

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202128 APRIL 1, 2021

Coverage and billing information for the April 2021 HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the April 2021 Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. The IHCP coverage and billing information provided in this bulletin is effective retroactively to dates of service (DOS) on or after April 1, 2021, unless otherwise specified. The bulletin serves as a notice of the following information:



- [Table 1](#): New Current Procedural Terminology (CPT^{®1}) and alphanumeric codes included in the April 2021 HCPCS update. Coverage and billing information for these procedure codes applies to dates of service (DOS) on or after April 1, 2021.
- [Table 2](#): Newly covered procedure codes carved out of managed care and reimbursable outside the inpatient diagnosis-related group (DRG).
- [Table 3](#): Pricing for newly covered procedure codes that are manually priced.
- [Table 4](#): Newly covered procedure codes linked to revenue code 636.
- [Table 5](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA.
- [Table 6](#): Alternate procedure codes to be used in place of codes that have been discontinued.

Discontinued codes included in the April 2021 HCPCS code updates, along with alternate code considerations, are available for reference or download from the [Centers for Medicare & Medicaid Services \(CMS\) website](https://www.cms.gov) at cms.gov. For coverage information, consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

The April 2021 HCPCS and CPT codes will be added to the claim-processing system. Established pricing will be posted on the appropriate IHCP Fee Schedule and updates will be made to the following code table documents on the [Code Sets](#) page at in.gov/medicaid/providers:

- *Podiatry Services Codes*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Revenue Codes with Special Procedure Code Linkages*
- *Durable and Home Medical Equipment and Supplies Codes*

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. 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 Gainwell Technologies at 1-800-457-4584, option 7.

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Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled. Note that the procedure codes carved out of managed care ([Table 3](#)) will follow FFS guidance. The April 2021 HCPCS update also includes modifications to descriptions for some existing HCPCS codes. These modifications are available for reference or download from the CMS website at [cms.gov](https://www.cms.gov). Any modifications to descriptions that affect IHCP reimbursement will be announced at a later date. Providers may submit, resubmit, or adjust FFS claims that they feel were impacted by the delay in publication.

Table 1 – New codes included in the 2021 annual HCPCS update, effective for DOS on or after April 1, 2021, unless otherwise indicated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	Noncovered	N/A	N/A	N/A
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	Noncovered	N/A	N/A	N/A
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	Noncovered	N/A	N/A	N/A
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	Noncovered	N/A	N/A	N/A
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	Noncovered	N/A	N/A	N/A
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	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 codes included in the 2021 annual HCPCS update, effective for DOS on or after April 1, 2021, unless otherwise indicated (Continued)

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
A9592	Copper Cu-64, dotatate, diagnostic, 1 millicurie	Noncovered	N/A	N/A	N/A
C9074	Injection, lumasiran, 0.5 mg	Noncovered	N/A	N/A	N/A
C9776	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (ICG) (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
G2020	Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the SIP component of the PCF model (do not bill with chronic care management codes)	Noncovered	N/A	N/A	N/A
G2172	All inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project	Noncovered	N/A	N/A	N/A
J1427	Injection, viltolarsen, 10 mg	Covered	No	Yes	See Table 2 See Table 4 See Table 6
J1554	Injection, immune globulin (Asceniv), 500 mg	Covered	No	Yes	See Table 4 See Table 6
J7402	Mometasone furoate sinus implant, (Sinuva), 10 micrograms	Covered	No	Yes	See Table 4 See Table 6
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	Covered	No	Yes	See Table 4 See Table 6
J9349	Injection, tafasitamab-cxix, 2 mg	Covered	No	Yes	See Table 4 See Table 6
K1013	Enema tube, any type, replacement only, each	Covered	Yes	No	See Table 3 See Table 5 Allowed for DME provider (provider specialty 250)

* "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 codes included in the 2021 annual HCPCS update, effective for DOS on or after April 1, 2021, unless otherwise indicated (Continued)

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Covered	Yes	No	See Table 3 See Table 5 Allowed for DME provider (provider specialty 250)
K1015	Foot, adductus positioning device, adjustable	Covered	Yes	No	See Table 3 See Table 5 Allowed for DME provider (provider specialty 250) Allowed for Podiatrist (provider specialty 140)
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Noncovered	N/A	N/A	N/A
K1017	Monthly supplies for use of device coded at K1016	Noncovered	N/A	N/A	N/A
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	Noncovered	N/A	N/A	N/A
K1019	Monthly supplies for use of device coded at K1018	Noncovered	N/A	N/A	N/A
K1020	Non-invasive vagus nerve stimulator	Noncovered	N/A	N/A	N/A
Q2053	Brexucabtagene autoleucl, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Covered	Yes	Yes	See Table 2 See Table 4 See Table 5 See Table 6
S1091	Stent, non-coronary, temporary, with delivery system (Propel)	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 2 – Newly covered procedure codes carved out of managed care and reimbursable outside the inpatient DRG, effective for DOS on or after April 1, 2021

Procedure code	Description
J1427	Injection, viltolarsen, 10 mg
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Table 3 – Pricing percentages for newly covered procedure codes that are manually priced

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a professional claim	Amount reimbursed as % of billed charges when billed on an outpatient claim
K1013	Enema tube, any type, replacement only, each	75% of manufacturer's suggested retail price (MSRP)/120% of cost invoice	To be determined
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	75% of MSRP/120% of cost invoice	To be determined
K1015	Foot, adductus positioning device, adjustable	75% of MSRP/120% of cost invoice	To be determined

Table 4 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
J1427	Injection, viltolarsen, 10 mg
J1554	Injection, immune globulin (Asceniv), 500 mg
J7402	Mometasone furoate sinus implant, (Sinuva), 10 micrograms
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg
J9349	Injection, tafasitamab-cxix, 2 mg
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Table 5 – Available PA criteria for newly covered procedure codes that require PA

Procedure code	Description	PA criteria
K1013	Enema tube, any type, replacement only, each	
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	See the Durable and Home Medical Equipment and Supplies provider reference module.
K1015	Foot, adductus positioning device, adjustable	
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	At least 18 years of age with a diagnosis of relapsed or refractory mantle cell lymphoma (MCL).

Table 6 – Alternate procedure codes to be used in place of codes that have been discontinued

Procedure code	Description	Alternate code consideration
C9068	Copper Cu-64, dotatate, diagnostic, 1 millicurie	A9592
C9069	Injection, belantamab mafodotin-blmf, 0.5 mg	J9037
C9070	Injection, tafasitamab-cxix, 2 mg	J9349
C9071	Injection, viltolarsen, 10 mg	J1427
C9072	Injection, immune globulin (Asceniv), 500 mg	J1554
C9073	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Q2053
C9122	Mometasone furoate sinus implant, (Sinuva), 10 micrograms	J7402
J7401	Mometasone furoate sinus implant, (Sinuva), 10 micrograms	J7402

QUESTIONS?

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