

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202285 SEPTEMBER 29, 2022

Coverage and billing information for the 2022 October quarterly HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2022 October quarterly 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 for dates of service (DOS) on or after Oct. 1, 2022, unless otherwise specified.

The bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT^{®1}) and HCPCS procedure codes included in the 2022 October quarterly HCPCS update
- [Table 2](#): New HCPCS codes related to coronavirus disease 2019 (COVID-19)
- [Table 3](#): New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
- [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](#): Newly covered procedure codes reimbursable outside the inpatient diagnosis-related group (DRG)
- [Table 7](#): Durable medical equipment (DME) and supply codes included in the long-term care (LTC) facility per diem rate
- [Table 8](#): Procedure codes that were discontinued in the 2022 October quarterly HCPCS update, along with alternate code considerations



Note: Inclusion of an alternate code on Table 8 does not indicate IHCP coverage of the alternate code. Consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers, for coverage information. Codes that were discontinued effective Oct. 1, 2022, for which no alternative codes were identified, are not listed but are available for reference or download from the [HCPCS Quarterly Update](#) page of the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.

The 2022 October quarterly HCPCS and CPT codes will be added to the claim-processing system. Established pricing will be posted on the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

¹CPT copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Updates will also be made to the *Long-Term Care (LTC) Durable Medical Equipment (DME) Per Diem Table*, accessible from the [Long-Term Care DME Per Diem Table](#) page, as well as to the following code table documents, accessible from the [Code Sets](#) page at in.gov/medicaid/providers:

- *Durable and Home Medical Equipment and Supply Codes*
- *Physician-Administered Drugs Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*
- *Podiatry Services Codes*
- *Preventive Care Services Excluded From Copayment for Healthy Indiana Plan and Presumptive Eligibility-Adult*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Revenue Codes With Special Procedure Code Linkages*



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 reimbursement, PA and billing should be directed to Gainwell Technologies at 800-457-4584. 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.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

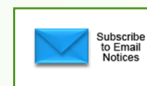


Table 1 – New procedure codes included in the October 2022 quarterly HCPCS update, effective for DOS on or after Oct. 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy	Noncovered	N/A	N/A	N/A
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-I3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	Noncovered	N/A	N/A	N/A
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Noncovered	N/A	N/A	N/A
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	Noncovered	N/A	N/A	N/A
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	Noncovered	N/A	N/A	N/A
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood	Noncovered	N/A	N/A	N/A
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	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 procedure codes included in the October 2022 quarterly HCPCS update, effective for DOS on or after Oct. 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	Noncovered	N/A	N/A	N/A
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	Noncovered	N/A	N/A	N/A
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid	Noncovered	N/A	N/A	N/A
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, Cystatin C, Factor B, osteoprotegerin (OPG), gelsolin, IGFBP-3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline	Noncovered	N/A	N/A	N/A
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	Noncovered	N/A	N/A	N/A
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	Noncovered	N/A	N/A	N/A
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	Noncovered	N/A	N/A	N/A
0346U	Beta amyloid, a 40 and a 42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	Noncovered	N/A	N/A	N/A
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	Noncovered	N/A	N/A	N/A
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	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 procedure codes included in the October 2022 quarterly HCPCS update, effective for DOS on or after Oct. 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	Noncovered	N/A	N/A	N/A
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	Noncovered	N/A	N/A	N/A
0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection	Noncovered	N/A	N/A	N/A
0352U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, atropobium vaginae, and megasphaera type 1), algorithm reported as detected or not detected and separate detection of candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/ Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected	Noncovered	N/A	N/A	N/A
0353U	Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected	Noncovered	N/A	N/A	N/A
0354U	Human papilloma virus (HPV), high-risk types (ie, 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR)	Noncovered	N/A	N/A	N/A
A2014	Omeza collagen matrix, per 100 mg	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Included in the LTC per diem See Table 3 See Table 4 See Table 7
A2015	Phoenix wound matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Included in the LTC per diem See Table 3 See Table 4 See Table 7

* "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 procedure codes included in the October 2022 quarterly HCPCS update, effective for DOS on or after Oct. 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
A2016	Permeaderm B, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Included in the LTC per diem See Table 3 See Table 4 See Table 7
A2017	Permeaderm glove, each	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Included in the LTC per diem See Table 3 See Table 4 See Table 7
A2018	Permeaderm C, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Included in the LTC per diem See Table 3 See Table 4 See Table 7
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	Noncovered	N/A	N/A	N/A
A9602	Fluorodopa f-18, diagnostic, per millicurie	Noncovered	N/A	N/A	N/A
A9607	Lutetium Lu-177 vipivotide tetraxetan, therapeutic, 1 millicurie	Covered	No	Yes	See Table 4
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 millicurie	Noncovered	N/A	N/A	N/A
C1834	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	Noncovered	N/A	N/A	N/A
C9101	Injection, oliceridine, 0.1 mg	Covered	No	Yes	State Maximum Allowable Costs (SMAC) pricing See Table 4 See Table 5
C9142	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	Covered	No	Yes	See Table 4

* “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 procedure codes included in the October 2022 quarterly HCPCS update, effective for DOS on or after Oct. 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	Covered	No	Yes	Allowed for home medical equipment (HME) Restricted to ages 50 years and older See Table 7 Pricing: To be determined
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for Medicaid billing purposes)	Covered	No	No	Covered effective 10/1/2022 (noncovered 5/11/2022 through 9/30/2022) Restricted to ages 15 years and older Copay exempt for Healthy Indiana Plan (HIP) and Presumptive Eligibility (PE) Adult See Table 2 See Table 4
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for Medicaid billing purposes)	Covered	No	No	Covered effective 10/1/2022 (noncovered 5/11/22 through 9/30/22) Restricted to ages 15 years and older Copay exempt for HIP and PE Adult See Table 2 See Table 4
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for Medicaid billing purposes)	Covered	No	No	Covered effective 9/1/2022 (noncovered 5/11/2022 through 8/31/2022) Restricted to ages 21 years and younger Copay exempt for HIP and PE Adult See Table 2 See Table 4

* "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 procedure codes included in the October 2022 quarterly HCPCS update, effective for DOS on or after Oct. 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for Medicaid billing purposes)	Covered	No	No	Covered effective 9/1/2022 (noncovered 5/11/2022 through 8/31/2022) Restricted to ages 21 years and younger Copay exempt for HIP and PE Adult See Table 2 See Table 4
J1302	Injection, sutimlimab-jome, 10 mg	Covered	No	Yes	See Table 4 See Table 8
J1932	Injection, lanreotide, (Cipla), 1 mg	Covered	No	Yes	See Table 4
J2777	Injection, faricimab-svoa, 0.1 mg	Covered	No	Yes	See Table 4 See Table 8
J9274	Injection, tebentafusp-tebn, 1 microgram	Covered	No	Yes	See Table 4 See Table 8
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Covered	No	Yes	See Table 4
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T-cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Covered	Yes	Yes	Restricted to ages 15 years and older See Table 4 See Table 5 See Table 6 See Table 8
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 microgram	Noncovered	N/A	N/A	N/A
T1032	Services performed by a doula birth worker, per 15 minutes	Noncovered	N/A	N/A	N/A
T1033	Services performed by a doula birth worker, per diem	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 2 – New procedure codes related to COVID-19

Procedure code	Description	Effective date
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for Medicaid billing purposes)	5/11/2022 (Covered for DOS on or after 10/1/2022)
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for Medicaid billing purposes)	5/11/2022 (Covered for DOS on or after 10/1/2022)
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for Medicaid billing purposes)	5/11/2022 (Noncovered) (Covered for DOS on or after 9/1/2022)
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for Medicaid billing purposes)	5/11/2022 (Noncovered) (Covered for DOS on or after 9/1/2022)

Table 3 – New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate

Procedure code	Description
A2014	Omeza collagen matrix, per 100 mg
A2015	Phoenix wound matrix, per square centimeter
A2016	Permeaderm B, per square centimeter
A2017	Permeaderm glove, each
A2018	Permeaderm C, per square centimeter

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

Procedure code	Description
A2014	Omeza collagen matrix, per 100 mg
A2015	Phoenix wound matrix, per square centimeter
A2016	Permeaderm B, per square centimeter
A2017	Permeaderm glove, each
A2018	Permeaderm C, per square centimeter
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
C9101	Injection, oliceridine, 0.1 mg
C9142	Injection, bevacizumab-maly, biosimilar, (Almysys), 10 mg
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for Medicaid billing purposes)
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for Medicaid billing purposes)
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for Medicaid billing purposes)
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for Medicaid billing purposes)
J1302	Injection, sutimlimab-jome, 10 mg
J1932	Injection, lanreotide, (Cipla), 1 mg

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

Procedure code	Description
J2777	Injection, faricimab-svoa, 0.1 mg
J9274	Injection, tebentafusp-tebn, 1 microgram
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T-cells, including leukapheresis and dose preparation procedures, per therapeutic dose

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

Procedure code	Description	PA criteria
C9101	Injection, oliceridine, 0.1 mg	To be determined
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T-cells, including leukapheresis and dose preparation procedures, per therapeutic dose	<p>Ciltacabtagene autoleucel (Carvykti) may be considered medically necessary when the member meets all the following criteria:</p> <ul style="list-style-type: none"> • Has not received prior Carvykti treatment • Will be administered Carvykti treatment as follows: <ul style="list-style-type: none"> - At a Carvykti Risk Evaluation and Mitigation Strategy (REMS) Program-certified facility - By healthcare providers that have successfully completed the Carvykti REMS Program Knowledge Assessment • Is at least 18 years of age • Has a diagnosis of relapsed or refractory multiple myeloma after four or more prior lines of therapy, including the following: <ul style="list-style-type: none"> - Immunomodulatory agent - Proteasome inhibitor - Anti-CD38 monoclonal antibody

Table 6 – Newly covered procedure codes reimbursable outside the inpatient DRG

Procedure code	Description
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T-cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Table 7 – DME and supply codes included in the LTC facility per diem rate

Procedure code	Description
A2014	Omeza collagen matrix, per 100 mg
A2015	Phoenix wound matrix, per square centimeter
A2016	Permeaderm B, per square centimeter
A2017	Permeaderm glove, each
A2018	Permeaderm C, per square centimeter

Table 8 – Alternate procedure codes to be used in place of codes that have been end-dated

Discontinued procedure code	Description	Alternate code considerations
C9094	Injection, sutimlimab-jome, 10 mg	J1302
C9095	Injection, tebentafusp-tebn, 1 mcg	J9274
C9096	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 microgram	Q5125
C9097	Injection, faricimab-svoa, 0.1 mg	J2777
C9098	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T-cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Q2056