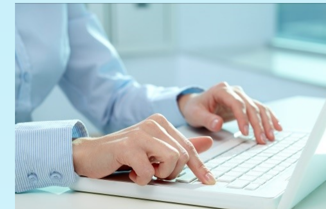
IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT202093 AUGUST 18, 2020

Additional information provided for the July 2020 quarterly HCPCS codes updates



The Indiana Health Coverage Programs (IHCP) previously announced coverage and billing information for new codes for the quarterly Healthcare Common Procedure Coding System (HCPCS) updates in *IHCP Bulletin* BT202084. The IHCP is publishing additional information related to this quarterly HCPCS update. The additional information includes the following:

- Table 1 provides updates to the outpatient pricing for codes added in the previous update. These codes are effective for dates of service (DOS) on or after **July 1, 2020**. Providers may resubmit any claims that may have been affected with this update.
- Table 2 identifies newly added HCPCS codes for the coronavirus disease 2019 (COVID-19), effective for DOS on or after **June 25, 2020**. Providers may resubmit any claims that may have been affected with this update.
- Table 3 identifies a new code carved out of managed care and separately reimbursed from the inpatient diagnosis-related group (DRG), effective for DOS on or after **July 1, 2020**. For this code prior authorization (PA) is required; however, PA criteria is under development and will be announced at a later date.

The Outpatient Fee Schedule and Professional Fee Schedule will be updated to reflect this information. These fee schedules can be accessed from the *IHCP Fee Schedules* page at in.gov/medicaid/providers.

The following code tables (accessed from the *Code Sets* page at in.gov/medicaid/providers) will also be updated:

- Family Planning Eligibility Program Codes
- Preventive Care Services Excluded from Copayment for HIP and PE Adult
- Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG

Table 1 – Outpatient pricing for covered codes, effective for DOS on or after July 1, 2020

Code	Description	Amount reimbursed when billed on an institutional outpatient claim (*UB-04* claim form or electronic equivalent)
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	ASC indicator G – surgical 90% of billed charges – nonsurgical
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	ASC indicator M – surgical 90% of billed charges – nonsurgical
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	ASC indicator G
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	90% of billed charges
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	90% of billed charges

Table 2 – New COVID-19 codes, effective for DOS on or after June 25, 2020

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information	Reimbursement Notes
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	Covered and includes: • Family Planning Eligibility Program • Presumptive Eligibility (PE) Family Planning Only • Emergency Services Only (Package E) • Emergency Services Only Coverage with Pregnancy Coverage (Package B)	No	No	Allowed for Podiatrists (provider specialty 140) Copay exempt for all programs, including managed care	Professional claim (*CMS-1500* claim form or electronic equivalent) amount: 30% of billed charges Institutional claim (*UB-04* claim form or electronic equivalent) amount: 15% of billed charges Linked to revenue codes: 300, 306, 309
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detect	Noncovered	N/A	N/A	N/A	N/A
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	Noncovered	N/A	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 3 – Newly covered procedure code to be carved out of managed care and separately reimbursed from the inpatient DRG, effective for DOS on or after July 1, 2020

Code	Description	PA required
J0791	Injection, crizanlizumab-tmca, 5 mg	Yes

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