

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201319 JUNE 25, 2013



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

The Indiana Health Coverage programs (IHCP) has reviewed the Current Procedural Terminology (CPT®¹)/Healthcare Common Procedure Coding System (HCPCS) code updates effective July 1, 2013, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines.

Table 1 includes a list of the 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 July 1, 2013. These codes have been added to IndianaAIM with coverage, billing, and reimbursement information posted to the [Code Sets](#) and [Fee Schedule](#) at indianamedicaid.com. The standard billing procedures and edits apply. The July 2013 HCPCS code updates are also available for download from the [CMS website](#) at cms.gov.

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Table 1 – Quarterly CPT/HCPCS code updates, effective for dates of service on or after July 1, 2013

Procedure Code	Description	Program Coverage	Prior Authorization Requirements	Reimbursement Information	Modifier	NDC
K0008	Custom manual wheelchair base	Noncovered for all programs	N/A	N/A	N/A	N/A
K0013	Custom motorized/power wheelchair base	Noncovered for all programs	N/A	N/A	N/A	N/A
K0900	Customized durable medical equipment, other than wheelchair	Noncovered for all programs	N/A	N/A	N/A	N/A
Q2033	Influenza vaccine, recombinant hemagglutinin antigens, for intramuscular use (flublok)	Covered for all programs	No	Manually priced; linked to revenue code 636 – <i>Drugs requiring detailed coding</i>	N/A	Yes
Q2051	Injection, zoledronic acid, not otherwise specified, 1mg	Covered for all programs	No	Max fee pricing; linked to revenue code 636 – <i>Drugs requiring detailed coding</i>	N/A	Yes
Q0090	Levonorgestrel-releasing intrauterine contraceptive system (SKYLA), 13.5 mg	Covered for all programs	No	Max fee pricing; linked to revenue code 636 – <i>Drugs requiring detailed coding</i>	N/A	Yes
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10mg	Covered for all programs	No	Max fee pricing; linked to revenue code 636 – <i>Drugs requiring detailed coding</i>	N/A	Yes

Table 2 presents information regarding a new modifier contained in the 2013 July Quarterly CPT/HCPCS update. New modifiers are added to IndianaAIM and to the [Fee Schedule](#) and [Code Sets](#), as applicable, at indianamedicaid.com.

Table 2 – New modifier effective for dates of service on or after July 1, 2013

Modifier code	Description	Type
JE	Administered via dialysate	Informational

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