IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

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Supplemental announcement regarding July 2014 quarterly CPT and HCPCS code updates

Recent *Indiana Health Coverage Programs (IHCP) Bulletin* <u>BT201431</u> outlined IHCP coverage and billing guidelines for Current Procedural Terminology (CPT^{®1}) and Healthcare Common Procedure Coding System (HCPCS) code updates effective July 1, 2014.

The IHCP has reviewed three additional CPT code updates effective July 1, 2014, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines. Table 1 includes a list of the additional codes, along with code descriptions, program coverage, prior authorization requirements, and information on National Drug Codes (NDCs).



Procedure Code	Description	Program Coverage	Prior Authorization Required	NDC Required
3126F	Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) (PATH)	Noncovered for all programs	N/A	N/A
0007M	Oncology (gastrointestinal neuroendocrine tumors), real- time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	Noncovered for all programs	N/A	N/A
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score	Noncovered for all programs	N/A	N/A

Table 1 – Supplemental quarterly CPT code updates, effective for DOS on or after July 1, 2014

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

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