IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

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April 2015 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective April 1, 2015, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines.

■ Table 1 provides a list of the new codes contained in the quarterly update, along with code descriptions, program coverage determinations, prior authorization requirements, National Drug Code (NDC) requirements, and any special billing instructions. Covered codes may be billed for dates of service (DOS) on or after April 1, 2015. These codes have been added to the IndianaAIM claims processing system; coverage, billing, and reimbursement information has been posted to the Code Sets and Fee Schedule at indianamedicaid.com. The standard global billing procedures and edits apply.



- <u>Table 2</u> identifies the newly covered codes from Table 1 for which separate reimbursement is allowed under 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 dates of service on or after April 1, 2015.
- <u>Table 3</u> provides information regarding two new modifiers contained in the quarterly update. These modifiers are effective for use for DOS on or after April 1, 2015. These modifiers have been added to the Indiana *AIM* claims processing system.
- <u>Table 4</u> identifies a single deleted code included in the quarterly update, along with the alternate code consideration. The code deletion is effective for DOS on or after April 1, 2015. The alternate code referenced is a new code, which is included in Table 1 with coverage information noted.

The April 2015 HCPCS code updates are also available for download from the CMS website at cms.gov.

Table 1 – Quarterly update of new HCPCS codes, effective for DOS on or after April 1, 2015

Procedure code	Description	Program coverage	Prior authorization required	NDC required	Special billing instructions
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	Noncovered for all programs	N/A	N/A	N/A
C9445	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	Covered for all programs	No	Yes	Age 13 years and older; see Table 2

Table 1 – Quarterly update of new HCPCS codes, effective for DOS on or after April 1, 2015 (Continued)

Procedure code	Description	Program coverage	Prior authorization required	NDC required	Special billing instructions
C9448	Netupitant 300 mg and palonosetron 0.5 mg, oral	Covered for all programs	No	Yes	See Table 2
C9449	Injection, blinatumomab, 1 mcg	Covered for all programs	No	Yes	See Table 2
C9450	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg	Covered for all programs	No	Yes	Applies to Iluvien® only and cannot be used to report any other fluocinolone acetonide intravitreal implant (e.g., Retisert®); see Table 2
C9451	Injection, peramivir, 1 mg	Covered for all programs	No	Yes	No
C9452	Injection, ceftolozane 50 mg and tazobactam 25 mg	Covered for all programs	No	Yes	See Table 2
Q9975	Injection, Factor VIII, FC Fusion Protein (Recombinant), per iu	Covered for all programs	No	Yes	See Table 2

Table 2 – Newly covered codes for which separate reimbursement is allowed under RC 636

Procedure code	Description
C9445	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units
C9448	Netupitant 300 mg and palonosetron 0.5 mg, oral
C9449	Injection, blinatumomab, 1 mcg
C9450	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg
C9452	Injection, ceftolozane 50 mg and tazobactam 25 mg
Q9975	Injection, Factor VIII, FC Fusion Protein (Recombinant), per iu

Table 3 – Quarterly update of new modifiers, effective for DOS on or after April 1, 2015

Modifier	Description	Туре
JF	Compounded drug	Informational
EX	Expatriate beneficiary	Informational

Table 4 – Quarterly update of deleted codes, effective for DOS on or after April 1, 2015

Procedure code	Description	Alternate code
C9136	Injection, factor viii, fc fusion pro- tein, (recombinant), per i.u.	HCPCS code C9136 will be deleted on March 31, 2015, and replaced with HCPCS code Q9975 (Injection, Factor VIII, FC Fusion Protein (Recombinant), per iu) effective April 1, 2015.

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