

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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## IHCP adds coverage for thyroid cancer genetic tests

Effective Jan. 20, 2023, the Indiana Health Coverage Programs (IHCP) will be adding coverage for the following Current Procedural Terminology (CPT<sup>®1</sup>) codes in Table 1 for the detection of genetic abnormalities related to thyroid cancer.

*Table 1 – Procedure codes for genetic abnormalities related to thyroid cancer, effective Jan. 20, 2023*

<b>Procedure Codes</b>	<b>Code description</b>
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious) (Afirma)
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy") (ThyroSeq)
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high) (ThyroSeq)

Coverage applies to Traditional Medicaid and other IHCP programs that include full Medicaid benefits; the service may not be covered under IHCP plans with limited benefits.

The following reimbursement information applies to the thyroid cancer genetic tests listed in this banner page:

- Pricing: Maximum fee of \$3,600
- Prior authorization (PA): Required

Prior authorization is required for all the CPT codes in Table 1 under fee-for-service (FFS) Medicaid. Thyroid nodule gene expression testing may be medically necessary as indicated under national clinical guidelines.

Reimbursement, PA and billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

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## IHCP to adjust claims for CPT code 81270 in the outpatient setting

The Indiana Health Coverage Programs (IHCP) retroactively added coverage for Current Procedural Terminology (CPT®) code 81270 – *Gene analysis (Janus kinase 2) variant*. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages and for outpatient claims (UB-04 claim form or electronic equivalent) with dates of service (DOS) on or after Jan. 1, 2022.

The following reimbursement information applies:

- Pricing: Maximum fee of \$91.66
- Prior authorization (PA): Required
  - Providers should use the criteria in the IHCP [Genetic Testing](#) provider reference module at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).
- Billing guidance: Standard billing guidance applies.



Reimbursement, PA and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

The claim-processing system has been corrected and claims will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on Remittance Advices (RAs) beginning Jan. 25, 2022, with internal control numbers (ICNs)/Claim IDs with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

## New search tool allows providers to quickly find IHCP information they need

Indiana Health Coverage Programs (IHCP) providers can now quickly find information they need through a robust tool that will search through all IHCP bulletins and banner pages published on or after Jan. 1, 2020, as well as all currently published provider reference modules. This new search tool is available on the [Bulletins, Banner Pages and Reference Modules](#) page (as well as its three subpages) at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Rather than being limited to designated keywords only, as the previous bulletin and banner page search tools were, the new search tool indexes the entire content of each file, allowing users to find documents containing *any* requested word, phrase or number (such as a procedure code). Additionally, the new tool enables users to search bulletins, banner pages and/or provider reference modules simultaneously, within a single search.

Figure 1 – New search tool for provider references

Search Provider References

**Include in search results:**  Banner Pages  Bulletins  Modules

*continued*

To allow for the use of this enhanced search tool, all IHCP bulletins and banner pages published on or after Jan. 1, 2020, have been moved to [IHCP Bulletins](#) and [IHCP Banner Pages](#) at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

For historical purposes, bulletins and banner pages published prior to 2020 will continue to be accessible on the original website, at the [IHCP Bulletin Archive](#) and [IHCP Banner Page Archive](#) pages. Searches of these older documents remain limited to predetermined keywords only.

Although links to the former bulletin and banner pages search tool do automatically redirect to the pages with the new search tool, it is recommended that users update any bookmarks they may have to these pages.

*Note: The header for the Indiana Medicaid website was recently revamped, which may have created some temporary glitches to viewing and scrolling on the site. To ensure that the pages are displaying appropriately, users are urged to perform a hard refresh (Ctrl + F5) of their browser to clear their browser cache and/or history.*

### QUESTIONS?

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

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