# IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT201346 OCTOBER 8, 2013



## **Coverage and billing information for the October 2013 quarterly CPT and HCPCS code updates**

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

Table 1 includes the following:

- List of the procedure codes, along with code descriptions
- Program coverage
- Prior authorization requirements
- Information on reimbursement, modifiers, and National Drug Codes (NDCs)

Covered codes may be billed for dates of service on or after October 1, 2013. These codes have been added to Indiana*AIM* with coverage, billing, and reimbursement information posted to the <u>Code Sets</u> and <u>Fee Schedule</u> at indianamedicaid.com. The standard billing procedures and edits apply. The October 2013 HCPCS code updates are also available for download from the <u>CMS website</u> at cms.gov.

<sup>1</sup>CPT copyright 2012 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

| Procedure<br>Code | Description  | Program<br>Coverage               | Prior<br>Authorization<br>Required | Reimbursement<br>Information  | Modifiers | NDC<br>Required |
|-------------------|--|-----------------------------------|------------------------------------|---|-----------|-----------------|
| C1204             | Technetium Tc<br>99m<br>tilmanocept,<br>diagnostic, up<br>to 0.5<br>millicuries                    | Covered for<br>all programs       | No                                 | Manually priced   | No        | N/A             |
| C1841             | Retinal<br>prosthesis,<br>includes all<br>internal and<br>external<br>components                   | Noncovered<br>for all<br>programs | N/A                                | N/A   | N/A       | N/A             |
| C9132             | Prothrombin<br>complex<br>concentrate<br>(human),<br>Kcentra, per i.u.<br>of Factor IX<br>activity | Covered for<br>all programs       | No                                 | Manually priced;<br>linked to revenue<br>code 636 –<br>Drugs requiring<br>detailed coding | No        | Yes             |

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

Table 2 presents information regarding a new modifier contained in the 2013 October Quarterly CPT and HCPCS update. New modifiers are added to Indiana*AIM* and to the <u>Code Sets</u> and <u>Fee Schedule</u>, as applicable, at indianamedicaid.com.

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

| Modifier code | Description  | Туре          |
|---------------|--|---------------|
| AO            | Alternate payment<br>method declined by<br>provider of service | Informational |

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