

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201616 MARCH 29, 2016

April 2016 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, 2016, 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, 2016. These codes have been added to the IndianaAIM claims processing system; updates will be made to the *Procedure Codes That Require NDCs* table on the [Code Sets](#) page and reflected in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com. The standard global billing procedures and edits apply.
- [Table 2](#) identifies the newly covered codes from Table 1 for which separate reimbursement is allowed under revenue code 636 – *Drugs requiring detailed coding for separate reimbursement in an outpatient setting*. For reimbursement consideration, providers may bill these procedure codes and the revenue code together, as appropriate, for DOS on or after April 1, 2016.

The April 2016 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, 2016

| Procedure code | Description | Program coverage* | Prior authorization required | NDC required | Special billing instructions |
|----------------|---|-------------------|------------------------------|--------------|------------------------------|
| C9137 | Injection, Factor VIII (antihemophilic factor, recombinant) PEGylated, 1 I.U. | Covered | No | Yes | See Table 2 |
| C9138 | Injection, Factor VIII (antihemophilic factor, recombinant) (Nuwiq), 1 I.U. | Covered | No | Yes | See Table 2 |
| C9461 | Choline C 11, diagnostic, per study dose | Noncovered | N/A | N/A | N/A |
| C9470 | Injection, aripiprazole lauroxil, 1 mg | Covered | No | Yes | See Table 2 |
| C9471 | Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg | Covered | No | No | No |
| C9472 | Injection, talimogene laherparepvec, 1 million plaque forming units (PFU) | Noncovered | N/A | 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 1 – Quarterly update of new HCPCS codes, effective for DOS on or after April 1, 2016 (Continued)

| Procedure code | Description | Program coverage* | Prior authorization required | NDC required | Special billing instructions |
|----------------|---|-------------------|------------------------------|--------------|------------------------------|
| C9473 | Injection, mepolizumab, 1 mg | Covered | No | Yes | See Table 2 |
| C9474 | Injection, irinotecan liposome, 1 mg | Covered | No | Yes | See Table 2 |
| C9475 | Injection, necitumumab, 1 mg | Covered | No | Yes | See Table 2 |
| G9481 | Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires these 3 key components: <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; • Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology. | Noncovered | N/A | N/A | N/A |
| G9482 | Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires these 3 key components: <ul style="list-style-type: none"> • A detailed history; • A detailed examination; • Medical decision making of low complexity, furnished in real time using interactive audio and video technology. | Noncovered | N/A | 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 1 – Quarterly update of new HCPCS codes, effective for DOS on or after April 1, 2016 (Continued)

| Procedure code | Description | Program coverage* | Prior authorization required | NDC required | Special billing instructions |
|----------------------|--|-------------------|------------------------------|--------------|------------------------------|
| G9482 (Continued) | Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology. | Noncovered | N/A | N/A | N/A |
| G9483 | Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires these 3 key components: <ul style="list-style-type: none"> • A detailed history; • A detailed examination; • Medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology. | Noncovered | N/A | 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 1 – Quarterly update of new HCPCS codes, effective for DOS on or after April 1, 2016 (Continued)

| Procedure code | Description | Program coverage* | Prior authorization required | NDC required | Special billing instructions |
|----------------|--|-------------------|------------------------------|--------------|------------------------------|
| G9484 | <p>Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires these 3 key components:</p> <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; • Medical decision making of moderate complexity, <p>furnished in real time using interactive audio and video technology.</p> <p>Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.</p> | Noncovered | N/A | N/A | N/A |
| G9485 | <p>Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires these 3 key components:</p> <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; • Medical decision making of high complexity, <p>furnished in real time using interactive audio and video technology.</p> <p>Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family</p> | Noncovered | N/A | 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 1 – Quarterly update of new HCPCS codes, effective for DOS on or after April 1, 2016 (Continued)

| Procedure code | Description | Program coverage* | Prior authorization required | NDC required | Special billing instructions |
|----------------------|---|-------------------|------------------------------|--------------|------------------------------|
| G9485 (Continued) | or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology. | Noncovered | N/A | N/A | N/A |
| G9486 | Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires at least 2 of the following 3 key components: <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; • Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology. | Noncovered | N/A | N/A | N/A |
| G9487 | Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires at least 2 of the following 3 key components: <ul style="list-style-type: none"> • An expanded problem focused history; • An expanded problem focused examination; • Medical decision making of low complexity, | Noncovered | N/A | 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 1 – Quarterly update of new HCPCS codes, effective for DOS on or after April 1, 2016 (Continued)

| Procedure code | Description | Program coverage* | Prior authorization required | NDC required | Special billing instructions |
|----------------------|---|-------------------|------------------------------|--------------|------------------------------|
| G9487 (Continued) | furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology. | Noncovered | N/A | N/A | N/A |
| G9488 | Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires at least 2 of the following 3 key components: <ul style="list-style-type: none"> • A detailed history; • A detailed examination; • Medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology. | Noncovered | N/A | 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 1 – Quarterly update of new HCPCS codes, effective for DOS on or after April 1, 2016 (Continued)

| Procedure code | Description | Program coverage* | Prior authorization required | NDC required | Special billing instructions |
|----------------|---|-------------------|------------------------------|--------------|------------------------------|
| G9489 | Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement model, which requires at least 2 of the following 3 key components: <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; • Medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology. | Noncovered | N/A | N/A | N/A |
| G9490 | Comprehensive Care for Joint Replacement model, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services. (For use only in the Medicare-approved Comprehensive Care for Joint Replacement model); may not be billed for a 30 day period covered by a transitional care management code. | Noncovered | N/A | 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 1 – Quarterly update of new HCPCS codes, effective for DOS on or after April 1, 2016 (Continued)

| Procedure code | Description | Program coverage* | Prior authorization required | NDC required | Special billing instructions |
|-----------------------|---|--------------------------|-------------------------------------|---------------------|-------------------------------------|
| G9678 | Oncology Care Model (OCM) Monthly Enhanced Oncology Oncology Services (MEOS) payment for enhanced care management services for OCM beneficiaries. MEOS covers care management services for Medicare beneficiaries in a 6-month OCM Episode of Care triggered by the administration of chemotherapy. Enhanced care management services include services driven by the OCM practice requirements, including: 24/7 clinician access, use of an ONC-certified Electronic Health Record, utilization of data for quality improvement, patient navigation, documentation of care plans, and use of clinical guidelines. (G9678 may only be billed for OCM beneficiaries by OCM practitioners) | Noncovered | N/A | 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 – Newly covered codes for which separate reimbursement is allowed under revenue code 636

| Procedure code | Description |
|-----------------------|---|
| C9137 | Injection, Factor VIII (antihemophilic factor, recombinant) PEGylated, 1 I.U. |
| C9138 | Injection, Factor VIII (antihemophilic factor, recombinant) (Nuwiq), 1 I.U. |
| C9470 | Injection, aripiprazole lauroxil, 1 mg |
| C9473 | Injection, mepolizumab, 1 mg |
| C9474 | Injection, irinotecan liposome, 1 mg |
| C9475 | Injection, necitumumab, 1 mg |

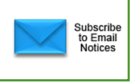
QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS



To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.