

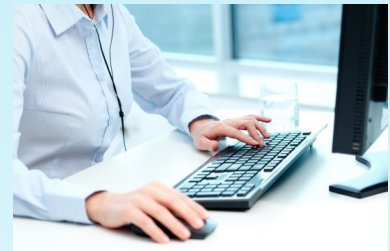
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201853 SEPTEMBER 27, 2018

October 2018 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective for October 1, 2018, 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 (PA) 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, 2018.
- [Table 2](#) identifies two HCPCS codes included in the quarterly update for which the descriptions have been revised, effective for DOS on or after October 1, 2018.
- [Table 3](#) identifies newly covered codes from Table 1 for which separate reimbursement is allowed in the outpatient setting when billed with revenue code 636 – *Pharmacy (extension of 025X) – Drugs Requiring Detailed Coding*. For reimbursement consideration, providers may bill these procedure codes and the revenue code together, as appropriate, for DOS on or after October 1, 2018.



Covered codes have been added to the Indiana CoreMMIS claim-processing system. Coverage, billing, and reimbursement information, as appropriate, will be reflected in the next update to tables on the [Codes Sets](#) page and in the [IHCP Fee Schedules](#), as appropriate, at indianamedicaid.com. The standard global billing procedures and edits apply unless otherwise noted. Reimbursement and PA 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 information within the managed care delivery system. Questions about managed care reimbursement, PA, and billing should be directed to the MCE with which the member is enrolled.

The October 2018 HCPCS code updates are available for download from the [CMS website](#) at cms.gov or on the [American Medical Association website](#) at ama-assn.org.

Table 1 – Quarterly update of new HCPCS codes, effective for DOS on or after October 1, 2018

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C9033	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Covered	No	Yes	See Table 3
C9034	Injection, dexamethasone 9%, intraocular, 1 mcg	Noncovered	N/A	N/A	N/A

* "Covered" indicates the service described for the code is covered, subject to limitations established for certain benefit packages. "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, 2018
(Continued)*

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C9750	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation and peri-operative interrogation and programming; complete system (includes device and electrode)	Noncovered	N/A	N/A	N/A
G9978	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; and • 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
G9979	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: <ul style="list-style-type: none"> • An expanded problem focused history; • An expanded 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 of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video. 	Noncovered	N/A	N/A	N/A

* "Covered" indicates the service described for the code is covered, subject to limitations established for certain benefit packages.
"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, 2018
(Continued)*

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9980	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, 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
G9981	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive 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, 45 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

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"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, 2018
(Continued)

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9982	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 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, 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
G9983	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, 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

* "Covered" indicates the service described for the code is covered, subject to limitations established for certain benefit packages.
"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, 2018
(Continued)

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9984	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, 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, 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
G9985	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, 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 limitations established for certain benefit packages.
"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, 2018
(Continued)

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9986	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, 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
G9987	Bundled Payments for Care Improvement Advanced (BPCI Advanced) 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 for a BPCI Advanced model episode of care; may not be billed for a 30-day period covered by a transitional care management code.	Noncovered	N/A	N/A	N/A
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Covered	No	Yes	See Table 3
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Covered	No	Yes	see Table 3

* "Covered" indicates the service described for the code is covered, subject to limitations established for certain benefit packages.
"Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 2 – HCPCS codes with revised descriptions, effective for DOS on or after October 1, 2018

Procedure code	New description
K0037	High mount flip-up footrest, each
Q9994	In-line cartridge containing digestive enzyme(s) for enteral feeding, each

Table 3 – Newly covered codes for which separate reimbursement in the outpatient setting is allowed when billed with revenue code 636, effective for DOS on or after October 1, 2018

Procedure code	Description
C9033	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram

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