

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201621 APRIL 5, 2016

Additional information provided from the 2016 annual HCPCS codes update

Coverage information about new codes from the 2016 annual Healthcare Common Procedure Coding System (HCPCS) code update was published in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201588](#), dated December 31, 2015. The IHCP is publishing this update to provide additional information released in the annual HCPCS update, including the following:

- **Table 1** provides a list of codes included in the 2016 annual HCPCS code update that had revisions to their descriptions to the extent that the revisions affect reimbursement.
- **Table 2** provides a list of discontinued codes included in the 2016 annual HCPCS code update, along with any alternate code considerations. Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the [Fee Schedule](#) at indianamedicaid.com for coverage information.



Changes noted in these tables are effective for dates of service (DOS) on or after January 1, 2016. The changes will be reflected in the next monthly update to the Fee Schedule and to the affected code tables on the [Code Sets](#) page at indianamedicaid.com.

Reimbursement updates for the codes listed in Table 1 will be made to the claims processing system. Claims for these codes for DOS on or after January 1, 2016, that were paid prior to the system updates will be mass-adjusted. Providers should see the adjusted claims on Remittance Advices (RAs) beginning May 24, 2016, with internal control numbers (ICNs) that begin with 56 (mass adjusted). For claims that were underpaid, the net difference will be paid and reflected on the RA. If a claim was overpaid, the net difference appears as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

Table 1 – Codes with revised descriptions from the 2016 annual HCPCS update affecting reimbursement, effective for DOS on or after January 1, 2016

Procedure code	Description	Reimbursement changes
65855	Trabeculoplasty by laser surgery	<ul style="list-style-type: none">• Physician rate(s) updated*• ASC** indicator changed to "A"
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy	<ul style="list-style-type: none">• Physician rate(s) updated*• ASC** indicator changed to "H"

Table 1 – Codes with revised descriptions from the 2016 annual HCPCS update affecting reimbursement, effective for DOS on or after January 1, 2016 (Continued)

Procedure code	Description	Reimbursement changes
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	<ul style="list-style-type: none"> Physician rate(s) updated* ASC** indicator changed to “A”
72080	Thoracolumbar junction, minimum of 2 views	<ul style="list-style-type: none"> Physician rate(s) updated* Outpatient rate changed to \$13.54
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	<ul style="list-style-type: none"> Physician rate(s) updated* Outpatient rate changed to \$256.39
77789	Surface application of low dose rate radionuclide	<ul style="list-style-type: none"> Physician rate(s) updated* Outpatient rate changed to \$42.03
78264	Gastric emptying imaging study (eg, solid, liquid, or both)	<ul style="list-style-type: none"> Physician rate(s) updated* Outpatient rate changed to \$215.43
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	<ul style="list-style-type: none"> Physician rate(s) updated* Outpatient rate changed to \$209.42
91040	Esophageal balloon distension study, diagnostic, with provocation when performed	<ul style="list-style-type: none"> Physician rate(s) updated* No change to outpatient reimbursement
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	<ul style="list-style-type: none"> Physician rate(s) updated* No change to outpatient reimbursement
95972	Complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	<ul style="list-style-type: none"> Physician rate(s) updated* Outpatient rate changed to \$106.44
99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	<ul style="list-style-type: none"> Physician rate(s) updated* No longer separately reimbursable in the outpatient setting.

*Physician rates have been updated using the 2016 Medicare Physician Fee Schedule relative value units (RVUs).

**ASC = Ambulatory surgical center pricing.

Table 2 – Discontinued codes with alternative code considerations from the 2016 annual HCPCS update, effective for DOS on or after January 1, 2016

Procedure code	Description	Alternate code considerations
21805	Open treatment of broken rib	N/A
31620	Ultrasound of lung airways using an endoscope	31652-31654
37202	Insertion of catheter into blood vessel for drug infusion	61650-61651
37250	Intravascular ultrasound (non-coronary vessel) during therapeutic intervention; initial vessel	37252
37251	Intravascular ultrasound (non-coronary vessel) during therapeutic intervention; each additional vessel	37253
39400	Examination of chest cavity below breast bone using an endoscope	39401-39402
47136	Transplantation of donor liver to alternate anatomic position	47399
47500	Injection of bile duct for X-ray imaging procedure, accessed through the skin	47531-47541
47505	Injection through existing gallbladder catheter for X-ray imaging procedure	47531-47541
47510	Insertion of catheter for liver drainage, accessed through the skin	47531-47541
47511	Insertion of liver duct stent, accessed through the skin	47531-47541
47525	Change of liver duct drainage catheter, accessed through the skin	47531-47541
47530	Revision and/or reinsertion of liver drainage catheter	47531-47541
47560	Examination of bile ducts with X-ray study using endoscope	47579
47561	Biopsy and X-ray study of bile ducts using an endoscope	47579
47630	Removal of bile duct stone, accessed through the skin	47544
50392	Introduction of kidney catheter for drainage and/or injection, accessed through the skin	50432
50393	Instillation of drug into kidney or urinary duct (ureter), accessed through the skin	50693-50695
50394	Injection procedure for X-ray imaging of kidney and urinary duct (ureter)	50430 or 50431
50398	Change of kidney drainage tube	50435
64412	Injection of anesthetic agent, spinal accessory nerve	64999
67112	Repair of detached retina	67107-67113
70373	Radiological supervision and interpretation X-ray of voice box with contrast	76499
72010	X-ray of entire spine	72082
72069	X-ray of middle and lower spine, standing view	72081-72084
72090	X-ray of spine, scoliosis study	72081-72084
73500	X-ray of hip on one side of body, 1 view	73501
73510	X-ray of hip of one side of body, minimum of 2 views	73502-73503
73520	X-ray of both hips minimum 2 views	73521-73523
73530	X-ray of hip during surgery	73501-73503
73540	X-ray of pelvis and hips, infant or child, minimum of 2 views	73501-73503
73550	X-ray of thigh, 2 views	73551-73552
74305	Radiological supervision and interpretation X-ray of bile and/or pancreatic ducts, contrast inserted through existing catheter	47531
74320	Radiological supervision and interpretation of X-ray of bile duct, contrast injection (accessed through the skin)	47532

Table 2 – Discontinued codes with alternative code considerations from the 2016 annual HCPCS update, effective for DOS on or after January 1, 2016 (Continued)

Procedure code	Description	Alternate code considerations
74327	Radiological supervision and interpretation of removal of biliary duct stone (accessed through the skin) after surgery	47544
74475	Radiological supervision and interpretation of placement of catheter (accessed through the skin) into kidney procedure	50432, 50433, 50434, 50435, 50606, 50693-50695
74480	Radiological supervision and interpretation of placement of catheter into ureter (accessed through the skin) procedure	50432, 50433, 50434, 50435, 50606, 50693-50695
75896	Radiological supervision and interpretation of infusion via catheter	37211, 37212, 37213, 37214, 61650-61651
75945	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel	37252-37253
75946	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional vessel	37252-37253
75980	Radiological supervision and interpretation of drainage of biliary duct (accessed through the skin) with contrast monitoring	47533-47537
75982	Radiological supervision and interpretation of placement (accessed through the skin) of bile drainage catheter or stent	47533-47540
77776	Application of radiation source, simple	77799
77777	Application of radiation source, intermediate	77799
77785	High dose brachytherapy delivery, 1 channel	77770-77772
77786	High dose brachytherapy delivery, 2-12 channels	77770-77772
77787	High dose brachytherapy delivery, over 12 channels	77770-77772
82486	Chromatography; gas-liquid, compound and method not elsewhere specified	To report, see specific analyte or 82542
82487	Chromatography; paper, 1-dimensional, compound and method not elsewhere specified	To report, see specific analyte or 84999
82488	Chromatography; paper, 2-dimensional, not elsewhere specified	To report, see specific analyte or 84999
82489	Chromatography; thin layer, not elsewhere specified	To report, see specific analyte or 84999
82491	Chromatography, quantitative, column (eg, gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase	To report, see specific analyte or 82542
82492	Chromatography, quantitative, column (eg, gas liquid or HPLC); multiple analytes, single stationary and mobile phase	To report, see specific analyte or 82542
82541	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), non-drug analyte not elsewhere specified; qualitative, single stationary and mobile phase	To report, see specific analyte or 82542
82543	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), non-drug analyte not elsewhere specified; stable isotope dilution, single analyte, quantitative, single stationary and mobile phase	To report, see specific analyte or 82542
82544	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), non-drug analyte not elsewhere specified; stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase	To report, see specific analyte or 82542
83788	Mass spectrometry (laboratory testing method)	To report, see specific analyte or 83789

Table 2 – Discontinued codes with alternative code considerations from the 2016 annual HCPCS update, effective for DOS on or after January 1, 2016 (Continued)

Procedure code	Description	Alternate code considerations
88347	Antibody evaluation	88346, 88350
90645	Vaccine for Hemophilus influenza B (4 dose schedule) injection into muscle	N/A
90646	Vaccine for Hemophilus influenza B (booster) injection into muscle	N/A
90669	Pneumococcal vaccine for injection into muscle	N/A
90692	Vaccine for typhoid injection beneath or within skin	N/A
90693	Vaccine for typhoid injection beneath skin	N/A
90703	Tetanus toxoid injection into muscle	N/A
90704	Mumps vaccine injection beneath skin	N/A
90705	Vaccine for measles injection beneath skin	N/A
90706	Vaccine for rubella (German measles) injection, beneath the skin	N/A
90708	Measles and rubella (German measles) vaccine injection beneath skin	N/A
90712	Vaccine for polio vaccine for oral administration	N/A
90719	Vaccine for diphtheria toxoid injection into muscle	N/A
90720	Vaccine for diphtheria, tetanus toxoids, whole cell pertussis (whooping cough), and Hemophilus influenza B injection into muscle	N/A
90721	Vaccine for diphtheria, tetanus toxoids, acellular pertussis (whooping cough), and Hemophilus influenza B injection into muscle	N/A
90725	Vaccine for cholera injection	N/A
90727	Vaccine for plague injection into muscle	N/A
90735	Vaccine for Japanese encephalitis virus injection beneath skin	N/A
92543	Assessment and recording of balance system during irrigation of both ears	92537-92538
95973	Electronic analysis and programming of implanted complex spinal cord or peripheral neurostimulator generator system during or after surgery	N/A
0099T	Implantation of corneal ring segments	65785
0103T	Measurement of vitamin B-12 deficiency marker	84999
0123T	Surgical creation of drainage tract to relieve increased eye pressure	66999
0182T	High dose rate electronic brachytherapy	0394T-0395T
0223T	Acoustic ECG analysis	93799
0224T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming	93799
0225T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming	93799
0233T	Skin testing for diabetes	88749
0240T	Measurement of 3D esophageal swallowing movement	91299
0241T	Measurement and stimulation of 3D esophageal swallowing movement	91299
0243T	Diagnostic evaluation and measurement of bronchial wheeze rate	94799
0244T	Diagnostic continuous evaluation and measurement of bronchial wheeze rate and cough during sleep, 3 to 24 hours	94799

Table 2 – Discontinued codes with alternative code considerations from the 2016 annual HCPCS update, effective for DOS on or after January 1, 2016 (Continued)

Procedure code	Description	Alternate code considerations
0262T	Implantation of catheter-delivered prosthetic pulmonary valve	33477
0311T	Non-invasive calculation and analysis of pressure in arteries with interpretation and report	93050
A7011	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	N/A
C9025	Injection, ramucirumab, 5 mg	J9308
C9026	Injection, vedolizumab, 1 mg	J3380
C9027	Injection, pembrolizumab, 1 mg	J9271
C9136	Injection, factor VIII , FC fusion protein, (recombinant), per i.u.	J7205
C9442	Injection, belinostat, 10 mg	J9032
C9443	Injection, dalbavancin, 10 mg	J0875
C9444	Injection, oritavancin, 10 mg	J2407
C9445	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	J0596
C9446	Injection, tedizolid phosphate, 1 mg	J3090
C9448	Netupitant 300 mg and palonosetron 0.5 mg, oral	J8655
C9449	Injection, blinatumomab, 1 mcg	J9039
C9450	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg	J7313
C9451	Injection, peramivir, 1 mg	J2547
C9452	Injection, ceftolozane 50 mg and tazobactam 25 mg	J0695
C9453	Injection, nivolumab, 1 mg	J9299
C9454	Injection, pasireotide long acting, 1 mg	J2502
C9455	Injection, siltuximab, 10 mg	J2860
C9456	Injection, isavuconazonium sulfate, 1 mg	J1833
C9457	Injection, sulfur hexafluoride lipid microsphere, per ml	Q9950
C9724	Endoscopic full-thickness plication of the stomach using endoscopic plication system (EPS); includes endoscopy	43210
C9737	Laparoscopy, surgical, esophageal sphincter augmentation with device (e.g., magnetic band)	0392T
D0260	Extraoral - each additional radiographic image	N/A
D0421	Genetic test for susceptibility to oral diseases	N/A
D2970	Temporary crown (fractured tooth)	N/A
D9220	Deep sedation/general anesthesia-first 30 minutes	D9223
D9221	Deep sedation/general anesthesia-each additional 15 minutes	D9223
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	D9243
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	D9243
D9931	Cleaning and inspection of a removable appliance	N/A
E0450	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	N/A
E0460	Negative pressure ventilator; portable or stationary	N/A

Table 2 – Discontinued codes with alternative code considerations from the 2016 annual HCPCS update, effective for DOS on or after January 1, 2016 (Continued)

Procedure code	Description	Alternate code considerations
E0461	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g., mask)	N/A
E0463	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	E0465
E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g., mask)	E0466
G0154	Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes	G0299, G0300
G0298	HIV antigen/antibody, combination assay, screening	N/A
G0431	Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter	N/A
G0434	Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter	N/A
G6018	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)	N/A
G6019	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	N/A
G6020	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	N/A
G6021	Unlisted procedure, intestine	N/A
G6022	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesions(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	N/A
G6023	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)	N/A
G6024	Colonoscopy, flexible; proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	N/A
G6025	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	N/A
G6027	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed	N/A
G6028	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)	N/A
G6030	Amitriptyline	G0477-G0479
G6031	Benzodiazepines	G0477-G0479
G6032	Desipramine	G0477-G0479
G6034	Doxepin	G0477-G0479
G6035	Gold	G0477-G0479
G6036	Assay of imipramine	G0477-G0479
G6037	Nortriptyline	G0477-G0479

Table 2 – Discontinued codes with alternative code considerations from the 2016 annual HCPCS update, effective for DOS on or after January 1, 2016 (Continued)

Procedure code	Description	Alternate code considerations
G6038	Salicylate	G0477-G0479
G6039	Acetaminophen	G0477-G0479
G6040	Alcohol (ethanol); any specimen except breath	G0477-G0479
G6041	Alkaloids, urine, quantitative	G0477-G0479
G6042	Amphetamine or methamphetamine	G0477-G0479
G6043	Barbiturates, not elsewhere specified	G0477-G0479
G6044	Cocaine or metabolite	G0477-G0479
G6045	Dihydrocodeinone	G0477-G0479
G6046	Dihydromorphinone	G0477-G0479
G6047	Dihydrotestosterone	G0477-G0479
G6048	Dimethadione	G0477-G0479
G6049	Epiandrosterone	G0477-G0479
G6050	Ethchlorvynol	G0477-G0479
G6051	Flurazepam	G0477-G0479
G6052	Meprobamate	G0477-G0479
G6053	Methadone	G0477-G0479
G6054	Methsuximide	G0477-G0479
G6055	Nicotine	G0477-G0479
G6056	Opiate(s), drug and metabolites, each procedure	G0477-G0479
G6057	Phenothiazine	G0477-G0479
G6058	Drug confirmation, each procedure	G0480-G0483
G8530	Autogenous AV fistula received	N/A
G8531	Clinician documented that patient was not an eligible candidate for autogenous AV fistula	N/A
G8532	Clinician documented that patient received vascular access other than autogenous AV fistula, reason not given	N/A
G8713	Spkt/v greater than or equal to 1.2 (single-pool clearance of urea [kt] / volume [v])	N/A
G8714	Hemodialysis treatment performed exactly three times per week for > 90 days	N/A
G8717	Spkt/v less than 1.2 (single-pool clearance of urea [kt] / volume [v]), reason not given	N/A
G8718	Total kt/v greater than or equal to 1.7 per week (total clearance of urea [kt] / volume [v])	N/A
G8720	Total kt/v less than 1.7 per week (total clearance of urea [kt] / volume [v])	N/A
G8870	Hepatitis B vaccine injection administered or previously received and is receiving a first course of anti-TNF therapy	N/A
G8871	Patient not receiving a first course of anti-TNF therapy	N/A
G8951	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, documentation the patient is not eligible	N/A
G9320	Documentation of medical reason(s) for not naming CT studies according to a standardized nomenclature provided (e.g., CT studies performed for radiation treatment planning or image-guided radiation treatment delivery)	N/A

Table 2 – Discontinued codes with alternative code considerations from the 2016 annual HCPCS update, effective for DOS on or after January 1, 2016 (Continued)

Procedure code	Description	Alternate code considerations
G9323	Documentation of medical reason(s) for not counting previous CT and cardiac nuclear medicine (myocardial perfusion) studies (e.g., CT studies performed for radiation treatment planning or image-guided radiation treatment delivery)	N/A
G9325	CT studies not reported to a radiation dose index registry due to medical reasons (e.g., CT studies performed for radiation treatment planning or image-guided radiation treatment delivery)	N/A
G9328	Dicom format image data availability not documented in final report due to medical reasons (e.g., CT studies performed for radiation treatment planning or image-guided radiation treatment delivery)	N/A
G9343	Due to medical reasons, search not conducted for dicom format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., CT studies performed for radiation treatment planning or image-guided radiation treatment delivery)	N/A
G9346	Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules due to medical reasons (e.g., patients with known malignant disease, patients with unexplained fever, CT studies performed for radiation treatment planning or image-guided radiation treatment delivery)	N/A
G9362	Duration of monitored anesthesia care (MAC) or peripheral nerve block (PNB) without the use of general anesthesia during an applicable procedure 60 minutes or longer, as documented in the anesthesia record	N/A
G9363	Duration of monitored anesthesia care (MAC) or peripheral nerve block (PNB) without the use of general anesthesia during an applicable procedure or general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record	N/A
G9369	Individual filled at least two prescriptions for any antipsychotic medication and had a PDC of 0.8 or greater	N/A
G9370	Individual who did not fill at least two prescriptions for any antipsychotic medication or did not have a PDC of 0.8 or greater	N/A
G9376	Patient continued to have the retina attached at the 6 months follow up visit (+/- 1 month) following only one surgery	N/A
G9377	Patient did not have the retina attached after 6 months following only one surgery	N/A
G9378	Patient continued to have the retina attached at the 6 months follow up visit (+/- 1 month)	N/A
G9379	Patient did not achieve flat retinas six months post surgery	N/A
G9391	Patient achieves refraction +1 d for the eye that underwent cataract surgery, measured at the one month follow up visit	N/A
G9392	Patient does not achieve refraction +1 d for the eye that underwent cataract surgery, measured at the one month follow up visit	N/A
G9433	Death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement period	N/A

Table 2 – Discontinued codes with alternative code considerations from the 2016 annual HCPCS update, effective for DOS on or after January 1, 2016 (Continued)

Procedure code	Description	Alternate code considerations
G9668	Documentation of medical reason (s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patient with adverse effect, allergy or intolerance to statin medication therapy, patients who have an active diagnosis of pregnancy or who are breastfeeding, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease (ESRD), and patients with diabetes who have a fasting or direct LDL-C laboratory test result < 70 mg/dl and are not taking statin therapy)	N/A
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)	N/A
J1446	Injection, TBO-filgrastim, 5 micrograms	N/A
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	N/A
J7506	Prednisone, oral, per 5 mg	N/A
J9010	Injection, alemtuzumab, 10 mg	J0202
Q9975	Injection, factor VIII FC fusion protein (recombinant), per iu	J7205
Q9976	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	J1443
Q9977	Compounded drug, not otherwise classified	J7999
Q9978	Netupitant 300 mg and palonosetron 0.5 mg	J8655
Q9979	Injection, alemtuzumab, 1 mg	J0202
S0195	Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from five years to nine years of age who have not previously received the vaccine	N/A
S2360	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical	N/A
S2361	Each additional cervical vertebral body (list separately in addition to code for primary procedure)	N/A
S3721	Prostate cancer antigen 3 (PCA3) testing	N/A
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	N/A
S3890	DNA analysis, fecal, for colorectal cancer screening	N/A
S5011	5% dextrose in lactated ringer's, 1000 ml	N/A
S8262	Mandibular orthopedic repositioning device, each	N/A
S9015	Automated EEG monitoring	N/A

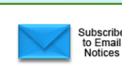
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