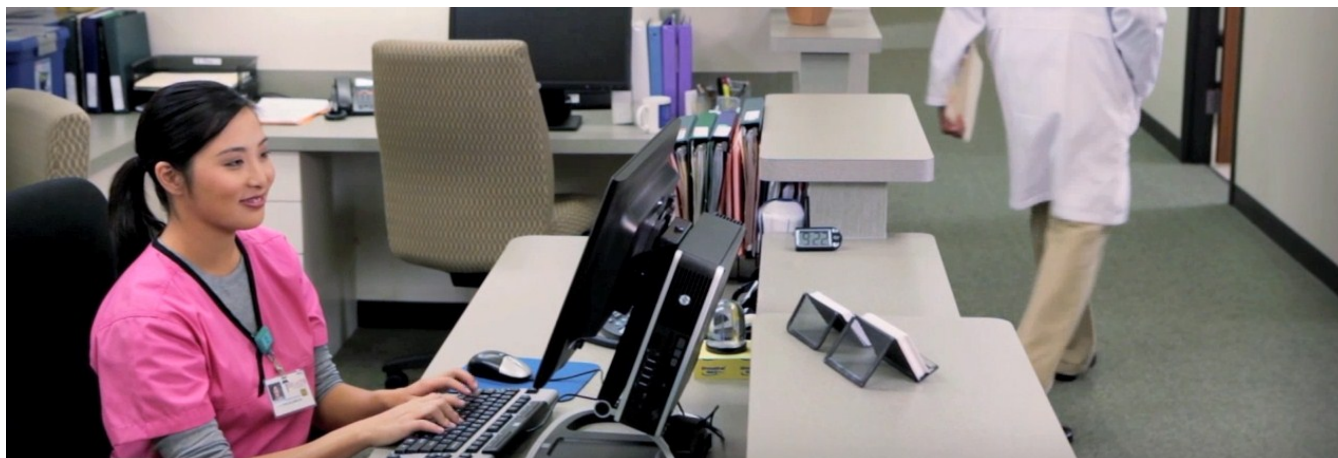
IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT201411 MARCH 18, 2014



Updates to the 2014 annual Healthcare Common Procedure Coding System code information

This bulletin updates information published in *Indiana Health Coverage Programs (IHCP) Bulletin* BT201365, dated December 31, 2013, regarding the 2014 Annual Healthcare Common Procedure Coding System (HCPCS) code updates. The updates are as follows:

- **Table 1** provides revisions in IHCP coverage information for codes included in the 2014 annual HCPCS update. Revised information includes:
  - Program coverage determination
  - Prior authorization (PA) requirements
  - National Drug Code (NDC) requirements

  The revisions are effective for dates of service on or after January 1, 2014.
- **Table 2** provides a list of deleted codes included in the 2014 annual HCPCS update, along with any alternate code considerations. The inclusion of an alternate code on this table does not indicate IHCP coverage. Consult the Fee Schedule at indianamedicaid.com for coverage information.

Revenue codes for covered 2014 HCPCS and Current Procedural Terminology (CPT®[1]) codes were not immediately available. Therefore, claims submitted for these codes with dates of service on or after January 1, 2014, which denied for reason code 520 – *Invalid revenue code and procedure code combination*, will be mass adjusted or reprocessed. Adjustments will begin appearing on Remittance Advices (RAs) April 1, 2014, and will be identified with internal control numbers (ICNs) that begin with region code 56 (mass adjusted) or 80 (mass reprocessed).

The Fee Schedule at indianamedicaid.com will be updated to reflect all changes.

[1] *CPT copyright 2012 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*

QUESTIONS?

If you have questions about this information, contact the appropriate PA vendor or HP Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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Table 1 − Revised coverage information for 2014 HCPCS codes, effective for dates of service on or after January 1, 2014

Procedure code	Description	Program coverage information published in BT201365	Revised program coverage information
G0461	Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain	Noncovered for all programs, noncovered for Package C	Covered for all programs, covered for Package C; PA is not required; NDC is not required.
G0462	Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (list separately in addition to code for primary procedure)	Noncovered for all programs, noncovered for Package C	Covered for all programs, covered for Package C; PA is not required; NDC is not required.

Table 2 − Deleted CPT and HCPCS codes, effective January 1, 2014

Procedure code	Description	Alternate codes for consideration
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	For repairs of 1.0 cm or less, see simple or intermediate repairs
19102	Biopsy of breast; percutaneous, needle core, using imaging guidance	19081-19086
19103	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	19081-19086
19291	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)	19081-19086 for placement breast localization devices during image-guided biopsy; 19281-19288 for placement breast localization devices without image-guided biopsy
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)	19081-19086 for placement breast localization devices during image-guided biopsy; 19281-19288 for placement breast localization devices without image-guided biopsy
23331	Removal of foreign body, shoulder; deep (Neer hemiarthroplasty removal)	23333 for complicated removal of a foreign body; 23334-23335 for prosthesis removal
23332	Removal of foreign body, shoulder; complicated (e.g., total shoulder)	23333 for complicated removal of a foreign body; 23334-23335 for prosthesis removal
32201	Pneumonostomy; with percutaneous drainage of abscess or cyst	49405

Table 2 − Deleted CPT and HCPCS codes, effective January 1, 2014

Procedure code	Description	Alternate codes for consideration
37204	Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non head or neck	37241-37244
37205	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel	37236-37239
37206	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	37236-37239
37207	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), open; initial vessel	37236-37239
37208	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)	37236-37239
37210	Uterine fibroid embolization (UTE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure	37243
42802	Biopsy; hypopharynx	31510, 31535-31536, 31576
43219	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent	43212
43228	Esophagoscopy, transoral; with ablation of tumor(s), polyp(s), other lesion(s), not amenable to removal by hot biopsy, forceps, bipolar cautery or snare technique	43229
43256	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic stent place (includes predilation)	43266
43258	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	43270
43267	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	43274
43268	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	43274
43269	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with endoscopic retrograde removal of foreign body and/or change of tube or stent	43275-43276
43271	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with endoscopic retrograde balloon dilation of ampulla, bilary, and/or pancreatic duct(s)	43277
43272	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	43278
43456	Dilation of esophagus, by balloon or dilator, retrograde	43213

Table 2 − Deleted CPT and HCPCS codes, effective January 1, 2014

Procedure code	Description	Alternate codes for consideration
43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	43214, 43233
44901	Incision and drainage of appendiceal abscess; percutaneous	49406 for percutaneous image-guided drainage of appendiceal abscess via catheter
47011	Hepatotomy, for percutaneous drainage of abscess or cyst, 1 or 2 stages	49405 for percutaneous image-guided drainage of hepatic abscess or cyst via catheter
48511	External drainage, pseudo cyst of pancreas, percutaneous	49405 for percutaneous image-guided drainage of pancreatic pseudocyst via catheter
49021	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, percutaneous	49406 for percutaneous image-guided drainage of peritoneal abscess or localized peritonitis via catheter
49041	Drainage of subdiaphragmatic or subphrenic abscess, percutaneous	49406 for percutaneous drainage of subdiaphragmatic or subphrenic abscess
49061	Drainage of retroperitoneal abscess, percutaneous	49406 for percutaneous drainage of retroperitoneal abscess
50021	Drainage of perirenal or renal abscess; percutaneous	49405 for percutaneous image-guided drainage of perirenal/renal abscess via catheter
58823	Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (e.g., ovarian, pericolic)	49407 for transrectal image-guided drainage of pelvic abscess via catheter
64613	Chemodenervation of muscle(s); neck muscle(s) (e.g., for spasmodic torticollis, spasmodic dysphonia)	64616
64614	Chemodenervation of muscle(s); extremity and/or trunk muscle(s) (e.g., for dystonia, cerebral palsy, multiple sclerosis)	64642-64647
75960	Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel	N/A
77031	Steriotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation	19081, 19283
77032	Mammographic guidance for needle placement, breast (e.g., for wire localization or for injection, each lesion, radiological supervision and interpretation)	19281
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	92521-92524

Table 2 − Deleted CPT and HCPCS codes, effective January 1, 2014

Procedure code	Description	Alternate codes for consideration
0078T	Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral branches (superior mesenteric, celiac and/or renal artery[s])	34841-34848
0079T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch (List separately in addition to code for primary procedure)	34841-34848
0080T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; interpretation and report only	34841-34848
0081T	Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report	34841-34848
0124T	Conjunctival incision with posterior extrascleral placement of pharmacological agent (does not include supply of medication)	68399
0183T	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	97610
0185T	Multivariate analysis of patient-specific findings with quantifiable computer probability assessment, including report	99199
0186T	Suprachoroidal delivery of pharmacologic agent (does not include supply of medication)	67299
0192T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach	66183
0260T	Total body systemic hypothermia, per day, in the neonate 28 days of age or younger	99481
0261T	Selective head hypothermia, per day, in the neonate 28 days of age or younger	99482
0318T	Implantation of catheter-delivered prosthetic aortic heart valve, open thoracic approach, (e.g., transapical, other than transaortic)	33366
C1204	Technetium TC 99m tilmanocept, diagnostic, up to 0.5 millicuries	A9520
C1879	Tissue marker (implantable)	N/A
C9130	Injection, immune globulin (bivigam), 500 mg	J1556
C9131	Injection, ado-trastuzumab emtansine, 1 mg	J9354
C9292	Injection, pertuzumab, 10 mg	J9306
C9294	Injection, taliglucerase alfa, 10 units	J3060
C9295	Injection, carfilzomib, 1 mg	J9047
C9296	Injection, ziv-aflibercept, 1 mg	J9400
C9297	Injection, omacetaxine mepesuccinate, 0.01 mg	J9262
C9298	Injection, ocriplasmin, 0.125 mg	J7316
C9736	Laparoscopy, surgical, radiofrequency ablations of uterine fibroid(s), including intraoperative guidance and monitoring, when performed	N/A
G0275	Renal angiography, non-selective, one or both kidneys, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of any catheter in the abdominal aorta at or near the origins (ostia) of the renal arteries, injection of dye, flush aortogram, production of permanent images, and radiologic supervision and interpretation (list separately in addition to primary procedure)	N/A
G8459	Clinician documented that patient is receiving antiviral treatment for hepatitis C	N/A

Table 2 − Deleted CPT and HCPCS codes, effective January 1, 2014

Procedure code	Description	Alternate codes for consideration
G8462	Clinician documented that patient is not an eligible candidate for counseling regarding contraception prior to antiviral treatment; patient not receiving antiviral treatment for hepatitis C	N/A
G8463	Patient receiving antiviral treatment for hepatitis C documented	N/A
G8553	Prescription(s) generated and transmitted via a qualified ERX system	N/A
G8556	Referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation	N/A
G8557	Patient is not eligible for the referral for otologic evaluation measure	N/A
G8558	Not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	N/A
G8588	Most recent systolic blood pressure < 140 mm Hg	N/A
G8589	Most recent systolic blood pressure >= 140 mm Hg	N/A
G8590	Most recent diastolic blood pressure < 90 mm Hg	N/A
G8591	Most recent diastolic blood pressure >= 90 mm Hg	N/A
G8592	No documentation of blood pressure measurement, reason not given	N/A
G8596	LDL-C was not performed	N/A
G8603	Score on the spoken language comprehension functional communication measure at discharge was higher than at admission	N/A
G8604	Score on the spoken language comprehension functional communication measure at discharge was not higher than at admission, reason not given	N/A
G8605	Patient treated for spoken language comprehension but not scored on the spoken language comprehension functional communication measure either at admission or at discharge	N/A
G8606	Score on the attention functional communication measure at discharge was higher than at admission	N/A
G8607	Score on the attention functional communication measure at discharge was not higher than at admission, reason not given	N/A
G8608	Patient treated for attention but not scored on the attention functional communication measure either at admission or at discharge	N/A
G8609	Score on the memory functional communication measure at discharge was higher than at admission	N/A
G8610	Score on the memory functional communication measure at discharge was not higher than at admission, reason not given	N/A
G8611	Patient treated for memory but not scored on the memory functional communication measure either at admission or at discharge	N/A
G8612	Score on the motor speech functional communication measure at discharge was higher than at admission	N/A
G8613	Score on the motor speech functional communication measure at discharge was not higher than at admission, reason not given	N/A
G8614	Patient treated for motor speech but not scored on the motor speech comprehension functional communication measure either at admission or at discharge	N/A
G8615	Score on the reading functional communication measure at discharge was higher than at admission	N/A

Table 2 − Deleted CPT and HCPCS codes, effective January 1, 2014

Procedure code	Description	Alternate codes for consideration
G8616	Score on the reading functional communication measure at discharge was not higher than at admission, reason not given	N/A
G8617	Patient treated for reading but not scored on the reading functional communication measure either at admission or at discharge	N/A
G8618	Score on the spoken language expression functional communication measure at discharge was higher than at admission	N/A
G8619	Score on the spoken language expression functional communication measure at discharge was not higher than at admission, reason not given	N/A
G8620	Patient treated for spoken language expression but not scored on the spoken language expression functional communication measure either at admission or at discharge	N/A
G8621	Score on the writing functional communication measure at discharge was higher than at admission	N/A
G8622	Score on the writing functional communication measure at discharge was not higher than at admission, reason not given	N/A
G8623	Patient treated for writing but not scored on the writing functional communication measure either at admission or at discharge	N/A
G8624	Score on the swallowing functional communication measure at discharge was higher than at admission	N/A
G8625	Score on the swallowing functional communication measure at discharge was not higher than at admission, reason not given	N/A
G8626	Patient treated for swallowing but not scored on the swallowing functional communication measure at admission or at discharge	N/A
G8642	The eligible professional practices in a rural area without sufficient high speed internet access and requests a hardship exemption from the application of the payment adjustment under section 1848(a)(5)(a) of the Social Security Act	N/A
G8643	The eligible professional practices in an area without sufficient available pharmacies for electronic prescribing and requests a hardship exemption for the application of the payment adjustment under section 1848(a)(5)(a) of the Social Security Act	N/A
G8644	Eligible professional does not have prescribing privileges	N/A
G8741	Patient not treated for spoken language comprehension disorder	N/A
G8742	Patient not treated for attention disorder	N/A
G8743	Patient not treated for memory disorder	N/A
G8744	Patient not treated for motor speech disorder	N/A
G8745	Patient not treated for reading disorder	N/A
G8746	Patient not treated for spoken language expression disorder	N/A
G8747	Patient not treated for writing disorder	N/A
G8748	Patient not treated for swallowing disorder	N/A
G8790	Most recent office visit systolic blood pressure <130 mm Hg	N/A
G8791	Most recent office visit systolic blood pressure, 130 to 139 mm Hg	N/A
G8792	Most recent office visit systolic blood pressure >=140 mm Hg	N/A
G8793	Most recent office visit diastolic blood pressure, <80 mm Hg	N/A
G8794	Most recent office visit diastolic blood pressure, 80 - 89 mm Hg	N/A
G8795	Most recent office visit diastolic blood pressure >=90 mm Hg	N/A
G8796	Blood pressure measurement not documented, reason not given	N/A

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Procedure code	Description	Alternate codes for consideration
G8799	Anticoagulation ordered	N/A
G8800	Anticoagulation not ordered for reasons documented by clinician	N/A
G8801	Anticoagulation was not ordered, reason not given	N/A
G8812	Patient is not eligible for follow-up CTA, duplex, or MRA (e.g., patient death, failure to return for scheduled follow-up exam, planned follow-up study which will meet numerator criteria has not yet occurred at the time of reporting)	N/A
G8813	Follow-up CTA, duplex, or MRA of the abdomen and pelvis performed	N/A
G8814	Follow-up CTA, duplex, or MRA of the abdomen and pelvis not performed	N/A
G8827	Aneurysm minor diameter <= 5.5 cm for women	N/A
G8835	Asymptomatic patient with no history of any transient ischemic attack or stroke in any carotid or vertebrobasilar territory	N/A
G8919	Most recent systolic blood pressure < 140 mm Hg	N/A
G8920	Most recent systolic blood pressure >= 140 mm Hg	N/A
G8921	Most recent diastolic blood pressure < 90 mm Hg	N/A
G8922	Most recent diastolic blood pressure >= 90 mm Hg	N/A
G8945	Aneurysm minor diameter <= 6 cm for men	N/A
G8954	Complete and appropriate patient data were reported to a qualified clinical database registry	N/A
J0152	Injection, adenosine for diagnostic use, 30 mg (not to be used to report any adenosine phosphate compounds; instead use A9270)	J0151
J0718	Injection, certolizumab pegol, 1 mg	J0717
J1440	Injection, filgrastim (G-CSF), 300 mcg	J1442
J1441	Injection, filgrastim (G-CSF), 480 mcg	J1442
J3487	Injection, zoledronic acid (zometa), 1 mg	J3489
J3488	Injection, zoledronic acid (reclast), 1 mg	J3489
J9002	Injection, doxorubicin hydrochloride, liposomal, doxil, 10 mg	Q2050
L0430	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only)	N/A
Q0090	Levonorgestrel-releasing intrauterine contraceptive system, (Skyla), 13.5 mg	J7301
Q0165	Prochlorperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	N/A
Q0168	Dronabinol, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	N/A
Q0170	Promethazine hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	N/A
Q0171	Chlorpromazine hydrochloride, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	N/A

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Procedure code	Description	Alternate codes for consideration
Q0172	Chlorpromazine hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	N/A
Q0176	Perphenazine, 8mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	N/A
Q0178	Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	N/A
Q0505	Miscellaneous supply or accessory for use with ventricular assist device	Q0507-Q0509
Q2027	Injection, sculptra, 0.1 ml	Q2028
Q2051	Injection, zoledronic acid, not otherwise specified, 1mg	J3489
Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use	Q3027
Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use	Q3028
S3625	Maternal serum triple marker screen including alpha-fetoprotein (AFP), estriol, and human chorionic gonadotropin (HCG)	N/A
S3626	Maternal serum quadruple marker screen including alpha-fetoprotein (AFP), estriol, human chorionic gonadotropin (HCG) and inhibin A	N/A
S3833	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP	N/A
S3834	Single-mutation analysis (in individual with a known APC mutation in the family) for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP	N/A