

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202027 MARCH 31, 2020

April 2020 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective April 1, 2020, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines.



- Table 1 provides a list of new codes contained in the quarterly update, along with code descriptions, program coverage, prior authorization (PA) requirements, National Drug Code (NDC) requirements, and any special billing instructions. For reimbursement consideration, covered codes may be billed for dates of service (DOS) on or after April 1, 2020.
- [Table 2](#) identifies three new codes related to testing for the coronavirus disease 2019 (COVID-19). Specific information for these codes is included.
- [Table 3](#) identifies newly covered codes from Table 1 for which separate reimbursement is allowed when billed with 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 April 1, 2020. *Revenue Codes with Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers, will be updated with this information.
- [Table 4](#) presents pricing for the newly covered procedure code that is manually priced.

Table 1 – New HCPCS codes, effective for DOS on or after April 1, 2020, unless otherwise noted

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	Covered	No	No	Effective 3/13/2020 See Tables 2 and 4
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	Noncovered	N/A	N/A	N/A

* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

"Noncovered" indicates that the IHCP does not cover the service for any programs.

Table 1 – New HCPCS codes, effective for DOS on or after April 1, 2020, unless otherwise noted (Continued)

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas	Noncovered	N/A	N/A	N/A
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	Noncovered	N/A	N/A	N/A
0165U	Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation	Noncovered	N/A	N/A	N/A
0166U	Liver disease, 10 biochemical assays (α 2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	Noncovered	N/A	N/A	N/A
0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood	Noncovered	N/A	N/A	N/A
0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy	Noncovered	N/A	N/A	N/A
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine Smethyltransferase) (eg, drug metabolism) gene analysis, common variants	Noncovered	N/A	N/A	N/A
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive	Noncovered	N/A	N/A	N/A
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	Noncovered	N/A	N/A	N/A

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"Noncovered" indicates that the IHCP does not cover the service for any programs.

Table 1 – New HCPCS codes, effective for DOS on or after April 1, 2020, unless otherwise noted (Continued)

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C9053	Injection, crizanlizumab-tmca, 1 mg	Covered	No	Yes	See Table 3
C9056	Injection, givosiran, 0.5 mg	Covered	No	Yes	See Table 3
C9057	Injection, cetirizine hydrochloride, 1 mg	Covered	No	Yes	No
C9058	Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo) 0.5 mg	Covered	No	Yes	See Table 3
G1012	Clinical decision support mechanism AgileMD, as defined by the Medicare appropriate use criteria program	Noncovered	N/A	N/A	N/A
G1013	Clinical decision support mechanism EvidenceCare Imaging Advisor, as defined by the Medicare appropriate use criteria program	Noncovered	N/A	N/A	N/A
G1014	Clinical decision support mechanism InveniQA Semantic Answers in Medicine, as defined by the Medicare appropriate use criteria program	Noncovered	N/A	N/A	N/A
G1015	Clinical decision support mechanism Reliant medical group, as defined by the Medicare appropriate use criteria program	Noncovered	N/A	N/A	N/A
G1016	Clinical decision support mechanism Speed of Care, as defined by the Medicare appropriate use criteria program	Noncovered	N/A	N/A	N/A
G1017	Clinical decision support mechanism HealthHelp, as defined by the Medicare appropriate use criteria program	Noncovered	N/A	N/A	N/A
G1018	Clinical decision support mechanism Infix, as defined by the Medicare appropriate use criteria program	Noncovered	N/A	N/A	N/A
G1019	Clinical decision support mechanism LogicNets, as defined by the Medicare appropriate use criteria program	Noncovered	N/A	N/A	N/A
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	Noncovered	N/A	N/A	N/A
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	Noncovered	N/A	N/A	N/A
U0001	CDC 2019 novel coronavirus (2019-nCoV) real-time rt-pcr diagnostic panel	Covered	No	No	Effective 2/4/2020 See Table 2
U0002	Non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)	Covered	No	No	Effective 2/4/2020 See Table 2

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"Noncovered" indicates that the IHCP does not cover the service for any programs.

Table 2 – COVID-19 Lab Tests Special Information

Procedure code	Description	Additional Information
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	Effective for DOS on or after March 13, 2020 For use by commercial labs Copay exempt for all programs, including managed care
U0001	CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel	Effective for DOS on or after February 4, 2020 For Centers for Disease Control and Prevention (CDC) and State-run lab testing Copay exempt of all programs, including managed care
U0002	Non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)	Effective for DOS on or after February 4, 2020 For use by commercial labs Copay exempt of all programs, including managed care

Table 3 – Newly covered codes for which separate reimbursement is allowed when billed with revenue code 636, effective for DOS on or after April 1, 2020

Procedure code	Description
C9053	Injection, crizanlizumab-tmca, 1 mg
C9056	Injection, givosiran, 0.5 mg
C9058	Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo) 0.5 mg

Table 4 – Pricing percentages for newly covered procedure code that is manually priced, effective for DOS on or after March 13, 2020

Procedure code	Description	Amount reimbursed when billed on a professional or institutional claim
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	Professional claim (<i>CMS-1500</i> claim form or electronic equivalent) amount: 30% of billed charges Institutional claim (<i>UB-04</i> claim form or electronic equivalent) amount: 15% of billed charges

Coverage information for these codes will be reflected in the next regular update to the [IHCP Fee Schedules](#), as appropriate.

The April 2020 HCPCS code updates are available for download from the [CMS website](#) at cms.gov. These updates are also posted on the [American Medical Association website](#) at ama-assn.org.

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