max fee pricing	No	Yes
C9297	Injection, omacetaxine mepesuccinate, 0.01 mg	Covered for all programs; covered for Package C	No for all programs; no for Package C	Max fee pricing	No	Yes
C9298	Injection, ocriplasmin, 0.125 mg	Covered for all programs; covered for Package C	No for all programs; no for Package C	Max fee pricing	No	Yes

Continue

Table 1 (continued) − Quarterly HCPCS code updates, effective April 1, 2013

Procedure Code	Description	Program Coverage	Prior Authorization Requirements	Reimbursement Information	Modifier	NDC
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyogmata, with or without magnetic resonanace (MR) guidance	Noncovered for all programs; noncovered for Package C	N/A	N/A	N/A	N/A
C9735	Anoscopy; with directed submucosal injection(s), any substance	Noncovered for all programs; noncovered for Package C	N/A	N/A	N/A	N/A
Q0505	Miscellaneous supply or accessory for use with ventricular device	Noncovered for all programs; noncovered for Package C	N/A	N/A	N/A	N/A
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	Covered for all programs; covered for Package C	Yes for all programs; yes for Package C	Manual pricing	NU	N/A
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	Covered for all programs; covered for Package C	Yes for all programs; yes for Package C	Manual pricing	NU	N/A
Q0509	Miscellaneous supply or accessory for use any implanted ventricular assist device for which payment was not made under Medicare Part A	Covered for all programs; covered for Package C	Yes for all programs; yes for Package C	Manual pricing	NU	N/A

Providers are reminded that manually priced durable medical equipment (DME), medical supply, and hearing aid procedure codes are reimbursed at 75% manufacturer's suggested retail price (MSRP). Codes without an MSRP will be reimbursed at the provider's cost plus 20%.

QUESTIONS?

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