

# IHCP *bulletin*

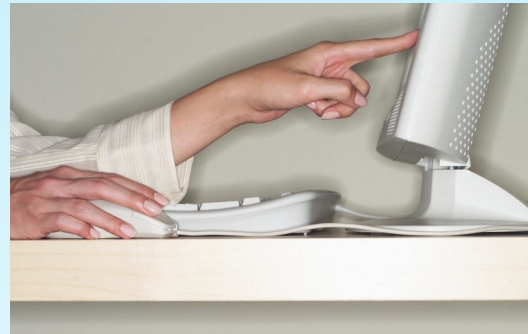
Note: This bulletin has been updated. See IHCP Bulletin [BT202467](#).

INDIANA HEALTH COVERAGE PROGRAMS BT202437 MARCH 28, 2024

## Coverage information for the April 2024 quarterly HCPCS update

The Indiana Health Coverage Programs (IHCP) has reviewed the April 2024 quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage determination. The IHCP coverage information in Table 1 provided in this bulletin is effective for dates of service (DOS) on or after April 1, 2024.

The IHCP is awaiting the final posting of the Centers for Medicare & Medicaid Services (CMS) fee schedules and documentation affecting coverage and pricing for the procedure codes. The IHCP will issue a publication detailing the additional coverage and pricing information after final review is completed.



The covered HCPCS codes from the April 2024 quarterly update will be added to the claim-processing system. For more information about the April 2024 quarterly HCPCS update, see the [HCPCS Quarterly Update](#) page of the CMS website at [cms.gov](#).

The coverage information applies to services delivered under the fee-for-service (FFS) and managed care delivery systems. Any questions regarding FFS coverage should be directed to Gainwell Technologies at 800-457-4584. Questions about managed care coverage should be directed to the managed care entity (MCE) with which the member is enrolled.

*Table 1 – New codes included in the April 2024 quarterly HCPCS update, effective for DOS on or after April 1, 2024*

Procedure code	Description	Program coverage*
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [loc105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), QPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD	Noncovered
0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2BAS1], rs12129789 [KCND-3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1], cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), GPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD	Noncovered

\* "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 April 2024 quarterly HCPCS update, effective for DOS on or after April 1, 2024 (Continued)

Procedure code	Description	Program coverage*
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	Noncovered
0442U	Infectious disease (respiratory infection), myxovirus resistance protein a (MXA) and c-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent	Noncovered
0443U	Neurofilament light chain (NFI), ultra-sensitive immunoassay, serum or cerebrospinal fluid	Noncovered
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	Noncovered
0445U	B-amyloid (abeta42) and phospho tau (181P) (P-tau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Noncovered
0446U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity	Noncovered
0447U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare	Noncovered
0448U	Oncology (lung and colon cancer), DNA, qualitative, nextgeneration sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	Noncovered
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	Noncovered
A2026	Restrata minimatrix, 5 mg	Covered
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	Noncovered
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	Covered
A4564	Pessary, disposable, any type	Covered
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime	Noncovered
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each	Noncovered
A9293	Fertility cycle (contraception & conception) tracking software application, FDA cleared, per month, includes accessories (e.g., thermometer)	Noncovered

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Table 1 – New codes included in the April 2024 quarterly HCPCS update, effective for DOS on or after April 1, 2024 (Continued)

Procedure code	Description	Program coverage*
C9166	Injection, secukinumab, intravenous, 1 mg	Covered
C9167	Injection, apadamtase alfa, 10 units	Covered
C9168	Injection, mirikizumab-mrkz, 1 mg	Covered
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	Covered
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Covered
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	Covered
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	Covered
E0736	Transcutaneous tibial nerve stimulator	Noncovered
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	Noncovered
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	Noncovered
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	Noncovered
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Noncovered
G0138	Intravenous infusion of CipaglucoSIDase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of CipaglucoSIDase alfa-atga	Covered
H0051	Traditional healing service	Noncovered
J0177	Injection, aflibercept HCl, 1 mg	Covered
J0209	Injection, sodium thiosulfate (Hope), 100 mg	Noncovered
J0577	Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy	Covered
J0578	Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy	Covered
J0589	Injection, daxibotulinumtoXina-lanm, 1 unit	Noncovered
J0650	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	Covered
J0651	Injection, levothyroxine sodium (Fresenius Kabi) not therapeutically equivalent to J0650, 10 mcg	Covered
J0652	Injection, levothyroxine sodium (Hikma) not therapeutically equivalent to J0650, 10 mcg	Noncovered
J1010	Injection, methylprednisolone acetate, 1 mg	Covered

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Procedure code	Description	Program coverage*
J1202	Miglustat, oral, 65 mg	Covered
J1203	Injection, cipaglucoasidase alfa-atga, 5 mg	Covered
J1323	Injection, elranatamab-bcmm, 1 mg	Covered
J1434	Injection, fosaprepitant (Focinvez), 1 mg	Noncovered
J2277	Injection, motixafortide, 0.25 mg	Covered
J2782	Injection, avacincapted pegol, 0.1 mg	Covered
J2801	Injection, risperidone (Rykindo), 0.5 mg	Covered
J2919	Injection, methylprednisolone sodium succinate, 5 mg	Covered
J3055	Injection, talquetamab-tgvs, 0.25 mg	Covered
J3424	Injection, hydroxocobalamin, intravenous, 25 mg	Noncovered
J7165	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity	Covered
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Covered
J9073	Injection, cyclophosphamide (Ingenus), 5 mg	Covered
J9074	Injection, cyclophosphamide (Sandoz), 5 mg	Covered
J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg	Covered
J9248	Injection, avacincaptad pegol, 0.1 mg	Noncovered
J9249	Injection, melphalan (Apotex), 1 mg	Noncovered
J9376	Injection, pozelimab-bbfg, 1 mg	Noncovered
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	Covered
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	Covered
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	Covered
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	Covered
Q4305	American amnion AC tri-layer, per square centimeter	Covered
Q4306	American amnion AC, per square centimeter	Covered
Q4307	American amnion, per square centimeter	Covered
Q4308	Sanopellis, per square centimeter	Covered
Q4309	Via matrix, per square centimeter	Covered
Q4310	Procenta, per 100 mg	Covered
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Noncovered
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	Noncovered
S4988	Penile contracture device, manual, greater than 3 lbs traction force	Noncovered
S9002	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	Noncovered

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**QUESTIONS?**

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