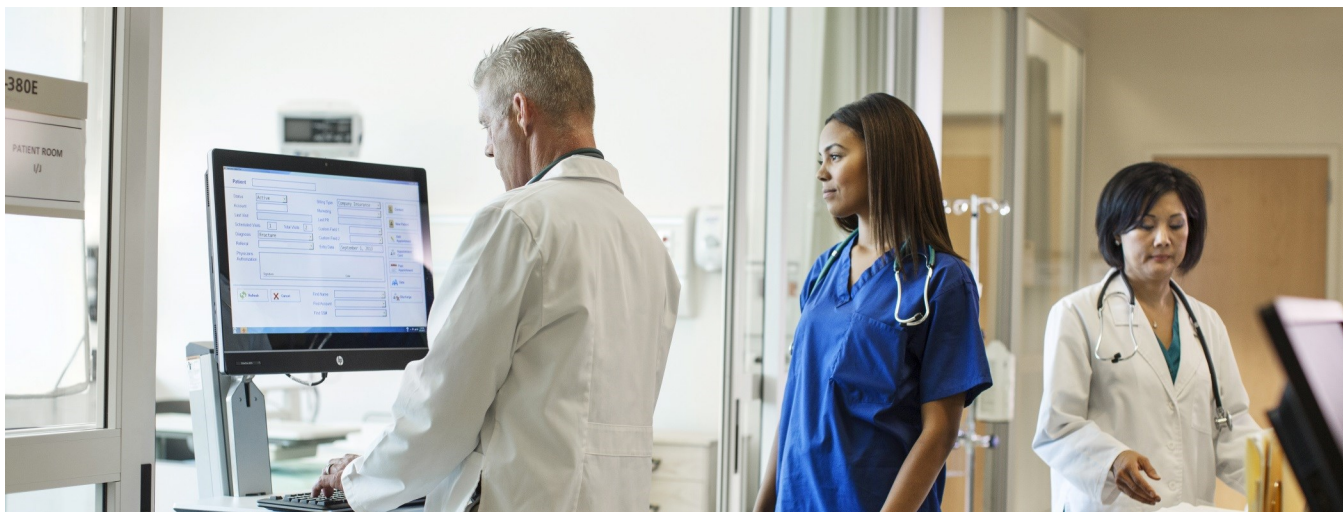


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201431 JULY 1, 2014



July 2014 quarterly CPT and HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Current Procedural Terminology (CPT^{®1}) and Healthcare Common Procedure Coding System (HCPCS) code updates effective July 1, 2014, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines. The following tables present the code updates:

- Table 1 includes a list of the new 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 (DOS) on or after July 1, 2014. These codes have been added to the IndianaAIM 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.
- Table 2 includes a list of newly covered codes the IHCP has linked with revenue code (RC) 636 – *Drugs requiring detailed coding* for separate reimbursement in an outpatient setting. For reimbursement consideration, providers may bill these procedure codes and the RC together, as appropriate, for DOS on or after July 1, 2014.
- Table 3 presents information regarding new modifiers contained in the July 2014 quarterly update. New modifiers are added to IndianaAIM and to the [Code Sets](#) and [Fee Schedule](#), as applicable, at indianamedicaid.com.
- Table 4 presents information regarding procedure codes deleted in the July 2014 quarterly update.

The July 2014 CPT and HCPCS code updates are also available for download from the [CMS website](#) at cms.gov.

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Table 1 – Quarterly CPT and HCPCS code updates, effective for DOS on or after July 1, 2014

| Procedure Code | Description | Program Coverage | Prior Authorization Required | NDC Required |
|----------------|---|-----------------------------|------------------------------|--------------|
| 0001M | Infectious disease, HCV, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver | Noncovered for all programs | N/A | N/A |
| 0002M | Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH) | Noncovered for all programs | N/A | N/A |
| 0003M | Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH) | Noncovered for all programs | N/A | N/A |
| 0004M | Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score for each trisomy | Noncovered for all programs | N/A | N/A |
| 0006M | Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier | Noncovered for all programs | N/A | N/A |
| 0347T | Placement of interstitial device(s) in bone for radiostereometric analysis (RSA) | Noncovered for all programs | N/A | N/A |
| 0348T | Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed) | Noncovered for all programs | N/A | N/A |
| 0349T | Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed) | Noncovered for all programs | N/A | N/A |
| 0350T | Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed) | Noncovered for all programs | N/A | N/A |
| 0351T | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative | Noncovered for all programs | N/A | N/A |
| 0352T | Interpretation and report, real time or referred | Noncovered for all programs | N/A | N/A |

Table 1 – Quarterly CPT and HCPCS code updates, effective for DOS on or after July 1, 2014 (Continued)

| Procedure Code | Description | Program Coverage | Prior Authorization Required | NDC Required |
|----------------|---|-----------------------------|------------------------------|--------------|
| 0353T | Optical coherence tomography of breast, surgical cavity; real time intraoperative | Noncovered for all programs | N/A | N/A |
| 0354T | Interpretation and report, real time or referred | Noncovered for all programs | N/A | N/A |
| 0355T | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report | Noncovered for all programs | N/A | N/A |
| 0356T | Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each | Noncovered for all programs | N/A | N/A |
| 0358T | Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report | Noncovered for all programs | N/A | N/A |
| 0359T | Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report | Covered for all programs | Yes for all programs | No |
| 0360T | Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient | Noncovered for all programs | N/A | N/A |
| 0361T | Each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service) | Noncovered for all programs | N/A | N/A |
| 0362T | Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient | Noncovered for all programs | N/A | N/A |
| 0363T | Each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service) | Noncovered for all programs | N/A | N/A |

Table 1 – Quarterly CPT and HCPCS code updates, effective for DOS on or after July 1, 2014 (Continued)

| Procedure Code | Description | Program Coverage | Prior Authorization Required | NDC Required |
|----------------|--|-----------------------------|------------------------------|--------------|
| 0364T | Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time | Noncovered for all programs | N/A | N/A |
| 0365T | Each additional 30 minutes of technician time (List separately in addition to code for primary procedure) | Noncovered for all programs | N/A | N/A |
| 0366T | Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time | Noncovered for all programs | N/A | N/A |
| 0367T | Each additional 30 minutes of technician time (List separately in addition to code for primary procedure) | Noncovered for all programs | N/A | N/A |
| 0368T | Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time | Noncovered for all programs | N/A | N/A |
| 0369T | Each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure) | Noncovered for all programs | N/A | N/A |
| 0370T | Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) | Noncovered for all programs | N/A | N/A |
| 0371T | Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) | Noncovered for all programs | N/A | N/A |
| 0372T | Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients | Noncovered for all programs | N/A | N/A |
| 0373T | Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient | Noncovered for all programs | N/A | N/A |
| 0374T | Each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure) | Noncovered for all programs | N/A | N/A |
| C2644 | Brachytherapy source, cesium-131 chloride solution, per millicurie | Covered for all programs | No for all programs | No |
| C9022 | Injection, elosulfase alfa, 1 mg | Covered for all programs | No for all programs | Yes |
| C9134 | Factor XIII (antihemophilic factor, recombinant), Tretten, per 10 i.u. | Covered for all programs | No for all programs | Yes |

Table 1 – Quarterly CPT and HCPCS code updates, effective for DOS on or after July 1, 2014 (Continued)

| Procedure Code | Description | Program Coverage | Prior Authorization Required | NDC Required |
|----------------|---|-----------------------------|------------------------------|--------------|
| Q9970 | Injection, Ferric Carboxymaltose, 1mg | Covered for all programs | No for all programs | Yes |
| Q9974 | Injection, Morphine Sulfate, preservation-free for epidural or intrathecal use, 10 mg | Covered for all programs | No for all programs | Yes |
| S0144 | Injection, Propofol, 10 mg | Covered for all programs | No for all programs | Yes |
| S1034 | Artificial pancreas device system (eg, low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices | Noncovered for all programs | N/A | N/A |
| S1035 | Sensor; invasive (eg, subcutaneous), disposable, for use with artificial pancreas device system | Noncovered for all programs | N/A | N/A |
| S1036 | Transmitter; external, for use with artificial pancreas device system | Noncovered for all programs | N/A | N/A |
| S1037 | Receiver (monitor); external, for use with artificial pancreas device system | Noncovered for all programs | N/A | N/A |

Table 2– Procedure codes linked to RC 636 for DOS on or after July 1, 2014

| Procedure Code | Description |
|----------------|--|
| C9022 | Injection, elosulfase alfa, 1 mg |
| C9134 | Factor XIII (antihemophilic factor, recombinant), Tretten, per 10 i.u. |
| Q9970 | Injection, Ferric Carboxymaltose, 1 mg |

Table 3 –New modifiers

| Modifier Code | Description | Type | Effective Date |
|---------------|---|---------------|----------------|
| LI | Provider attestation that the hospital laboratory test(s) is not packaged under the hospital OPPS | Informational | 1/1/2014 |
| SZ | Habilitative Services | Informational | 7/1/2014 |

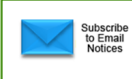
Table 4 – Procedure codes deleted for DOS on or after July 1, 2014

| Procedure code | Description | Alternate Codes for Consideration |
|-----------------------|--|--|
| C9441 | Injection, ferric carboxymaltose, 1 mg | Q9970 (Injection, ferric carboxymaltose, 1 mg) |
| 0005M | Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy | N/A |

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