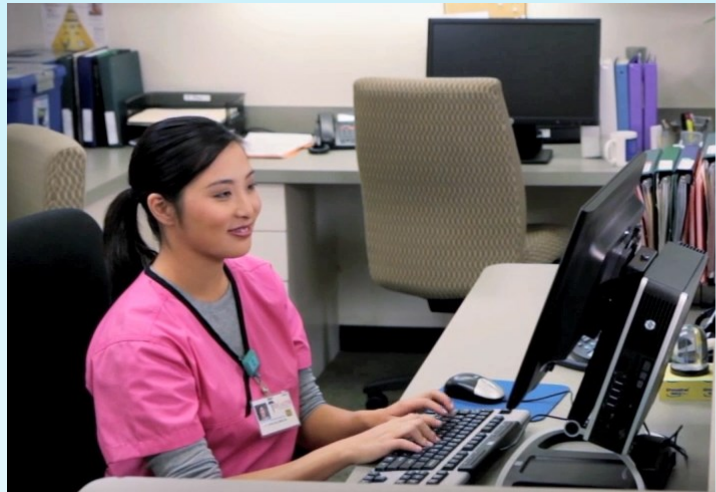
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201445 SEPTEMBER 30, 2014

October 2014 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective October 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 lists the new codes, along with code descriptions, program coverage, prior authorization requirements, and information on National Drug Codes (NDCs). Covered codes may be billed for dates of service (DOS) on or after October 1, 2014. These codes have been added to the Indiana*AIM* claims processing system; coverage, billing, and reimbursement information will be reflected in the next monthly update to the Fee Schedule at indianamedicaid.com. The standard global billing procedures and edits apply.
- Table 2 includes the same information as in Table 1, for a procedure code that was released with the quarterly HCPCS code updates on October 1, 2014, but which was effective April 1, 2014. This code will be covered for DOS on or after April 1, 2014. This code has been added to the Indiana*AIM* claims processing system; coverage, billing, and reimbursement information will be reflected in the next monthly update to the Fee Schedule at indianamedicaid.com. The standard global billing procedures and edits apply.
- Table 3 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 October 1, 2014.

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

Table 1 – Quarterly HCPCS code updates, effective for DOS on or after October 1, 2014

Procedure Code	Description	Program Coverage*	Prior Authorization Required	NDC Required
C9023	Injection, testosterone undecanoate, 1 mg	Covered for all programs	No for all programs	Yes
C9025	Injection, ramucirumab, 5 mg	Covered for all programs	No for all programs	Yes
C9026	Injection, vedolizumab, 1 mg	Covered for all programs	No for all programs	Yes
C9135	Factor ix (antihemophilic factor, recombinant), Alprolix, per 10 i.u.	Covered for all programs	No for all programs	Yes
C9741	Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report, includes provision of patient home electronics unit	Noncovered for all programs	N/A	N/A
G0466	A medically necessary, face-to-face encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit	Noncovered for all programs	N/A	N/A
G0467	A medically necessary, face-to-face encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit	Noncovered for all programs	N/A	N/A
G0468	A FQHC visit that includes an Initial Preventive Physical Examination (IPPE) or Annual Wellness Visit (AWV) and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving an IPPE or AWV	Noncovered for all programs	N/A	N/A
G0469	A medically necessary, face-to-face mental health encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare covered services that would be furnished per diem to a patient receiving a mental health visit	Noncovered for all programs	N/A	N/A

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

Procedure Code	Description	Program Coverage*	Prior Authorization Required	NDC Required
G0470	A medically necessary, face-to-face mental health encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare covered services that would be furnished per diem to a patient receiving a mental health visit	Noncovered for all programs	N/A	N/A
K0901	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Covered for all programs	No for all programs	No
K0902	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Covered for all programs	No for all programs	No
Q9972	Injection, Epoetin Beta, 1 microgram, (For ESRD On Dialysis)	Noncovered for all programs	N/A	N/A
Q9973	Injection, Epoetin Beta, 1 microgram, (Non-ESRD use)	Noncovered for all programs	N/A	N/A
S8032	Low-dose computed tomography for lung cancer screening	Noncovered for all programs	N/A	N/A

* "Covered" indicates the service described for the code is covered, subject to the limitations of the member's benefit package. "Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 2 – Quarterly HCPCS code update, effective for DOS on or after April 1, 2014

Procedure Code	Description	Program Coverage*	Prior Authorization Required	NDC Required
G0471	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA)	Covered for all programs	No for all programs	N/A

* "Covered" indicates the service described for the code is covered, subject to the limitations of the member's benefit package.

Table 3 – Procedure codes linked to RC 636 for DOS on or after October 1, 2014

Procedure Code	Description
C9023	Injection, testosterone undecanoate, 1 mg
C9025	Injection, ramucirumab, 5 mg
C9026	Injection, vedolizumab, 1 mg
C9135	Factor ix (antihemophilic factor, recombinant), Alprolix, per 10 i.u.

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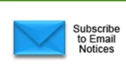

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