

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202190 SEPTEMBER 30, 2021

Coverage and billing information for the October 2021 HCPCS code update

The Indiana Health Coverage Programs (IHCP) has reviewed the October 2021 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 Oct. 1, 2021, unless otherwise specified. The bulletin serves as a notice of the following information:



- [Table 1](#): New Current Procedural Terminology (CPT^{®1}) and other alphanumeric codes included in the October 2021 HCPCS update. Coverage and billing information for these procedure codes applies to dates of service (DOS) on or after Oct. 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, 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](#): Newly covered procedure codes carved out of managed care and reimbursable outside the inpatient diagnosis-related group (DRG).
- [Table 3](#): New HCPCS codes for the coronavirus disease 2019 (COVID-19). Providers have 90 days from the date of the publication for managed care claim submission, or 180 days from the date of publication for FFS claim submission, 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 4](#): Identifies new skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate.
- [Table 5](#): Newly covered procedure codes linked to revenue code 636 – *Drugs requiring detailed coding*.
- [Table 6](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA.
- [Table 7](#): Long-term care (LTC) durable medical equipment (DME) and supply codes included in the LTC facility per diem rate.
- [Table 8](#): Alternate procedure codes to be used in place of codes that have been discontinued.
- [Table 9](#): Procedure codes with manual pricing information.

Discontinued codes included in the October 2021 HCPCS code updates, along with alternate code considerations, are available for reference or download from the [Centers for Medicare & Medicaid Services \(CMS\) website](https://www.cms.gov) at cms.gov. For coverage information, consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

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The October 2021 HCPCS and CPT 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:

- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Procedure Codes That Require Attachments*
- *Revenue Codes with Special Procedure Code Linkages*
- *Podiatry Services Codes*
- *Durable and Home Medical Equipment and Supplies Codes*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group*
- *Family Planning Eligibility Program Codes*



The LTC DME Per Diem Table, accessible from the [Long-Term Care Per Diem Table](#) page at in.gov/medicaid/providers, will also be updated.

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 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 2) will follow FFS guidance. The October 2021 HCPCS update also includes modifications to descriptions for some existing HCPCS codes. These modifications are available for reference or download from the [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 800-457-4584.

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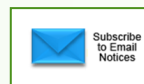


Table 1 – New codes included in the 2021 quarterly HCPCS update, effective for DOS on or after October 1, 2021, unless otherwise indicated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Noncovered	N/A	N/A	N/A
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score	Noncovered	N/A	N/A	N/A
0256U	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report	Noncovered	N/A	N/A	N/A
0257U	Very long chain acyl-coenzyme a (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood	Noncovered	N/A	N/A	N/A
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	Noncovered	N/A	N/A	N/A
0259U	Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration r	Noncovered	N/A	N/A	N/A
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	Noncovered	N/A	N/A	N/A
0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CDd3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score	Noncovered	N/A	N/A	N/A
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score	Noncovered	N/A	N/A	N/A
0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocystein	Noncovered	N/A	N/A	N/A

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"Noncovered" indicates that the IHCP does not cover the service for any programs.

** Providers should note that the COVID-19 monoclonal antibody treatment reported with procedure code Q0240 is available at no charge to providers at this time. Therefore, the IHCP will pay at zero until further notice.

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

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	Noncovered	N/A	N/A	N/A
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy numb	Noncovered	N/A	N/A	N/A
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes	Noncovered	N/A	N/A	N/A
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	Noncovered	N/A	N/A	N/A
0268U	Hematology (atypical hemolytic uremic syndrome [AHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	Noncovered	N/A	N/A	N/A
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	Noncovered	N/A	N/A	N/A
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	Noncovered	N/A	N/A	N/A
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	Noncovered	N/A	N/A	N/A
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	Noncovered	N/A	N/A	N/A
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid.	Noncovered	N/A	N/A	N/A
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	Noncovered	N/A	N/A	N/A
0275U	Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum	Noncovered	N/A	N/A	N/A
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	Noncovered	N/A	N/A	N/A
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid	Noncovered	N/A	N/A	N/A
0279U	Hematology (von Willebrand disease [vWF]), von Willebrand factor (vWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding	Noncovered	N/A	N/A	N/A
0280U	Hematology (von Willebrand disease [vWF]), von Willebrand factor (vWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding	Noncovered	N/A	N/A	N/A
0281U	Hematology (von Willebrand disease [vWF]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of Von Willebrand factor (vWF) propeptide antigen level	Noncovered	N/A	N/A	N/A
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	Noncovered	N/A	N/A	N/A
0283U	Von Willebrand factor (vWF), type 2b, platelet-binding evaluation, radioimmunoassay, plasma	Noncovered	N/A	N/A	N/A
0284U	Von Willebrand factor (vWF), type 2n, factor VIII and vWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma	Noncovered	N/A	N/A	N/A
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	Covered	No	No	Allowed for DME (provider specialty 250) See Table 9
C1831	Personalized, anterior and lateral interbody cage (implantable)	Noncovered	N/A	N/A	N/A
C9081	Idecabtagene vicleucel, up to 460 million autologous anti-BCMA CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Covered	Yes	Yes	See Table 2 See Table 5 See Table 6
C9082	Injection, dostarlimab-gxly, 100 mg	Covered	No	Yes	See Table 5
C9083	Injection, amivantamab-vmjw, 10 mg	Covered	No	Yes	See Table 5
C9084	Injection, loncastuximab tesirine-lpyl, 0.1 mg	Covered	No	Yes	See Table 5
C9779	Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed	Covered	No	No	None
C9780	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance	Noncovered	N/A	N/A	N/A
J0699	Injection, cefiderocol, 10 mg	Covered	No	Yes	See Table 5 See Table 8
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	Covered	No	Yes	See Table 5 See Table 8

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
J1305	Injection, evinacumab-dgnb, 5mg	Covered	Yes	Yes	See Table 5 See Table 6 See Table 8
J1426	Injection, casimersen, 10 mg	Covered	Yes	Yes	See Table 2 See Table 5 See Table 6 See Table 8
J1445	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron	Noncovered	N/A	N/A	N/A
J1448	Injection, trilaciclib, 1mg	Covered	No	Yes	See Table 5 See Table 8
J2406	Injection, oritavancin (Kimyrsa), 10 mg	Covered	No	Yes	See Table 5
J7294	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	Covered and includes: • Family Planning Eligibility Program • Presumptive Eligibility (PE) Family Planning Only	No	Yes	See Table 5 See Table 8
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Covered and includes: • Family Planning Eligibility Program • Presumptive Eligibility (PE) Family Planning Only	No	Yes	See Table 5 See Table 8
J9247	Injection, melphalan flufenamide, 1mg	Covered	No	Yes	See Table 5 See Table 8
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	Covered	No	Yes	See Table 5 See Table 8
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Covered	No	Yes	See Table 5 See Table 8
K1021	Exsufflation belt, includes all supplies and accessories	Noncovered	N/A	N/A	N/A
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Noncovered	N/A	N/A	N/A
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	Noncovered	N/A	N/A	N/A

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

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	Covered	Yes	No	Allowed for HME (provider specialty 251) See Table 6 See Table 9
K1025	Non-pneumatic sequential compression garment, full arm	Covered	Yes	No	Allowed for HME (provider specialty 251) See Table 6 See Table 9
K1026	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Noncovered	N/A	N/A	N/A
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	Covered	Yes	No	Allowed for DME (provider specialty 250) See Table 6 See Table 9
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	Covered	No	No	Effective 7/30/2021 Limited to ages 12 years and older See Table 3 See Table 5
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency, subsequent repeat doses	Covered	No	No	Effective 7/30/2021 Limited to ages 12 years and older See Table 3 See Table 5
P9025	Plasma, cryoprecipitate reduced, pathogen reduced, each unit	Covered	No	No	None
P9026	Cryoprecipitated fibrinogen complex, pathogen reduced, each unit	Covered	No	No	None
Q0240**	Injection, casirivimab and imdevimab, 600 mg	Covered	No	Yes	Effective 7/30/2021 See Table 3 See Table 5
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Covered	Yes	Yes	See Table 2 See Table 5 See Table 6 See Table 8
Q4251	Vim, per square centimeter	Covered	No	No	Allowed for Podiatrists (provider specialty 140) See Table 4 See Table 5

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

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
Q4252	Vendaje, per square centimeter	Covered	No	No	Allowed for Podiatrists (provider specialty 140) See Table 4 See Table 5
Q4253	Zenith amniotic membrane, per square centimeter	Covered	No	No	Allowed for Podiatrists (provider specialty 140) See Table 4 See Table 5
Q9004	Department of Veterans Affairs whole health partner services	Noncovered	N/A	N/A	N/A
S9432	Medical foods for non-inborn errors of metabolism	Covered	Yes	No	Allowed for DME (provider specialty 250) See Table 6 See Table 9

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** Providers should note that the COVID-19 monoclonal antibody treatment reported with procedure code Q0240 is available at no charge to providers at this time. Therefore, the IHCP will pay at zero until further notice.

Table 2 – Newly covered procedure codes carved out of managed care and reimbursable outside the inpatient DRG

Procedure code	Description
C9081	Idecabtagene vicleucel, up to 460 million autologous anti-BCMA CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
J1426	Injection, casimersen, 10 mg
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Table 3 – New procedure codes related to COVID-19

Procedure code	Description	Effective date
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	7/30/2021
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency, subsequent repeat doses	7/30/2021
Q0240	Injection, casirivimab and imdevimab, 600 mg	7/30/2021

Table 4 – New skin-substitute procedure codes reimbursed a flat, statewide, per-unit rate

Procedure code	Description
Q4251	Vim, per square centimeter
Q4252	Vendaje, per square centimeter
Q4253	Zenith amniotic membrane, per square centimeter

Table 5 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
C9081	Idecabtagene vicleucel, up to 460 million autologous anti-BCMA CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
C9082	Injection, dostarlimab-gxly, 100 mg
C9083	Injection, amivantamab-vmjw, 10 mg
C9084	Injection, loncastuximab tesirine-lpyl, 0.1 mg
J0699	Injection, cefiderocol, 10 mg
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg
J1305	Injection, evinacumab-dgnb, 5mg
J1426	Injection, casimersen, 10 mg
J1448	Injection, trilaciclib, 1mg
J2406	Injection, oritavancin (kimyrsa), 10 mg
J7294	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each
J9247	Injection, melphalan flufenamide, 1mg
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg
J9319	Injection, romidepsin, lyophilized, 0.1 mg
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency, subsequent repeat doses

Table 5 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
Q0240	Injection, casirivimab and imdevimab, 600 mg
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q4251	Vim, per square centimeter
Q4252	Vendaje, per square centimeter
Q4253	Zenith amniotic membrane, per square centimeter

Table 6 – Available PA criteria for newly covered procedure codes that require PA

Procedure code	Description	PA criteria
C9081	Idecabtagene vicleucel, up to 460 million autologous anti-BCMA CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	<ul style="list-style-type: none"> • Member has not previously received the specified chimeric antigen receptor T-Cell (CAR-T) treatment • Member will be administered the specified CAR-T treatment: <ul style="list-style-type: none"> – At a facility that is Risk Evaluation and Mitigation Strategy (REMS) Program-certified for the specified CAR-T treatment – By healthcare providers that have successfully completed the specified CAR-T REMS Program Knowledge Assessment • Member is: <ul style="list-style-type: none"> – At least 18 years of age with a diagnosis of relapsed or refractory multiple myeloma after four or more prior lines of therapy, including the following: <ul style="list-style-type: none"> ➢ Immunomodulatory agent ➢ Proteasome inhibitor ➢ Anti-CD38 monoclonal antibody
J1305	Injection, evinacumab-dgnb, 5 mg	<ul style="list-style-type: none"> • Initial authorization must meet all the following: <ul style="list-style-type: none"> – Diagnosis of homozygous familial hypercholesterolemia (HoFH) – Member is 12 years of age or older – One of the following: <ul style="list-style-type: none"> ➢ Trial and failure of Praluent (alirocumab) or Repatha (evolocumab) ➢ Medical rationale for use of Evkeeza (evinacumab-dgnb) over Praluent (alirocumab) or Repatha (evolocumab) [unless under 13 years of age] – Concurrent use of at least one additional lipid-lowering therapy – Dose does not exceed 15 mg/kg every four weeks • Reauthorization must meet all the following: <ul style="list-style-type: none"> – History of Evkeeza (evinacumab-dgnb) within the past 90 days – Dose does not exceed 15 mg/kg every four weeks

Table 6 – Available PA criteria for newly covered procedure codes that require PA

Procedure code	Description	PA criteria
J1426	Injection, casimersen, 10 mg	<ul style="list-style-type: none"> • Diagnosis of Duchenne muscular dystrophy (DMD) with confirmed mutation of the DMD gene that is amenable to exon 45 skipping • Dose is 30 mg/kg once weekly (weight must be provided to confirm dose) <ul style="list-style-type: none"> – Prescriber must provide documentation of current clinical status to compare upon reevaluations of therapy (for example, Brooke Score, six-minute walk test, and so on)
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	Use nationally recognized standards
K1025	Non-pneumatic sequential compression garment, full arm	Use nationally recognized standards
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	Use nationally recognized standards
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	<ul style="list-style-type: none"> • Member is at least 18 years of age with a diagnosis of relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including any of the following: <ul style="list-style-type: none"> – Diffuse large B-cell lymphoma (DLBCL) not otherwise specified <ul style="list-style-type: none"> ➢ Including DLBCL arising from indolent lymphoma – Primary mediastinal large B-cell lymphoma – High grade B-cell lymphoma – Follicular lymphoma grade 3B • Member does not have a diagnosis of primary central nervous system lymphoma.
S9432	Medical foods for non-inborn errors of metabolism	<p>Coverage is not available in cases of routine or ordinary nutritional needs. Providers must include additional documentation supporting medical necessity for special nutrients.</p> <ul style="list-style-type: none"> • Initial PA criteria: <ul style="list-style-type: none"> – Diagnosis: cystic fibrosis (CF) with exocrine pancreatic insufficiency (EPI) – Baseline weight and height – Baseline body mass index (BMI) – Age 5 through 17 years old – Prior use of daily pancreatic enzyme medication/therapy • Continued PA criteria at 12 months: <ul style="list-style-type: none"> – Weight and height – BMI

Table 7 – LTC DME and supply codes included in the LTC facility per diem rate

Procedure code	Description
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure
K1025	Non-pneumatic sequential compression garment, full arm
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment

Table 8 – Alternate procedure codes to be used in place of codes that have been discontinued

Discontinued procedure code	Description	Alternate code consideration
C9065	Injection, romidepsin, non-lyophilized (e.g. liquid), 1mg	J9318
C9075	Injection, casimersen, 10 mg	J1426
C9076	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Q2054
C9077	Injection, cabotegravir and rilpivirine, 2mg/3mg	J0741
C9078	Injection, trilaciclib, 1 mg	J1448
C9079	Injection, evinacumab-dgnb, 5 mg	J1305
C9080	Injection, melphalan flufenamide hydrochloride, 1 mg	J9247
J0693	Injection, cefiderocol, 5 mg	J0699
J7303	Contraceptive supply, hormone containing vaginal ring, each	J7294, J7295
J9315	Injection, romidepsin, 1 mg	J9319

Table 9 – Procedure codes with manual pricing information

Procedure code	Description	Manual pricing
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	Professional - 75% MSRP/120% cost invoice
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	Professional - 75% MSRP/120% cost invoice
K1025	Non-pneumatic sequential compression garment, full arm	Professional - 75% MSRP/120% cost invoice
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	Professional - 75% MSRP/120% cost invoice
S9432	Medical foods for non-inborn errors of metabolism	Professional - 75% MSRP/120% cost invoice