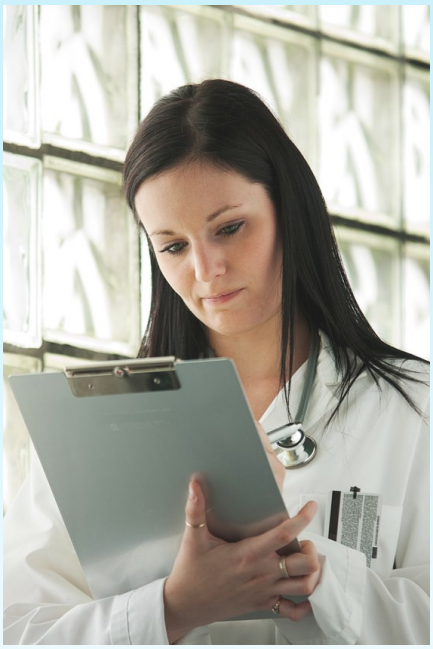
IHCP *bulletin*

This bulletin has been updated. Duplicate rows with incorrect alternate codes were removed in Table 5.

INDIANA HEALTH COVERAGE PROGRAMS BT202316 FEBRUARY 28, 2023

Additional updates made for select annual 2023 HCPCS codes

The Indiana Health Coverage Programs (IHCP) previously announced coverage and billing information for new codes for the annual Healthcare Common Procedure Coding System (HCPCS) updates in *IHCP Bulletin* BT2022121. This bulletin serves as notice of additional updates to the annual 2023 HCPCS codes.



BT2022121 listed several codes with pricing pending. Professional and outpatient pricing has been updated in the Core Medicaid Management Information System (*Core*MMIS). Providers may view current pricing on the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers.

The following tables include additional information for the 2023 HCPCS update, effective immediately and retroactive to dates of service (DOS) on and after Jan. 1, 2023:

- Table 1: Procedure code allowable for podiatrists (provider specialty 140)
- Table 2: Procedure codes linked to revenue code 636
- Table 3: Procedure code linked to revenue codes 920 and 929
- Table 4: Procedure code linked to revenue code 940
- Table 5: Procedure codes that were discontinued in the 2023 annual HCPCS update, along with alternate code considerations

  Note: Inclusion of an alternate code on this table 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 Dec. 31, 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.

Updates will also be made to the following code table documents, accessible from the Code Sets page at in.gov/medicaid/providers:

- *Family Planning Eligibility Program Codes*
- *Podiatry Services Codes*
- *Revenue Codes With Special Procedure Code Linkages*
- *Telehealth Services Codes*
- *Vision Services Codes*

Table 1 – Procedure code allowable for podiatrists, effective for DOS on or after Jan. 1, 2023

Procedure code	Description
C7500	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (eg, subfacial) drug-delivery device(s)

Table 2 – Procedure codes linked to revenue code 636, effective for DOS on or after Jan. 1, 2023

Procedure code	Description
J0225	Injection, vutrisiran, 1 mg
J0891	Injection, argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)
J0892	Injection, argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)
J0893	Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg
J0898	Injection, argatroban (Auromedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)
J0899	Injection, argatroban (Auromedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)
J1456	Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg
J2247	Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg
J2311	Injection, naloxone hydrochloride (Zimhi), 1 mg
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
J9046	Injection, bortezomib, (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg
J9048	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg
J9049	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg
J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
J9393	Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg
J9394	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg

Table 3 – Procedure code linked to revenue codes 920 and 929, effective for DOS on or after Jan. 1, 2023

Procedure code	Description
0743T	Bone strength and fracture-risk assessment with assessment for broken spine bones

Table 4 – Procedure code linked to revenue code 940, effective for DOS on or after Jan. 1, 2023

Procedure code	Description
0746T	Conversion of localization and mapping of heart tissue causing abnormal heart rhythm into a multidimensional radiation treatment plan for focal destruction of arrhythmia site

Table 5 – Alternate procedure codes to be used in place of codes that have been end-dated

Discontinued procedure code	Description	Alternate code considerations
0475T	Recording of fetal magnetic heart signal with technical analysis and interpretation of report	93799
0476T	Recording of fetal magnetic heart signal with electronic signal transfer of data and storage	93799
0477T	Recording of fetal magnetic heart signal with signal extraction, technical analysis, and result	93799
0478T	Recording of fetal magnetic heart signal with review and interpretation of report	93799
49560	Repair of incisional or abdominal hernia	49591–49596
49561	Repair of trapped incisional or abdominal hernia	49591–49596
49565	Repair of recurrent incisional or abdominal hernia	49613–49618
49566	Repair of trapped recurrent incisional or abdominal hernia	49613–49618
49568	Placement of mesh to repair incisional or abdominal hernia	49591–49596, 49600, 49605, 49606, 49610, 46611, 49613–49618
49570	Repair of incisional or abdominal hernia in upper stomach area	49591–49596, 49600, 49605, 49606, 49610, 49611, 49613–49618
49572	Repair of trapped incisional or abdominal hernia in upper stomach area	49591–49596, 49600, 49605, 49606, 49610, 49611, 49613–49618
49580	Repair of hernia at navel (younger than 5 years)	49591–49596, 49600, 49605, 49606, 49610, 49611, 49613–49618
49582	Repair of trapped hernia at navel (younger than 5 years)	49591–49596, 49600, 49605, 49606, 49610, 49611, 49613–49618
49585	Repair of hernia at navel (5 years or older)	49591–49596, 49600, 49605, 49606, 49610, 49611, 49613–49618
49587	Repair of trapped hernia at navel (5 years or older)	49591–49596, 49613–49618, 49621
49590	Repair of hernia between abdominal muscles	49591–49596, 49600, 49605, 49606, 49610, 49611, 49613–49618
49652	Repair of hernia using an endoscope	49591–49596, 49600, 49605, 49606, 49610, 49611, 49613–49618
49653	Repair of trapped hernia using an endoscope	49591–49596, 49613–49618, 49624
49654	Repair of incisional hernia using an endoscope	49591–49596, 49600, 49605, 49606, 49610, 49611, 49613–49618
49655	Repair of trapped incisional hernia using an endoscope	49591–49596, 49600, 49605, 49606, 49610, 49611, 49613–49618
49656	Repair of recurrent incisional hernia using an endoscope	49613–49618
49657	Repair of recurrent trapped incisional hernia using an endoscope	49613–49618

Table 5 – Alternate procedure codes to be used in place of codes that have been end-dated (Continued)

Discontinued procedure code	Description	Alternate code considerations
99217	Hospital observation care on day of discharge	99238, 99239
99218	Initial hospital observation care per day, typically 30 minutes	99221–99223
99219	Initial hospital observation care per day, typically 50 minutes	99221–99223
99220	Initial hospital observation care per day, typically 70 minutes	99221–99223
99224	Follow-up observation care per day, typically 15 minutes	99231–99233
99225	Follow-up observation care per day, typically 25 minutes	99231–99233
99226	Follow-up observation care per day, typically 35 minutes	99231–99233
99241	Office consultation, typically 15 minutes	99242
99251	Inpatient hospital consultation, typically 20 minutes	99252
99318	Nursing facility annual assessment, typically 30 minutes	99307–99310
99324	New patient custodial care facility, group care, or assisted living visit, typically 20 minutes	99341, 99342, 99344, 99345
99325	New patient custodial care facility, group care, or assisted living visit, typically 30 minutes	99341, 99342, 99344, 99345
99326	New patient custodial care facility, group care, or assisted living visit, typically 45 minutes	99341, 99342, 99344, 99345
99327	New patient custodial care facility, group care, or assisted living visit, typically 1 hour	99341, 99342, 99344, 99345
99328	New patient custodial care facility, group care, or assisted living visit, typically 75 minutes	99341, 99342, 99344, 99345
99334	Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	99347–99350
99335	Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	99347–99351
99336	Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	99347–99352
99337	Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	99347–99353
99343	New patient home visit, typically 45 minutes	99341, 99342, 99344, 99345
99354	Extended office or other outpatient service, first hour	99417
99355	Extended office or other outpatient service, each additional 30 minutes	99417
99356	Extended inpatient or observation hospital service, first hour	99418
G2170	Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed	36836
G2171	Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, enography, and/or ultrasound, with radiologic supervision and interpretation, when performed	36837
J2400	Injection, chloroprocaine hydrochloride, per 30 ml	J2401, J2402
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	J9041, J9046, J9048, J9049

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