

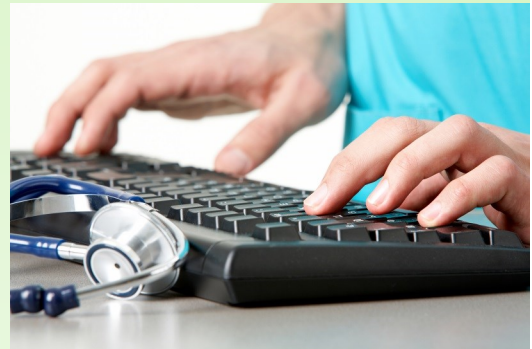
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201655 SEPTEMBER 27, 2016

October 2016 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective October 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 October 1, 2016. These codes have been added to the IndianaAIM claim-processing system; updates will be made to the [Code Sets](#) page and [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 October 1, 2016.
- [Table 3](#) identifies three deleted codes included in the quarterly update, along with alternate code considerations. The code deletions are effective for DOS on or after October 1, 2016. The alternate codes noted are existing codes covered by IHCP.



The October 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 October 1, 2016

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing instructions
C9139	Injection, Factor IX, albumin fusion protein (recombinant), idelvion, 1 i.u.	Covered for all programs	No	Yes	See Table 2
C9481	Injection, reslizumab, 1 mg	Covered for all programs	No	Yes	See Table 2
C9482	Injection, sotalol hydrochloride, 1 mg	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 October 1, 2016 (Continued)

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing instructions
C9483	Injection, atezolizumab, 10 mg	Covered for all programs	No	Yes	See Table 2
C9744	Ultrasound, abdominal, with contrast	Covered for all programs	No	No	No
G0490	Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FQHC) in an area with a shortage of home health agencies. (Services limited to RN or LPN only.)	Noncovered for all programs	N/A	N/A	N/A
G9679	Onsite acute care treatment of a nursing facility resident with pneumonia. May only be billed once per day per beneficiary.	Noncovered for all programs	N/A	N/A	N/A
G9680	Onsite acute care treatment of a nursing facility resident with CHF. May only be billed once per day per beneficiary.	Noncovered for all programs	N/A	N/A	N/A
G9681	Onsite acute care treatment of a resident with COPD or asthma. May only be billed once per day per beneficiary.	Noncovered for all programs	N/A	N/A	N/A
G9682	Onsite acute care treatment a nursing facility resident with a skin infection. May only be billed once per day per beneficiary	Noncovered for all programs	N/A	N/A	N/A
G9683	Onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder or dehydration (similar pattern). May only be billed once per day per beneficiary.	Noncovered for all programs	N/A	N/A	N/A
G9684	Onsite acute care treatment of a nursing facility resident for a UTI. May only be billed once per day per beneficiary.	Noncovered for all programs	N/A	N/A	N/A
G9685	Evaluation and management of a beneficiary's acute change in condition in a nursing facility	Noncovered for all programs	N/A	N/A	N/A
G9686	Onsite nursing facility conference, that is separate and distinct from an Evaluation and Management visit, including qualified practitioner and at least one member of the nursing facility interdisciplinary care team	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
C9139	Injection, Factor IX, albumin fusion protein (recombinant), idelvion, 1 i.u.
C9481	Injection, reslizumab, 1 mg
C9483	Injection, atezolizumab, 10 mg

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

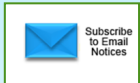
Procedure code	Description	Alternate code
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	99407 U6
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	99407 U6
S8032	Low-dose computed tomography for lung cancer screening	G0297

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