

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201635    JUNE 28, 2016

## July 2016 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective July 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 July 1, 2016. These codes have been added to the IndianaAIM claims processing system; updates will be made to the *Procedure Codes That Require NDCs* 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 July 1, 2016.
- [Table 3](#) identifies three deleted codes included in the quarterly update, along with the alternate code considerations. The code deletions are effective for DOS on or after July 1, 2016. The alternate codes noted are new codes, which are included in Table 1 with coverage determinations noted.
- [Table 4](#) identifies a single newly covered modifier included in the quarterly update. The modifier coverage is effective for DOS on or after July 1, 2016.

The July 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 July 1, 2016*

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing instructions
0437T	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)	Noncovered for all programs	N/A	N/A	N/A
0438T	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance	Covered for all programs	No	No	No

\* "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 July 1, 2016 (Continued)

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing instructions
0439T	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	Noncovered for all programs	N/A	N/A	N/A
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Noncovered for all programs	N/A	N/A	N/A
0441T	Lower extremity distal/peripheral nerve	Noncovered for all programs	N/A	N/A	N/A
0442T	Nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Noncovered for all programs	N/A	N/A	N/A
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Noncovered for all programs	N/A	N/A	N/A
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	Noncovered for all programs	N/A	N/A	N/A
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	Noncovered for all programs	N/A	N/A	N/A
C9476	Injection, Daratumumab, 10 mg	Covered for all programs	No	Yes	See <a href="#">Table 2</a>
C9477	Injection, Elotuzumab, 1 mg	Covered for all programs	No	Yes	See <a href="#">Table 2</a>
C9478	Injection, Sebelipase alfa, 1 mg	Covered for all programs	No	Yes	See <a href="#">Table 2</a>
C9479	Instillation, Ciprofloxacin Otic suspension, 6 mg	Covered for all programs	No	Yes	No
C9480	Injection, Trabectedin, 0.1 mg	Noncovered for all programs	N/A	N/A	N/A
Q5102	Injection, Infliximab, Biosimilar, 10 mg	Noncovered for all programs	N/A	N/A	N/A
Q9981	Rolapitant, oral, 1 mg	Covered for all programs	No	Yes	See <a href="#">Table 2</a>
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries	Noncovered for all programs	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 July 1, 2016 (Continued)

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing instructions
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries	Noncovered for all programs	N/A	N/A	N/A
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	Noncovered for all programs	N/A	N/A	N/A
S0311	Comprehensive management and care coordination for advanced illness, per calendar month	Noncovered for all programs	N/A	N/A	N/A
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Noncovered for all programs	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
C9476	Injection, Daratumumab, 10 mg
C9477	Injection, Elotuzumab, 1 mg
C9478	Injection, Sebelipase alfa, 1 mg
Q9981	Rolapitant, oral, 1 mg

Table 3 – Quarterly update of deleted codes, effective for DOS on or after July 1, 2016

Procedure code	Description	Alternate code
C9458	Florbetaben F18, diagnostic, per study does, up to 8.1 millicuries	Q9983
C9459	Flutemetamol F18, diagnostic, per study does, up to 5 millicuries	Q9982
C9743	Injection/implementation of bulking or spacer material (any type) with or without image guidance (not to be used if a more specific code applies)	0438T

Table 4 – Quarterly update of new modifier, effective for DOS on or after July 1, 2016

Modifier	Description	Type
ZB	Pfizer/Hospira	Informational

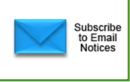
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