

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201546 JULY 14, 2015

IHCP adds coverage for intraocular stents

Effective August 14, 2015, the Indiana Health Coverage Programs (IHCP) will cover intraocular stents. In alignment with the Food and Drug Administration requirements, IHCP coverage requires stents be inserted in conjunction with cataract surgery. Coverage applies to dates of service (DOS) on or after August 14, 2015. The following Current Procedural Terminology (CPT^{®1}) codes will be covered for all IHCP programs, subject to limitations established for certain benefit packages:

- 0191T – *Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the trabecular meshwork*
- 0376T – *Insertion of eye drainage device*

The following reimbursement information applies.

Prior Authorization (PA): None required.

Billing Guidance:

- CPT code 0191T is billed for the initial stent and CPT code 0376T is billed for any additional stent that may be required in the same eye.
- CPT codes 0191T and 0376T must be billed with cataract surgery CPT codes 66982, 66983, 66984, or 66985.

These changes will be reflected in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com. Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the risk-based managed care (RBMC) delivery system. Questions about RBMC reimbursement information should be directed to the MCE with which the member is enrolled.

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QUESTIONS?

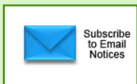
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