IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT201415 APRIL 8, 2014



April 2014 quarterly CPT and HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) reviewed the Current Procedural Terminology (CPT^{®1}) and Healthcare Common Procedure Coding System (HCPCS) code updates effective April 1, 2014, 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, modifiers, and information on National Drug Codes (NDCs). Covered codes may be billed for dates of service on or after April 1, 2014. These codes have been added to the Indiana AIM claims processing system with coverage, billing, and reimbursement information posted to the Fee Schedule at indianamedicaid.com. The standard global billing procedures and edits apply. The April 2014 HCPCS code updates are also available for download from the CMS website at cms.gov.

Table 1 - Quarterly CPT and HCPCS code updates, effective April 1, 2014

Procedure Code	Description	Program Coverage	Prior Authorization Required	Modifiers	NDC
C9021	Injection, obinutuzumab, 10 mg	Covered for all programs	No for all programs	No	Yes
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	Covered for all programs	Yes for all programs	No	No
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	Covered for all programs	Yes for all programs	No	No
Q2052	Services, supplies, accessories used in the home under the Medicare intravenous immune globulin (IVIG) demonstration	Noncovered for all programs	N/A	N/A	N/A
3775F	Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR) 13	Noncovered for all programs	N/A	N/A	N/A
3776F	Adenoma(s) or other neoplasm not detected during screening colonoscopy SCADR)13	Noncovered for all programs	N/A	N/A	N/A

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