

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202328    MARCH 30, 2023

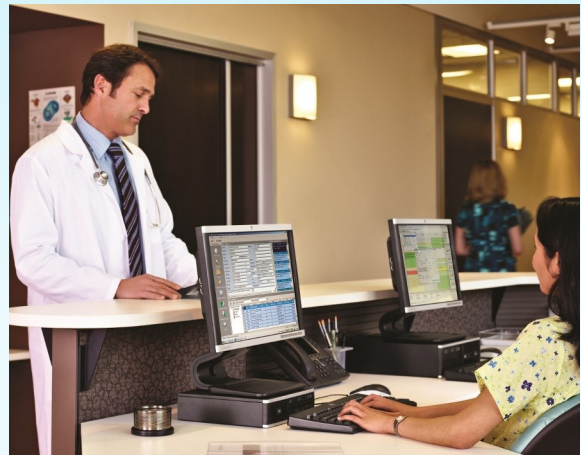
## Coverage and billing information for the 2023 April quarterly HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2023 April 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 April 1, 2023.

The IHCP is awaiting the final posting of the Centers for Medicare & Medicaid Services (CMS) fee schedules affecting pricing for the procedure codes. The IHCP will issue a publication detailing the additional pricing information after final calculations are completed. Providers have 90 days from the date of this publication for managed care claim submission, or 180 days from the date of publication for fee-for service (FFS) claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

The bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT<sup>®1</sup>), and other HCPCS codes included in the 2023 quarterly HCPCS update
- [Table 2](#): New procedure code modifiers included in the 2023 quarterly HCPCS update
- [Table 3](#): New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
- [Table 4](#): Available prior authorization (PA) criteria for the newly covered procedure code that requires PA
- [Table 5](#): New long-term care (LTC) durable medical equipment (DME) and supply codes included in the LTC facility per diem rate
- [Table 6](#): New procedure codes linked to revenue code 636



The 2023 quarterly HCPCS and CPT codes will be added to the claim-processing system. Established pricing will be posted as appropriate on the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

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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](http://in.gov/medicaid/providers):

- *Durable and Home Medical Equipment and Supplies Codes*
- *Family Planning Eligibility Program Codes*
- *Podiatry Services Codes*
- *Procedure Code Modifiers for Professional Claims*
- *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 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.

## COPIES OF THIS PUBLICATION

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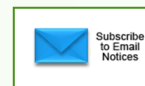


Table 1 – New codes included in the 2023 quarterly HCPCS update, effective for DOS on or after April 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	Noncovered	N/A	N/A	N/A
0365U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer	Noncovered	N/A	N/A	N/A
0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	Noncovered	N/A	N/A	N/A
0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	Noncovered	N/A	N/A	N/A
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (QPCR), circulating cell-free DNA (CFDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	Noncovered	N/A	N/A	N/A
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	Noncovered	N/A	N/A	N/A
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab	Noncovered	N/A	N/A	N/A
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (QPCR), urine	Noncovered	N/A	N/A	N/A
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	Noncovered	N/A	N/A	N/A
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	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.

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Table 1 – New codes included in the 2023 quarterly HCPCS update, effective for DOS on or after April 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine	Noncovered	N/A	N/A	N/A
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	Noncovered	N/A	N/A	N/A
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate	Noncovered	N/A	N/A	N/A
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	Noncovered	N/A	N/A	N/A
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	Noncovered	N/A	N/A	N/A
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	Noncovered	N/A	N/A	N/A
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	Noncovered	N/A	N/A	N/A
0381U	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Noncovered	N/A	N/A	N/A
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Noncovered	N/A	N/A	N/A
0383U	Tyrosinemia type i monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Noncovered	N/A	N/A	N/A

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Table 1 – New codes included in the 2023 quarterly HCPCS update, effective for DOS on or after April 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	Noncovered	N/A	N/A	N/A
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (APOA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with hdl, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease	Noncovered	N/A	N/A	N/A
0386U	Gastroenterology (Barrett's esophagus), p16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	Noncovered	N/A	N/A	N/A
A2019	Kerecis Omega3 MariGen Shield, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 6</a>
A2020	AC5 Advanced Wound System (AC5)	Covered	Yes	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 6</a>
A2021	NeoMatriX, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 6</a>
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	Covered	No	No	Allowed for Durable Medical Equipment (DME) provider (provider specialty 250) See <a href="#">Table 5</a> Outpatient pricing to be determined
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	Covered	No	No	Allowed for Durable Medical Equipment (DME) provider (provider specialty 250) See <a href="#">Table 5</a> Outpatient pricing to be determined

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only	Noncovered	N/A	N/A	N/A
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	Covered	No	No	Allowed for Durable Medical Equipment (DME) provider (provider specialty 250)  See <a href="#">Table 5</a>  Pricing to be determined
A6591	External urinary catheter; non-disposable, for use with suction pump, per month	Covered	No	No	Allowed for Durable Medical Equipment (DME) provider (provider specialty 250)  See <a href="#">Table 5</a>  Pricing to be determined
A7049	Expiratory positive airway pressure intranasal resistance valve	Noncovered	N/A	N/A	N/A
C9145	Injection, aprepitant, (Aponvie), 1 mg	Noncovered	N/A	N/A	N/A
C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg	Covered	No	Yes	See <a href="#">Table 6</a>
C9147	Injection, tremelimumab-actl, 1 mg	Covered	No	Yes	See <a href="#">Table 6</a>
C9148	Injection, teclistamab-cqyv, 0.5 mg	Covered	No	Yes	See <a href="#">Table 6</a>
C9149	Injection, teplizumab-mzww, 5 mcg	Covered	Yes	Yes	See <a href="#">Table 4</a>  See <a href="#">Table 6</a>
E0677	Non-pneumatic sequential compression garment, trunk	Covered	No	No	Allowed for Durable Medical Equipment (DME) provider (provider specialty 250)  Allowed for home medical equipment (HME) provider (provider specialty 251)  See <a href="#">Table 5</a>  Pricing to be determined
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	Noncovered	N/A	N/A	N/A
E1905	Virtual reality cognitive behavioral therapy device (CBT), including pre-programmed therapy software	Noncovered	N/A	N/A	N/A
J0208	Injection, sodium thiosulfate, 100 mg	Covered	No	Yes	See <a href="#">Table 6</a>
J0218	Injection, olipudase alfa-rpcp, 1 mg	Covered	No	Yes	See <a href="#">Table 6</a>
J0612	Injection, calcium gluconate (Fresenius Kabi), per 10 mg	Covered	No	Yes	None
J0613	Injection, calcium gluconate (WG Critical Care), per 10 mg	Covered	No	Yes	None
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Covered	No	Yes	See <a href="#">Table 6</a>
J1747	Injection, spesolimab-sbzo, 1 mg	Covered	No	Yes	See <a href="#">Table 6</a>
J2403	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	Noncovered	N/A	N/A	N/A
J9196	Injection, gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg	Covered	No	Yes	See <a href="#">Table 6</a>
J9294	Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg	Covered	No	Yes	See <a href="#">Table 6</a>
J9296	Injection, pemetrexed (Accord) not therapeutically equivalent to J9305, 10 mg	Covered	No	Yes	See <a href="#">Table 6</a>
J9297	Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	Covered	No	Yes	See <a href="#">Table 6</a>
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared	Noncovered	N/A	N/A	N/A
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	Covered	No	No	Allowed for Durable Medical Equipment (DME) provider (provider specialty 250)  Pricing to be determined
M0010	Enhancing oncology model (EOM) monthly enhanced oncology services (MEOS) payment for EOM enhanced services	Noncovered	N/A	N/A	N/A
Q4265	NeoStim TL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  See <a href="#">Table 3</a> See <a href="#">Table 6</a>
Q4266	NeoStim membrane, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  See <a href="#">Table 3</a> See <a href="#">Table 6</a>
Q4267	NeoStim DL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  See <a href="#">Table 3</a> See <a href="#">Table 6</a>
Q4268	SurGraft FT, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  See <a href="#">Table 3</a> See <a href="#">Table 6</a>
Q4269	SurGraft XT, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  See <a href="#">Table 3</a> See <a href="#">Table 6</a>

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Table 1 – New codes included in the 2023 quarterly HCPCS update, effective for DOS on or after April 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
Q4270	Complete SL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 6</a>
Q4271	Complete FT, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 6</a>
Q5127	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	Noncovered	N/A	N/A	N/A
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	Covered	No	Yes	See <a href="#">Table 6</a>
Q5129	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	Noncovered	N/A	N/A	N/A
Q5130	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	Noncovered	N/A	N/A	N/A
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Noncovered	N/A	N/A	N/A

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Table 2 – New procedure code modifiers

Modifier	Description
JK	One month supply or less of drug or biological
JL	Three-month supply of drug or biological
LU	Fractionated payment
N1	Group 1 oxygen coverage criteria met
N2	Group 2 oxygen coverage criteria met
N3	Group 3 oxygen coverage criteria met

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

Procedure code	Description
A2019	Kerecis Omega3 MariGen Shield, per square centimeter
A2021	NeoMatriX, per square centimeter
Q4265	NeoStim TL, per square centimeter
Q4266	NeoStim membrane, per square centimeter
Q4267	NeoStim DL, per square centimeter
Q4268	SurGraft FT, per square centimeter
Q4269	SurGraft XT, per square centimeter
Q4270	Complete SL, per square centimeter
Q4271	Complete FT, per square centimeter

Table 4 – Available PA criteria for the newly covered procedure code that requires PA

Procedure code	Description	PA criteria
C9149	Injection, teplizumab-mzvw, 5 mcg	<p>Must meet all of the following:</p> <ul style="list-style-type: none"> <li>• Member is 8 years of age or older</li> <li>• Diagnosis of Stage 2 type 1 diabetes (T1D) with documentation of all of the following: <ul style="list-style-type: none"> <li>– Development of at least two of the following pancreatic islet cell autoantibodies: <ul style="list-style-type: none"> <li>➤ Glutamic acid decarboxylase 65 (GAD) autoantibodies</li> <li>➤ Insulin autoantibody (IAA)</li> <li>➤ Insulinoma-associated antigen 2 autoantibody (IA-2A)</li> <li>➤ Zinc transporter 8 autoantibody (ZnT8A)</li> <li>➤ Islet cell autoantibody (ICA)</li> </ul> </li> <li>– Dysglycemia without overt hyperglycemia using an oral glucose tolerance test (OGTT) or an alternative method for diagnosis of dysglycemia without overt hyperglycemia</li> <li>– Patient history does not suggest type 2 diabetes (T2D)</li> </ul> </li> <li>• Documentation of complete blood count (CBC) and liver enzyme tests within the past 30 days</li> <li>• Documentation of a negative pregnancy test within the past 30 days</li> <li>• Prescribed by or in consultation with, an endocrinologist</li> </ul>

Table 5 – New LTC DME and supply codes included in the LTC facility per diem rate

Procedure code	Description
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month
A6591	External urinary catheter; non-disposable, for use with suction pump, per month
E0677	Non-pneumatic sequential compression garment, trunk

Table 6 – New procedure codes linked to revenue code 636

Procedure code	Description
A2019	Kerecis Omega3 MariGen Shield, per square centimeter
A2020	AC5 Advanced Wound System (AC5)
A2021	NeoMatriX, per square centimeter
C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg
C9147	Injection, tremelimumab-actl, 1 mg
C9148	Injection, teclistamab-cgyv, 0.5 mg
C9149	Injection, teplizumab-mzwv, 5 mcg
J0208	Injection, sodium thiosulfate, 100 mg
J0218	Injection, olipudase alfa-rpcp, 1 mg
J1449	Injection, eflapegrastim-xnst, 0.1 mg
J1747	Injection, spesolimab-sbzo, 1 mg
J9196	Injection, gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg
J9294	Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg
J9296	Injection, pemetrexed (Accord) not therapeutically equivalent to J9305, 10 mg
J9297	Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg
Q4265	NeoStim TL, per square centimeter
Q4266	NeoStim membrane, per square centimeter
Q4267	NeoStim DL, per square centimeter
Q4268	SurGraft FT, per square centimeter
Q4269	SurGraft XT, per square centimeter
Q4270	Complete SL, per square centimeter
Q4271	Complete FT, per square centimeter
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg