

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201344 SEPTEMBER 24, 2013



Additional coverage and billing information for the July quarterly CPT/HCPCS code updates

Recent *Indiana Health Coverage Programs Bulletin* [BT201319](#), dated June 25, 2013, outlined IHCP coverage and reimbursement policies for Current Procedural Terminology (CPT^{®1}) and Healthcare Common Procedure Coding System (HCPCS) code updates effective July 1, 2013.

The IHCP has made coverage determinations for additional HCPCS and CPT codes released by the Centers for Medicare & Medicaid Services (CMS) for dates of service on or after July 1, 2013.

Providers that billed the covered procedure codes in this bulletin for dates of service on or after July 1, 2013, whose claims were denied with error code 4013 – *Procedure Code is not Covered for Date of service* may resubmit the claims for reimbursement consideration.

The following table includes:

- A list of the codes, along with code descriptions
- Program coverage information
- Prior authorization requirements
- Information about 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.

*Additional coverage and billing information for CPT/HCPCS code updates,
effective for dates of service on or after July 1, 2013*

Code	Description	Program Coverage	PA Requirements	Reimbursement Information	Modifier
C1879	Tissue marker (implantable)	Noncovered for all programs	N/A	N/A	N/A
C9131	Injection, ado-trastuzumab emtansine, 1mg	Covered for all programs	No	Max fee pricing; linked to RC 636 – <i>Drugs required detailed coding</i>	N/A
C9736	Laparoscopy, surgical, radiofrequency ablation of uterine fibroid(s), including intraoperative guidance and monitoring, when performed	Noncovered for all programs	N/A	N/A	N/A
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Noncovered for all programs	N/A	N/A	N/A
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	Noncovered for all programs	N/A	N/A	N/A
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	Noncovered for all programs	N/A	N/A	N/A
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Noncovered for all programs	N/A	N/A	N/A
0333T	Visual evoked potential, screening of visual acuity, automated	Noncovered for all programs	N/A	N/A	N/A
0334T	Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized) when performed, includes image guidance when performed (e.g., CT or fluoroscopic)	Noncovered for all programs	N/A	N/A	N/A

Questions?

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