

IHCP *bulletin*

Note: This bulletin has been updated. See IHCP Bulletin [BT202122](#). For updated reimbursement rate of code M0243, see IHCP Banner Page [BR202121](#). See IHCP Bulletin [BT2023126](#) for update regarding code C1825.

INDIANA HEALTH COVERAGE PROGRAMS BT202109 FEBRUARY 9, 2021

Coverage and billing information for the 2021 annual HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2021 annual 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 retroactively to dates of service (DOS) on or after January 1, 2021, unless otherwise specified. The bulletin serves as a notice of the following information:



- [Table 1](#): New Current Procedural Terminology (CPT^{®1}), Current Dental Terminology (CDT^{®2}), and other alphanumeric codes included in the 2021 annual HCPCS update. Coverage and billing information for these procedure codes applies to dates of service (DOS) on or after January 1, 2021, unless otherwise specified. For claims with an earlier effective date, providers have 90 days from the date of the publication for managed care claim submission, or 180 days from the date of publication for fee-for-service (FFS) claim submission, in order to bypass timely filing limits. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.
- [Table 2](#): New HCPCS codes for the coronavirus disease 2019 (COVID-19) vaccines that are awaiting coverage dates from the Food and Drug Administration (FDA). Additional guidance will be published at a later date.
- [Table 3](#): New HCPCS codes for testing and treatment of COVID-19.
- [Table 4](#): Newly covered procedure codes carved out of managed care and reimbursable outside the inpatient diagnosis-related group (DRG).
- [Table 5](#): Pricing for newly covered procedure codes that are manually priced.
- [Table 6](#): Newly covered procedure codes linked to revenue code 636.
- [Table 7](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA.

Discontinued codes included in the 2021 annual HCPCS code updates, along with alternate code considerations, are available for reference or download from the [Centers for Medicare & Medicaid Services \(CMS\) website](#) at cms.gov. The IHCP will publish alternate code considerations in a future publication. Consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers for coverage information.

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²CDT copyright 2021 American Dental Association. All rights reserved.

The 2021 annual HCPCS, CPT, and CDT codes will be added to the claim-processing system. Established pricing will be posted on the appropriate [IHCP Fee Schedule](#) and updates will be made to the following code table documents on the [Code Sets](#) page at in.gov/medicaid/providers:



- Dental Services Codes
- Family Planning Eligibility Program Codes
- Hearing Services Codes
- Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG
- Preventive Care Services Excluded from Copayment for HIP and PE Adult
- Procedure Codes That Require National Drug Codes (NDCs)
- Revenue Codes with Special Procedure Code Linkages
- Vision Services Codes

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 PA should be directed to Gainwell Technologies at 1-800-457-4584, option 7. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled. Note that the procedure codes carved out of managed care (Table 3) will follow FFS guidance.

The 2021 annual HCPCS update also includes modifications to descriptions for some existing HCPCS codes. These modifications are available for reference or download from the Centers for Medicare & Medicaid Services (CMS) website at cms.gov. Any modifications to descriptions that affect IHCP reimbursement will be announced at a later date.

Providers may submit, resubmit, or adjust FFS claims that they feel were impacted by the delay in publication.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

TO PRINT

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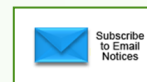


Table 1 – New codes included in the 2021 annual HCPCS update, effective retroactively for DOS on or after January 1, 2021, unless otherwise indicated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
30468	Repair of collapsed nostril using implant in side of nose	Covered	No	No	See Table 5
32408	Core needle biopsy of lung or center cavity of chest (mediastinum), accessed through skin	Covered	No	No	None
33741	Incision of partition between upper chambers of heart to allow blood flow for congenital heart defects, via catheter using imaging guidance	Covered	No	No	See Table 5
33745	Creation of shunt for blood flow within heart for congenital heart defects, via catheter using imaging guidance	Covered	No	No	See Table 5
33746	Creation of additional shunt for blood flow within heart for congenital heart defects, via catheter using imaging guidance	Covered	No	No	See Table 5
33995	Insertion of right lower heart chamber blood flow assist device via vein accessed through skin, including radiological supervision and interpretation	Covered	No	No	See Table 5
33997	Removal of right lower heart chamber blood flow assist device, accessed through skin	Covered	No	No	See Table 5
55880	High-intensity ultrasound destruction of cancerous tissue in prostate gland, accessed through rectum using ultrasound guidance	Covered	No	No	None
57465	Computer-aided mapping of cervix during examination of vagina and cervix using endoscope	Covered	No	No	See Table 5
69705	Dilation of canal between middle ear and throat (eustachian tube) on one side of body, using endoscope inserted through nose	Covered	No	No	See Table 5
69706	Dilation of canal between middle ear and throat (eustachian tube) on both sides of body, using endoscope inserted through nose	Covered	No	No	See Table 5
71271	Low dose CT scan of chest for lung cancer screening	Covered	No	No	See Table 5
76145	Medical physics dose evaluation for radiation exposure, including report	Noncovered	N/A	N/A	N/A
80143	Measurement of acetaminophen	Covered	No	No	None
80151	Measurement of amiodarone	Covered	No	No	None
80161	Measurement of carbamazepine-10,11-epoxide	Covered	No	No	None
80167	Measurement of felbamate	Covered	No	No	None
80179	Measurement of salicylate	Covered	No	No	None
80181	Measurement of flecainide	Covered	No	No	None
80189	Measurement of itraconazole	Covered	No	No	None
80193	Measurement of leflunomide	Covered	No	No	None
80204	Measurement of methotrexate	Covered	No	No	None
80210	Measurement of rufinamide	Covered	No	No	None
81168	Gene analysis (CCND1/IGH (t(11;14))) translocation analysis	Covered	Yes	No	Limit 1 per lifetime See Table 7
81191	Gene analysis (neurotrophic receptor tyrosine kinase 1) translocation analysis	Noncovered	N/A	N/A	N/A
81192	Gene analysis (neurotrophic receptor tyrosine kinase 2) translocation analysis	Noncovered	N/A	N/A	N/A
81193	Gene analysis (neurotrophic receptor tyrosine kinase 3) translocation analysis	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
81194	Gene analysis (neurotrophic receptor tyrosine kinase 1, 2, and 3) translocation analysis	Noncovered	N/A	N/A	N/A
81278	Gene analysis (IGH@/BCL2 (t(14;18)) translocation analysis	Covered	Yes	No	Limit 1 per lifetime See Table 7
81279	Gene analysis (Janus kinase 2) targeted sequence analysis	Covered	Yes	No	Limit 1 per lifetime See Table 7
81338	Gene analysis (MPL proto-oncogene, thrombopoietin receptor) for detection of common variants	Noncovered	N/A	N/A	N/A
81339	Gene analysis (MPL proto-oncogene, thrombopoietin receptor) sequence analysis of exon 10	Noncovered	N/A	N/A	N/A
81347	Gene analysis (splicing factor [3b] subunit B1) for detection of common variants	Noncovered	N/A	N/A	N/A
81348	Gene analysis (serine and arginine-rich splicing factor 2) for detection of common variants	Noncovered	N/A	N/A	N/A
81351	Gene analysis (tumor protein 53) full sequence analysis	Noncovered	N/A	N/A	N/A
81352	Gene analysis (tumor protein 53) targeted sequence analysis	Noncovered	N/A	N/A	N/A
81353	Gene analysis (tumor protein 53) targeted sequence analysis for detection of known familial variant	Noncovered	N/A	N/A	N/A
81357	Gene analysis (U2 small nuclear RNA auxiliary factor 1) for detection of common variants	Noncovered	N/A	N/A	N/A
81360	Gene analysis (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) for detection of common variants	Noncovered	N/A	N/A	N/A
81419	Gene analysis panel for evaluation of genes associated with epilepsy	Noncovered	N/A	N/A	N/A
81513	Measurement of RNA of bacteria in vaginal fluid specimen	Noncovered	N/A	N/A	N/A
81514	Measurement of DNA of bacteria in vaginal fluid specimen	Noncovered	N/A	N/A	N/A
81529	mRNA gene analysis of 13 genes in skin melanoma tissue specimen	Noncovered	N/A	N/A	N/A
81546	mRNA gene analysis of 10,196 genes in fine needle aspiration thyroid specimen, reported as category result (e.g. benign, suspicious)	Noncovered	N/A	N/A	N/A
81554	mRNA gene analysis of 190 genes associated with lung disease (idiopathic pulmonary fibrosis) in transbronchial biopsy specimen of lung	Noncovered	N/A	N/A	N/A
82077	Measurement of alcohol level in specimen other than breath or urine	Covered	No	No	None
82681	Direct measurement of free estradiol (hormone)	Covered	No	No	None
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	Covered for all programs, including limited-benefit programs	No	No	Effective 11/10/2020 See Table 3

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90377	Rabies immune globulin for injection beneath the skin and/or into muscle	Covered	No	No	See Table 6
92229	Imaging of retina for disease detection, with automated review and report at point of care	Covered	No	No	Allowed for Optometrist (provider specialty 180) See Table 5
92517	VEMP testing of lower branch of inner ear nerve with interpretation and report	Noncovered	N/A	N/A	N/A
92518	VEMP testing of upper branch of inner ear nerve with interpretation and report	Noncovered	N/A	N/A	N/A
92519	VEMP testing of upper and lower branches of inner ear nerve with interpretation and report	Noncovered	N/A	N/A	N/A
92650	Screening evaluation of brain response to sound with automated analysis	Covered	No	No	Allowed for Audiologist (provider specialty 200) See Table 5
92651	Evaluation of brain response to sound for determination of hearing status with interpretation and report	Covered	No	No	Allowed for Audiologist (provider specialty 200) See Table 5
92652	Evaluation of brain response to sound for determination of hearing threshold with interpretation and report	Covered	No	No	Allowed for Audiologist (provider specialty 200) See Table 5
92653	Evaluation of brain response to sound for diagnosis of nervous system disorders with interpretation and report	Covered	No	No	Allowed for Audiologist (provider specialty 200) See Table 5
93241	Heart rhythm recording, analysis, report, review, and interpretation of continuous external EKG over more than 48 hours up to 7 days	Covered	No	No	See Table 5
93242	Heart rhythm recording continuous external EKG over more than 48 hours up to 7 days	Covered	No	No	See Table 5
93243	Heart rhythm analysis and report of continuous external EKG over more than 48 hours up to 7 days	Covered	No	No	See Table 5
93244	Heart rhythm review, and interpretation of continuous external EKG over more than 48 hours up to 7 days	Covered	No	No	See Table 5
93245	Heart rhythm recording, analysis, interpretation and report of continuous external EKG over more than 1 week up to 1 weeks	Covered	No	No	See Table 5
93246	Heart rhythm recording of continuous external EKG over 8-15 days	Covered	No	No	See Table 5
93247	Heart rhythm analysis and report of continuous external EKG over 8-15 days	Covered	No	No	See Table 5
93248	Heart rhythm review and interpretation of continuous external EKG over 8-15 days	Covered	No	No	None

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94619	Exercise test for spasm of lung airways	Covered	No	No	None
99417	Prolonged office or other outpatient service by clinical staff, each 15 minutes of total time	Covered	No	No	See Table 5
99439	Chronic care management services, each additional 20 minutes of clinical staff time per calendar month	Noncovered	N/A	N/A	N/A
0017M	Onc DLBCL mRNA fluor prb hybridzn 20 genes alg	Noncovered	N/A	N/A	N/A
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation	Noncovered	N/A	N/A	N/A
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	Noncovered	N/A	N/A	N/A
0229U	BCATt1 (branched chain amino acid transaminase 1) or IKZF1 (Ikaros family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Noncovered	N/A	N/A	N/A
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Noncovered	N/A	N/A	N/A
0231U	CACNA1a (calcium voltage-gated channel subunit alpha 1a) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	Noncovered	N/A	N/A	N/A
0232U	CSTB (cystatin b) (eg, progressive myoclonic epilepsy type 1a, unverricht-lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Noncovered	N/A	N/A	N/A
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Noncovered	N/A	N/A	N/A
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Noncovered	N/A	N/A	N/A

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0235U	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Noncovered	N/A	N/A	N/A
0236U	Smn1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions	Noncovered	N/A	N/A	N/A
0237U	Smn1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions	Noncovered	N/A	N/A	N/A
0238U	Oncology (lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EpCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Noncovered	N/A	N/A	N/A
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	Noncovered	N/A	N/A	N/A
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	Noncovered	N/A	N/A	N/A
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	Noncovered	N/A	N/A	N/A
0620T	Insertion of stent to shunt arterial blood to deep vein of lower leg via catheter using imaging guidance	Noncovered	N/A	N/A	N/A
0621T	Laser incision of drainage tissue within eye (trabecular meshwork)	Noncovered	N/A	N/A	N/A
0622T	Laser incision of drainage tissue within eye (trabecular meshwork) using ocular endoscope	Noncovered	N/A	N/A	N/A
0623T	Preparation, transmission and computerized analysis of CT angiography data on plaque in heart arteries, with review, interpretation, and report	Noncovered	N/A	NA	N/A
0624T	Preparation and transmission of CT angiography data on plaque in heart arteries	Noncovered	N/A	N/A	N/A
0625T	Computerized analysis of CT angiography data on plaque in heart arteries	Noncovered	N/A	N/A	N/A

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0626T	Review of computerized analysis of CT angiography data on plaque in heart arteries, with interpretation, and report	Noncovered	N/A	N/A	N/A
0627T	Injection of cell or tissue-based material into spinal disc of lower back accessed through skin, first level	Noncovered	N/A	N/A	N/A
0628T	Injection of cell or tissue-based material into spinal disc of lower back accessed through skin, each additional level	Noncovered	N/A	N/A	N/A
0629T	Injection of cell or tissue-based material into spinal disc of lower back accessed through skin using CT imaging guidance, first level	Noncovered	N/A	N/A	N/A
0630T	Injection of cell or tissue-based material into spinal disc of lower back accessed through skin using CT imaging guidance, each additional level	Noncovered	N/A	N/A	N/A
0631T	Measurement of oxygenation of limb using visible light imaging, with interpretation and report	Noncovered	N/A	N/A	N/A
0632T	Destruction of nerves to main arteries of lung, accessed through skin via catheter using imaging guidance	Noncovered	N/A	N/A	N/A
0633T	CT of one breast with 3D rendering	Noncovered	N/A	N/A	N/A
0634T	CT of one breast with contrast and 3D rendering	Noncovered	N/A	N/A	N/A
0635T	CT of one breast before and after contrast with 3D rendering	Noncovered	N/A	N/A	N/A
0636T	CT of both breasts with 3D rendering	Noncovered	N/A	N/A	N/A
0637T	CT of both breasts with contrast and 3D rendering	Noncovered	N/A	N/A	N/A
0638T	CT of both breasts before and after contrast with 3D rendering	Noncovered	N/A	N/A	N/A
0639T	Wireless skin sensor evaluation of flow in cerebrospinal fluid shunt using ultrasound guidance	Noncovered	N/A	N/A	N/A
A9591	Fluoroestradiol F 18, diagnostic, 1 millicurie	Noncovered	N/A	N/A	N/A
C1052	Hemostatic agent, gastrointestinal, topical	Covered	No	No	None
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	Noncovered	N/A	N/A	N/A
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Covered	Yes	No	See Table 7
C9068	Copper Cu-64, dotatate, diagnostic, 1 millicurie	Noncovered	N/A	N/A	N/A
C9069	Injection, belantamab mafodotin-blmf, 0.5 mg	Covered	No	Yes	See Table 6
C9070	Injection, tafasitamab-cxix, 2 mg	Covered	No	Yes	See Table 6
C9071	Injection, vitrolarsen, 10 mg	Noncovered	N/A	N/A	N/A
C9072	Injection, immune globulin (asceniv), 500 mg	Covered	No	Yes	See Table 6
C9073	Brexucabtagene autoleucl, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Covered	Yes	Yes	See Table 4 See Table 6 See Table 7
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent	Covered	No	No	None
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	Noncovered	N/A	N/A	N/A
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	Noncovered	N/A	N/A	N/A

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C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Noncovered	N/A	N/A	N/A
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	Noncovered	N/A	N/A	N/A
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	Noncovered	N/A	N/A	N/A
D0604	Antigen testing for a public health related pathogen, including coronavirus	Noncovered	N/A	N/A	N/A
D0605	Antibody testing for a public health related pathogen, including coronavirus	Noncovered	N/A	N/A	N/A
D0701	Panoramic radiographic image - image capture only	Noncovered	N/A	N/A	N/A
D0702	2-D cephalometric radiographic image - image capture only	Noncovered	N/A	N/A	N/A
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	Noncovered	N/A	N/A	N/A
D0704	3-D photographic image - image capture only	Noncovered	N/A	N/A	N/A
D0705	Extra-oral posterior dental radiographic image - image capture only	Noncovered	N/A	N/A	N/A
D0706	Intraoral - occlusal radiographic image - image capture only	Noncovered	N/A	N/A	N/A
D0707	Intraoral - periapical radiographic image - image capture only	Noncovered	N/A	N/A	N/A
D0708	Intraoral - bitewing radiographic image - image capture only	Noncovered	N/A	N/A	N/A
D0709	Intraoral - complete series of radiographic images - image capture only	Noncovered	N/A	N/A	N/A
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Noncovered	N/A	N/A	N/A
D1355	Caries preventive medicament application - per tooth	Covered	No	No	Limit age 1-20 years One application per 183 days See Table 5
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	Noncovered	N/A	N/A	N/A

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D3471	Surgical repair of root resorption - anterior	Covered	No	No	Limit age 1-20 years Limit 1 unit per day Requires tooth number See Table 5
D3472	Surgical repair of root resorption - premolar	Covered	No	No	Limit age 1-20 years Limit 1 unit per day Requires tooth number See Table 5
D3473	Surgical repair of root resorption - molar	Covered	No	No	Limit age 1-20 years Limit 1 unit per day Requires tooth number See Table 5
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Covered	No	No	Limit age 1-20 years Limit 1 unit per day Requires tooth number See Table 5
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Covered	No	No	Limit age 1-20 years Limit 1 unit per day Requires tooth number See Table 5
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Covered	No	No	Limit age 1-20 years Limit 1 unit per day Requires tooth number See Table 5
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	Noncovered	N/A	N/A	N/A
D6191	Semi-precision abutment - placement	Noncovered	N/A	N/A	N/A
D6192	Semi-precision attachment - placement	Noncovered	N/A	N/A	N/A
D7961	Buccal / labial frenectomy (frenulectomy)	Covered	Yes	No	Limit 2 units per date of service See Table 5 See Table 7
D7962	Lingual frenectomy (frenulectomy)	Covered	Yes	No	Limit 2 units per date of service See Table 5 See Table 7
D7993	Surgical placement of craniofacial implant - extra oral	Noncovered	N/A	N/A	N/A
D7994	Surgical placement: zygomatic implant	Noncovered	N/A	N/A	N/A
G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	Noncovered	N/A	N/A	N/A
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	Noncovered	N/A	N/A	N/A
G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	Noncovered	N/A	N/A	N/A
G2173	URI episodes where the patient had a competing comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	Noncovered	N/A	N/A	N/A
G2174	URI episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to or on the episode date	Noncovered	N/A	N/A	N/A
G2175	Episodes where the patient had a competing comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	Noncovered	N/A	N/A	N/A
G2176	Outpatient, ed, or observation visits that result in an inpatient admission	Noncovered	N/A	N/A	N/A
G2177	Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to or on the episode date	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2178	Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee; patient has condition that would not allow them to accurately respond to a neurological exam (dementia, alzheimer's, etc.); patient has previously documented diabetic peripheral neuropathy with loss of protective sensation	Noncovered	N/A	N/A	N/A
G2179	Clinician documented that patient had medical reason for not performing lower extremity neurological exam	Noncovered	N/A	N/A	N/A
G2180	Clinician documented that patient was not an eligible candidate for evaluation of footwear as patient is bilateral lower extremity amputee	Noncovered	N/A	N/A	N/A
G2181	Bmi not documented due to medical reason or patient refusal of height or weight measurement	Noncovered	N/A	N/A	N/A
G2182	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy	Noncovered	N/A	N/A	N/A
G2183	Documentation patient unable to communicate and informant not available	Noncovered	N/A	N/A	N/A
G2184	Patient does not have a caregiver	Noncovered	N/A	N/A	N/A
G2185	Documentation caregiver is trained and certified in dementia care	Noncovered	N/A	N/A	N/A
G2186	Patient/caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed	Noncovered	N/A	N/A	N/A
G2187	Patients with clinical indications for imaging of the head: head trauma	Noncovered	N/A	N/A	N/A
G2188	Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age	Noncovered	N/A	N/A	N/A
G2189	Patients with clinical indications for imaging of the head: abnormal neurologic exam	Noncovered	N/A	N/A	N/A
G2190	Patients with clinical indications for imaging of the head: headache radiating to the neck	Noncovered	N/A	N/A	N/A
G2191	Patients with clinical indications for imaging of the head: positional headaches	Noncovered	N/A	N/A	N/A
G2192	Patients with clinical indications for imaging of the head: temporal headaches in patients over 55 years of age	Noncovered	N/A	N/A	N/A
G2193	Patients with clinical indications for imaging of the head: new onset headache in pre-school children or younger (<6 years of age)	Noncovered	N/A	N/A	N/A
G2194	Patients with clinical indications for imaging of the head: new onset headache in pediatric patients with disabilities for which headache is a concern as inferred from behavior	Noncovered	N/A	N/A	N/A
G2195	Patients with clinical indications for imaging of the head: occipital headache in children	Noncovered	N/A	N/A	N/A
G2196	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2197	Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user	Noncovered	N/A	N/A	N/A
G2198	Documentation of medical reason(s) for not screening for unhealthy alcohol use using a systematic screening method (e.g., limited life expectancy, other medical reasons)	Noncovered	N/A	N/A	N/A
G2199	Patient not screened for unhealthy alcohol use using a systematic screening method, reason not given	Noncovered	N/A	N/A	N/A
G2200	Patient identified as an unhealthy alcohol user received brief counseling	Noncovered	N/A	N/A	N/A
G2201	Documentation of medical reason(s) for not providing brief counseling (e.g., limited life expectancy, other medical reasons)	Noncovered	N/A	N/A	N/A
G2202	Patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given	Noncovered	N/A	N/A	N/A
G2203	Documentation of medical reason(s) for not providing brief counseling if identified as an unhealthy alcohol user (e.g., limited life expectancy, other medical reasons)	Noncovered	N/A	N/A	N/A
G2204	Patients between 50 and 85 years of age who received a screening colonoscopy during the performance period	Noncovered	N/A	N/A	N/A
G2205	Patients with pregnancy during adjuvant treatment course	Noncovered	N/A	N/A	N/A
G2206	Patient received adjuvant treatment course including both chemotherapy and HER2-targeted therapy	Noncovered	N/A	N/A	N/A
G2207	Reason for not administering adjuvant treatment course including both chemotherapy and HER2-targeted therapy (e.g. poor performance status (ecog 3-4; karnofsky =50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course)	Noncovered	N/A	N/A	N/A
G2208	Patient did not receive adjuvant treatment course including both chemotherapy and HER2-targeted therapy	Noncovered	N/A	N/A	N/A
G2209	Patient refused to participate	Noncovered	N/A	N/A	N/A
G2210	Risk-adjusted functional status change residual score for the neck impairment not measured because the patient did not complete the neck FS PROM at initial evaluation and/or near discharge, reason not given	Noncovered	N/A	N/A	N/A
G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (do not report G2212 for any time unit less than 15 minutes)	Noncovered	N/A	N/A	N/A
G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
G2215	Take-home supply of nasal naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Noncovered	N/A	N/A	N/A
G2216	Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Noncovered	N/A	N/A	N/A
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	Noncovered	N/A	N/A	N/A
G2251	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2252	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Noncovered	N/A	N/A	N/A
J0693	Injection, cefiderocol, 5 mg	Covered	No	Yes	See Table 6
J1823	Injection, inebilizumab-cdon, 1 mg	Covered	No	Yes	See Table 6
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 microgram	Covered	No	Yes	See Table 4 See Table 5 See Table 6
J7352	Afamelanotide implant, 1 mg	Noncovered	N/A	N/A	N/A
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Covered	No	Yes	See Table 6
J9223	Injection, lurbinectedin, 0.1 mg	Covered	No	Yes	See Table 6
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Covered	No	Yes	See Table 6
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Covered	No	Yes	See Table 6
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Covered	No	Yes	See Table 6
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	Covered	No	No	Effective 11/10/2020 Limit age 18 years and older See Table 3 See Table 6
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	Covered	No	No	Effective 11/21/2020 Limit age 18 years and older See Table 3 See Table 6
M1145	Most favored nation (MFN) model drug add-on amount, per dose, (do not bill with line items that have the JW modifier)	Noncovered	N/A	N/A	N/A
M1146	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	Noncovered	N/A	N/A	N/A
M1147	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
M1148	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Noncovered	N/A	N/A	N/A
M1149	Patient unable to complete the neck fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available	Noncovered	N/A	N/A	N/A
Q0239	Injection, bamlanivimab-xxxx, 700 mg	Covered	No	Yes	Effective 11/10/2020 See Table 3 See Table 6
Q0243	Injection, casirivimab and imdevimab, 2400 mg	Covered	No	Yes	Effective 11/21/2020 See Table 3 See Table 6
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg	Covered	No	Yes	See Table 6
S0013	Esketamine, nasal spray, 1 mg	Covered	Yes	Yes	See Table 6 See Table 7
U0005	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2	Covered for all programs, including limited-benefit programs	No	No	See Table 3

Table 2 – New COVID-19 vaccine procedure codes awaiting effective dates

Procedure code	Description
91302	Sarscov2 vac 5x1010vp/.5ml im
0021A	Adm sarscov2 5x1010vp/.5ml 1
0022A	Adm sarscov2 5x1010vp/.5ml 2

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Table 3 – New COVID-19 codes related to treatment and testing of COVID-19

Procedure code	Description	Effective date	Reimbursement notes
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	11/10/2020	Copay Exempt for Healthy Indiana Plan (HIP) and Presumptive Eligibility (PE) Adult (no diagnosis match required) <i>Professional Claim:</i> \$63.59 (rate effective 11/10/2020) <i>Outpatient Claim:</i> \$63.59 (rate effective 11/10/2020)
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	11/10/2020	<i>Professional Claim:</i> \$309.60 (rate effective 11/10/2020 through 12/31/2020) \$278.98 (rate effective 1/1/2021) <i>Outpatient Claim:</i> \$309.60 (rate effective 11/10/2020 through 12/31/2020) \$310.75 (rate effective 1/1/2021)
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	11/21/2020	<i>Professional Claim:</i> \$309.60 (rate effective 11/21/2020 through 12/31/2020) \$278.98 (rate effective 1/1/2021) <i>Outpatient Claim:</i> \$309.60 (rate effective 11/21/2020 through 12/31/2020) \$310.75 (rate effective 1/1/2021)
Q0239	Injection, bamlanivimab-xxxx, 700 mg	11/10/2020	\$0.00**
Q0243	Injection, casirivimab and imdevimab, 2400 mg	11/21/2020	\$0.00**
U0005	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2	1/1/2021	Copay Exempt for HIP and PE Adult (no diagnosis match required) \$25.00

** Providers should note that these drugs are available at no charge to providers at this time. Therefore, the IHCP will pay zero until further notice.

Table 4 – Newly covered procedure codes carved out of managed care and reimbursable outside the inpatient DRG, effective for DOS on or after January 1, 2021

Procedure code	Description
C9073	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 microgram

Table 5 – Pricing percentages for newly covered procedure codes that are manually priced

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a professional or dental claim	Amount reimbursed as % of billed charges when billed on an outpatient claim
30468	Repair of collapsed nostril using implant in side of nose	20%	N/A
33741	Incision of partition between upper chambers of heart to allow blood flow for congenital heart defects, via catheter using imaging guidance	N/A	10%
33745	Creation of shunt for blood flow within heart for congenital heart defects, via catheter using imaging guidance	N/A	10%
33746	Creation of additional shunt for blood flow within heart for congenital heart defects, via catheter using imaging guidance	N/A	10%
33995	Insertion of right lower heart chamber blood flow assist device via vein accessed through skin, including radiological supervision and interpretation	N/A	10%
33997	Removal of right lower heart chamber blood flow assist device, accessed through skin	N/A	10%
57465	Computer-aided mapping of cervix during examination of vagina and cervix using endoscope	N/A	10%
69705	Dilation of canal between middle ear and throat (eustachian tube) on one side of body, using endoscope inserted through nose	20%	N/A
69706	Dilation of canal between middle ear and throat (eustachian tube) on both sides of body, using endoscope inserted through nose	20%	N/A
71271	Low dose CT scan of chest for lung cancer screening	N/A	15%
92229	Imaging of retina for disease detection, with automated review and report at point of care	40%	15%
92650	Screening evaluation of brain response to sound with automated analysis	N/A	15%
92651	Evaluation of brain response to sound for determination of hearing status with interpretation and report	N/A	15%
92652	Evaluation of brain response to sound for determination of hearing threshold with interpretation and report	N/A	15%
92653	Evaluation of brain response to sound for diagnosis of nervous system disorders with interpretation and report	N/A	15%
93241	Heart rhythm recording, analysis, report, review, and interpretation of continuous external EKG over more than 48 hours up to 7 days	40%	15%
93242	Heart rhythm recording continuous external EKG over more than 48 hours up to 7 days	N/A	15%
93243	Heart rhythm analysis and report of continuous external EKG over more than 48 hours up to 7 days	40%	15%

Table 5 – Pricing percentages for newly covered procedure codes that are manually priced

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a professional or dental claim	Amount reimbursed as % of billed charges when billed on an outpatient claim
93244	Heart rhythm review, and interpretation of continuous external EKG over more than 48 hours up to 7 days	N/A	15%
93245	Heart rhythm recording, analysis, interpretation and report of continuous external EKG over more than 1 week up to 1 weeks	40%	15%
93246	Heart rhythm recording of continuous external EKG over 8-15 days	N/A	15%
93247	Heart rhythm analysis and report of continuous external EKG over 8-15 days	40%	15%
99417	Prolonged office or other outpatient service by clinical staff, each 15 minutes of total time	40%	N/A
D1355	Caries preventive medicament application - per tooth	90%	N/A
D3471	Surgical repair of root resorption - anterior	90%	N/A
D3472	Surgical repair of root resorption - premolar	90%	N/A
D3473	Surgical repair of root resorption - molar	90%	N/A
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	90%	N/A
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	90%	N/A
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	90%	N/A
D7961	Buccal / labial frenectomy (frenulectomy)	90%	N/A
D7962	Lingual frenectomy (frenulectomy)	90%	N/A
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 microgram	State Maximum Allowable Costs (SMAC) pricing	State Maximum Allowable Costs (SMAC) pricing

Table 6 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
90377	Rabies immune globulin for injection beneath the skin and/or into muscle
C9069	Injection, belantamab mafodotin-blmf, 0.5 mg
C9070	Injection, tafasitamab-cxix, 2 mg
C9072	Injection, immune globulin (asceniv), 500 mg
C9073	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
J0693	Injection, cefiderocol, 5 mg
J1823	Injection, inebilizumab-cdon, 1 mg
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 microgram
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
J9223	Injection, lurbinectedin, 0.1 mg
J9281	Mitomycin pyelocalyceal instillation, 1 mg
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring

Table 6 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring
Q0239	Injection, bamlanivimab-xxxx, 700 mg
Q0243	Injection, casirivimab and imdevimab, 2400 mg
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg
S0013	Esketamine, nasal spray, 1 mg

Table 7 – Available PA criteria for newly covered procedure codes that require PA

Procedure code	Description	PA criteria
81168	Gene analysis (CCND1/IGH (t(11;14))) translocation analysis	See the Genetic Testing provider reference module
81278	Gene analysis (IGH@/BCL2 (t(14;18)) translocation analysis	See the Genetic Testing provider reference module
81279	Gene analysis (Janus kinase 2) targeted sequence analysis	See the Genetic Testing provider reference module
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	See the Durable and Home Medical Equipment and Supplies and Surgical Services provider reference modules
C9073	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Member must be least 18 years of age with a diagnosis of relapsed or refractory mantle cell lymphoma (MCL)
D7961	Buccal / labial frenectomy (frenulectomy)	See the Dental Services provider reference module
D7962	Lingual frenectomy (frenulectomy)	See the Dental Services provider reference module
S0013	Esketamine, nasal spray, 1 mg	Member must be at least 18 years of age or older and taking an oral antidepressant.