

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201828

JULY 10, 2018

## IHCP to cover CPT code C9492

Effective August 10, 2018, the Indiana Health Coverage Programs (IHCP) will cover Current Procedural Terminology (CPT<sup>®1</sup>) code C9492 – *Imfinzi (durvalumab)*. The Food and Drug Administration (FDA) approved the product in May 2017. Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans. Coverage applies to dates of service (DOS) on or after August 10, 2018.

The following reimbursement information applies:

- Pricing: Maximum fee of \$73.60
- Prior authorization (PA) requirements: Yes
- Billing guidance: Must be billed with National Drug Code (NDC). For additional guidance and billing procedures, see the [Injections, Vaccines, and Other Physician-Administered Drugs](#) provider reference module at indianamedicaid.com.

PA for Imfinzi is subject to the following requirements:

- PA requires the following criteria be met:
  - Member must be 18 years of age or older.
  - Member must have ONE of the following:
    - ◆ Locally advanced or metastatic urothelial carcinoma with ONE of the following:
      - Disease progression during or following platinum-containing chemotherapy
      - Disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy
    - ◆ Non-small cell lung cancer (NSCLC) with ALL of the following:
      - Must be unresectable, stage III NSCLC
      - Disease has NOT progressed following concurrent platinum-based chemotherapy and radiation therapy
- PA is limited to 12 months
- PA renewal requires the following criteria be met:
  - Locally advanced or metastatic urothelial carcinoma
  - NO disease progression or unacceptable toxicities
- PA renewal is limited to 12 months



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This coverage information will be reflected in the next regular update to the *Procedure Codes That Require National Drug Codes (NDCs)* table on the [Codes Sets](#) web page, and to the [Professional Fee Schedule](#) and the [Outpatient Fee Schedule](#) at indianamedicaid.com. Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

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## **IHCP to update pricing for CPT codes 99601 and 99602**

Effective August 10, 2018, the Indiana Health Coverage Programs (IHCP) will update pricing for the following Current Procedural Terminology (CPT<sup>®1</sup>) codes:

- 99601 – Home infusion/specialty drug administration, per visit (up to 2 hours)
- 99602 – Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)

The pricing for these procedure codes is changing from maximum fee pricing to manual pricing. These codes will pay 40% of billed charges. This change applies to fee-for-service (FFS) claims with dates of service (DOS) on or after August 10, 2018.

This pricing change will be reflected in the next regular update to the [Professional Fee Schedule](#) at indianamedicaid.com.

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## **IHCP clarifies policies regarding nonemergency medical transportation services rendered to members with retroactive eligibility**

On June 1, 2018, the Indiana Health Coverage Programs (IHCP) began working with Southeastrans to manage all nonemergency medical transportation (NEMT) for Traditional Medicaid members (refer to *IHCP Bulletin* [BT201816](#)). Active IHCP coverage under a qualifying eligibility category is required for all transportation arranged through Southeastrans. Occasionally, IHCP transportation providers may receive requests for services from individuals who have filed applications for IHCP coverage, but for whom eligibility has not yet been determined. Transportation providers may choose independently to render transportation services before eligibility has been determined; however, there is no guarantee of IHCP reimbursement for those services.

If NEMT services are rendered and IHCP eligibility for that individual is ultimately established, the provider can receive IHCP reimbursement for those services as long as the member's retroactive eligibility date is on or before the date of service (DOS). To receive payment, the provider must follow established IHCP guidance, including refunding any payments collected from the member for the service. If the IHCP requires prior authorization (PA) for the service

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rendered, such authorization may be requested retroactively. The applicable policies and procedures that must be followed are outlined in the [Member Eligibility and Benefit Coverage](#) provider reference module at indianamedicaid.com.

If the member’s retroactive coverage is under a qualifying eligibility category within the fee-for-service (FFS) delivery system and the DOS of the transport was on or after June 1, 2018, the provider may submit a claim to Southeastrans for reimbursement. Providers should refer to the [Southeastrans website](#) at Southeastrans.com for claim submission instructions and forms.

NEMT claims for FFS members for DOS before June 1, 2018, should be filed with DXC Technology. NEMT claims for managed care members should be filed with the managed care entity (MCE) with which the member is enrolled.

### **IHCP removes certain procedure codes from the renal dialysis composite rate**

Effective August 10, 2018, the Indiana Health Coverage Programs (IHCP) will no longer consider the procedure codes listed in Table 1 as part of the renal dialysis composite rate for the treatment of end-stage renal disease (ESRD). These procedure codes can be reimbursed separately when billed in the outpatient setting for the same date of service (DOS) as the composite-rate revenue code. This change applies to fee-for-service (FFS) claims for DOS on or after August 10, 2018.

The codes included in the renal dialysis composite rate are listed in [Table 2](#). For ease of reference, the IHCP will publish this table under the *Renal Dialysis Services Codes* on the [Code Sets](#) page at indianamedicaid.com. Related billing guidance can be found in the [Renal Dialysis Services](#) provider reference module also posted on the website.



*Table 1 – Procedure codes not included in the renal dialysis composite rate, for DOS on or after August 10, 2018*

<b>Procedure code</b>	<b>Description</b>
83036	Hemoglobin A1C level
J0282	Injection, amiodarone hydrochloride, 30 mg
J1162	Injection, digoxin immune fab (ovine), per vial
J1742	Injection, ibutilide fumarate, 1 mg
J2260	Injection, milrinone lactate, 5 mg
J2370	Injection, phenylephrine hcl, up to 1 ml
J2690	Injection, procainamide hcl, up to 1 gm
J2997	Injection, alteplase recombinant, 1 mg

*continued*

*Table 2 – Procedure codes included in the renal dialysis composite rate, for DOS on or after August 10, 2018*

<b>Procedure code</b>	<b>Description</b>
80047	Basic metabolic panel (calcium, ionized)
80048	Basic metabolic panel (calcium, total)
80050	General health panel
80051	Blood test panel for electrolytes (sodium potassium, chloride, carbon dioxide)
80053	Blood test, comprehensive group of blood chemicals
80061	Blood test, lipids (cholesterol and triglycerides)
80069	Kidney function blood test panel
80076	Liver function blood test panel
82040	Albumin (protein) level
82310	Calcium; total
82330	Calcium; ionized
82374	Carbon dioxide (bicarbonate) level
82435	Blood chloride level
82565	Blood creatinine level
82820	Hemoglobin-oxygen affinity measurement
83020	Hemoglobin analysis and measurement
83026	Hemoglobin level
83615	Lactate dehydrogenase (LD), (LDH);
83735	Magnesium
84075	Phosphatase, alkaline;
84078	Lactate dehydrogenase (enzyme) level
84080	Magnesium level
84100	Phosphorus inorganic (phosphate)
84132	Potassium; serum, plasma or whole blood
84155	Phosphatase (enzyme) measurement
84157	Phosphate level
84160	Blood potassium level
84295	Sodium; serum, plasma or whole blood
84450	Transferase; aspartate amino (AST)(SGOT)
84520	Urea nitrogen; quantitative
84525	Urea nitrogen semiquantitative (et, reagent strip test)

*continued*

*Table 2 – Procedure codes included in the renal dialysis composite rate, for DOS on or after August 10, 2018 (continued)*

<b>Procedure code</b>	<b>Description</b>
84545	Urea nitrogen, clearance
85013	Blood count; spun microhematocrit
85014	Blood count; hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
85025	Blood count, complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count, complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85345	Coagulation time; Lee and White
85347	Coagulation time; activated
85348	Coagulation time; other methods
85610	Prothrombin time
85611	Prothrombin time; substitution, plasma fractions, each
85999	Hematology and coagulation procedures
88738	Hemoglobin measurement
99070	Supplies and materials provided by the physician beyond those usually included in the office visit or service
A4206	Syringe with needle, sterile, 1 cc or less, each
A4207	Syringe with needle, sterile, 2cc
A4208	Syringe with needle, sterile, 3cc
A4209	Syringe with needle, sterile, 5cc or greater
A4210	Needle-free injection device
A4212	Non-coring needle or stylet with or without catheter
A4213	Syringe, sterile, 20cc or greater
A4215	Needle, sterile, any size, each
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box
A4246	Betadine or phisohex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box
A4248	Chlorhexidine containing antiseptic, 1 ml
A4450	Tape, non-waterproof, per 18 square inches

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*Table 2 – Procedure codes included in the renal dialysis composite rate, for DOS on or after August 10, 2018 (continued)*

<b>Procedure code</b>	<b>Description</b>
A4452	Tape, waterproof, per 18 square inches
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4456	Adhesive remover, wipes, any type, each
A4653	Peritoneal dialysis catheter anchoring device, belt, each
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663	Blood pressure cuff only
A4670	Automatic blood pressure monitor
A4680	Activated carbon filter for hemodialysis, each
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon
A4730	Fistula cannulation set for hemodialysis, each
A4740	Shunt accessory, for hemodialysis, any type, each
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet
A4770	Blood collection tube, vacuum, for dialysis, per 50
A4771	Serum clotting time tube, for dialysis, per 50
A4772	Blood glucose test strips, for dialysis, per 50
A4773	Occult blood test strips, for dialysis, per 50
A4774	Ammonia test strips, for dialysis, per 50
A4860	Disposable catheter tips for peritoneal dialysis, per 10
A4870	Plumbing and/or electrical work for home hemodialysis equipment
A4913	Miscellaneous dialysis supplies, not otherwise specified
A4918	Venous pressure clamp, for hemodialysis, each
A4927	Gloves, non-sterile, per 100
A4930	Gloves, sterile, per pair
A6204	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6215	Foam dressing, wound filler, sterile, per gram
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

*continued*

*Table 2 – Procedure codes included in the renal dialysis composite rate, for DOS on or after August 10, 2018 (continued)*

<b>Procedure code</b>	<b>Description</b>
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6260	Wound cleansers, any type, any size
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6403	Gauze non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 3 in. and less than 5 in., per yard
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 in., per yard

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*Table 2 – Procedure codes included in the renal dialysis composite rate, for DOS on or after August 10, 2018 (continued)*

<b>Procedure code</b>	<b>Description</b>
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than 3 in., per yard
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 3 in. and less than 5 in., per yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 5 in., per yard
A6448	Light compression bandage, elastic, knitted/woven, width less than 3 in., per yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in. and less than 5 in., per yard less than 3 in., per yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in., per yard
A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type
C9248	Injection, clevidipine butyrate, 1 mg
C9447	Injection, phenylephrine and ketorolac, 4 ml vial
E0210	Electric heat pad, standard
E1510	Kidney, dialysate delivery syst kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v. poles, pressure gauge, concentrate container
E1520	Heparin infusion pump for hemodialysis
E1530	Air bubble detector for hemodialysis, each, replacement
E1540	Pressure alarm for hemodialysis, each, replacement
E1550	Bath conductivity meter for hemodialysis, each
E1560	Blood leak detector for hemodialysis, each, replacement
E1570	Adjustable chair, for esrd patients
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10
E1580	Unipuncture control system for hemodialysis
E1590	Hemodialysis machine
E1592	Automatic intermittent peritoneal dialysis system
E1594	Cycler dialysis machine for peritoneal dialysis
E1600	Delivery and/or installation charges for hemodialysis equipment
E1610	Reverse osmosis water purification system, for hemodialysis
E1615	Deionizer water purification system, for hemodialysis
E1620	Blood pump for hemodialysis, replacement

*continued*



*Table 2 – Procedure codes included in the renal dialysis composite rate, for DOS on or after August 10, 2018 (continued)*

<b>Procedure code</b>	<b>Description</b>
E1625	Water softening system, for hemodialysis
E1630	Reciprocating peritoneal dialysis system
E1632	Wearable artificial kidney, each
E1634	Peritoneal dialysis clamps, each
E1635	Compact (portable) travel hemodialyzer system
E1636	Sorbent cartridges, for hemodialysis, per 10
E1699	Dialysis equipment, not otherwise specified
G0306	Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC differential count
G0307	Complete CBC, automated (HGB, HCT, RBC, WBC; without platelet count)
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
J0171	Injection, adrenalin, epinephrine, 0.1 mg
J0210	Injection, methyldopate HCL, up to 250 mg
J0360	Injection, hydralazine HCL, up to 20 mg
J0380	Injection, metaraminol bitartrate, per 10 mg
J0606	Injection, etelcalcetide, 0.1 mg
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg
J0706	Injection, caffeine citrate, 5 mg
J0735	Injection, clonidine hydrochloride, 1 mg
J0945	Injection, brompheniramine maleate, per 10 mg
J1160	Injection, digoxin, up to 0.5 mg
J1165	Injection, phenytoin sodium, per 50 mg
J1200	Injection, diphenhydramine HCL, up to 50 mg
J1205	Injection, chlorothiazide sodium, per 500 mg
J1250	Injection, dobutamine hydrochloride, per 250 mg
J1265	Injection, dopamine HCL, 40 mg
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units
J1644	Injection, heparin sodium, per 1000 units
J1655	Injection, tinzaparin sodium 1000 iu
J1700	Injection, hydrocortisone acetate, up to 25 mg

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*Table 2 – Procedure codes included in the renal dialysis composite rate, for DOS on or after August 10, 2018 (continued)*

<b>Procedure code</b>	<b>Description</b>
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg
J1730	Injection, diazoxide, up to 300 mg
J1800	Injection, propranolol HCL, up to 1 mg
J1940	Injection, furosemide, up to 20 mg
J1945	Injection, lepirudin, 50 mg
J2001	Injection, lidocaine HCL for intravenous infusion, 10 mg
J2150	Injection, mannitol, 25% in 50 ml
J2360	Injection, orphenadrine citrate, up to 60 mg
J2550	Injection, promethazine HCL, up to 50 mg
J2670	Injection, tolazoline HCL, up to 25 mg
J2720	Injection, protamine sulfate, per 10 mg
J2760	Injection, phentolamine mesylate, up to 5 mg
J3265	Injection, torsemide, 10 mg/ml
J3410	Injection, hydroxyzine HCL, up to 25 mg
J3475	Injection, magnesium sulfate, per 500 mg
J7030	Infusion, normal saline solution , 1000 cc
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7042	5% dextrose/normal saline (500 ml = 1 unit)
J7050	Infusion, normal saline solution, 250 cc
J7060	5% dextrose/water (500 ml = 1 unit)
J7070	Infusion, d5w, 1000 cc
J7131	Hypertonic saline solution, 1 ml
J7509	Methylprednisolone oral, per 4 mg
Q0169	Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0177	Hydroxyzine pamoate, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent

**QUESTIONS?**

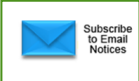
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