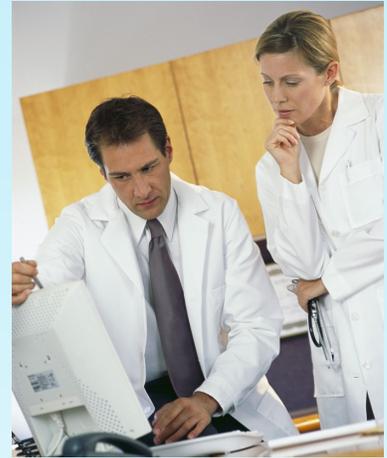


# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202084    JUNE 30, 2020

## July 2020 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective July 1, 2020, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines.



- [Table 1](#) provides a list of new codes contained in the quarterly update, along with code descriptions, program coverage, prior authorization (PA) requirements, National Drug Code (NDC) requirements, and any special billing instructions. For reimbursement consideration, covered codes may be billed for dates of service (DOS) on or after July 1, 2020.
- [Table 2](#) identifies new skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate, effective for DOS on or after July 1, 2020.
- [Table 3](#) identifies newly covered codes from Table 1 for which separate reimbursement is allowed when billed with revenue code 636 – *Drugs requiring detailed coding for separate reimbursement in an outpatient setting*. For reimbursement consideration, providers may bill these procedure codes and the revenue code together, as appropriate, for DOS on or after July 1, 2020. *Revenue Codes with Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers), will be updated with this information.
- [Table 4](#) presents pricing for newly covered procedure codes that are manually priced.
- [Table 5](#) identifies newly covered procedure codes to be carved out of managed care and reimbursed outside the diagnosis-related group (DRG).
- [Table 6](#) identifies newly covered procedure codes that require PA and available PA criteria.

The July 1, 2020 quarterly HCPCS and Current Procedural Terminology (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](http://in.gov/medicaid/providers):

- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG*
- *Podiatry Services Codes*
- *Procedure Codes That Require NDCs*
- *Revenue Codes with Special Procedure Code Linkages*

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery

system. Questions about FFS PA should be directed to the DXC Prior Authorization Unit 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.

The July 1, 2020, quarterly HCPCS update also includes a list of deleted codes. These codes are available for reference or download from the [CMS website](#) at cms.gov. The CMS has not yet published the alternative codes associated with the deleted codes. After this information is announced by the CMS, the IHCP will issue a publication listing any IHCP covered codes that were deleted for which there are associated codes effective as of July 1, 2020.

The IHCP is awaiting the final posting of the CMS Outpatient Fee Schedule, which could affect pricing for some codes. The IHCP will issue a publication detailing any additional pricing information after final calculations are completed.

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#### QUESTIONS?

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

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Table 1 – New HCPCS codes, effective for DOS on or after July 1, 2020, unless otherwise noted

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Covered	Yes	No	See Tables <a href="#">4</a> and <a href="#">6</a>
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	Noncovered	N/A	N/A	N/A
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement replacement	Noncovered	N/A	N/A	N/A
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	Noncovered	N/A	N/A	N/A
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity) each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Noncovered	N/A	N/A	N/A
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	Noncovered	N/A	N/A	N/A
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	Noncovered	N/A	N/A	N/A
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	Noncovered	N/A	N/A	N/A
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	Noncovered	N/A	N/A	N/A
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	Noncovered	N/A	N/A	N/A
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	Covered	No	No	See <a href="#">Table 4</a>
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment analysis of data received and transmission of reports to the physician or other qualified health care professional analysis of data received and transmission of reports to the physician or other qualified health care professional	Covered	No	No	See <a href="#">Table 4</a>
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Noncovered	N/A	N/A	N/A
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs transmission of biomarker data for software analysis	Noncovered	N/A	N/A	N/A
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs interpretation and report	Noncovered	N/A	N/A	N/A
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	Noncovered	N/A	N/A	N/A
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	Covered	No	No	See <a href="#">Table 4</a>
0615T	Eye-movement analysis without spatial calibration, with interpretation and report	Covered	No	No	See <a href="#">Table 4</a>
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	Noncovered	N/A	N/A	N/A
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens with removal of crystalline lens and insertion of intraocular lens	Noncovered	N/A	N/A	N/A
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens with secondary intraocular lens placement or intraocular lens exchange	Noncovered	N/A	N/A	N/A
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	Covered	No	No	See <a href="#">Table 4</a>
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) and analysis of homologous recombination deficiency pathways, dna, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	Noncovered	N/A	N/A	N/A
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Noncovered	N/A	N/A	N/A
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	Noncovered	N/A	N/A	N/A
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0176U	Cytolethal distending toxin B (cdtB) and vinculin igg antibodies by immunoassay (ie, elisa)	Noncovered	N/A	N/A	N/A
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CAgene mutation status	Noncovered	N/A	N/A	N/A
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (elisa), blood, report of minimum eliciting exposure for a clinical reaction	Noncovered	N/A	N/A	N/A
0179U	Oncology (non-small cell lung cancer), cell-free dna, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	Noncovered	N/A	N/A	N/A
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis sanger/chain termination/conventional sequencing, abo (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	Noncovered	N/A	N/A	N/A
0181U	Red cell antigen (Colton blood group) genotyping (Co), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	Noncovered	N/A	N/A	N/A
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [cromer blood group]) exons 1-10	Noncovered	N/A	N/A	N/A
0183U	Red cell antigen (Diego blood group) genotyping (Di), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	Noncovered	N/A	N/A	N/A
0184U	Red cell antigen (Dombrock blood group) genotyping (Do), gene analysis, ART4 (adp-ribosyltransferase 4 [Dombrock blood group]) exon 2	Noncovered	N/A	N/A	N/A
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	Noncovered	N/A	N/A	N/A
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	Noncovered	N/A	N/A	N/A
0187U	Red cell antigen (Duffy blood group) genotyping (Fy), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	Noncovered	N/A	N/A	N/A
0188U	Red cell antigen (Gerbich blood group) genotyping (Ge), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	Noncovered	N/A	N/A	N/A
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	Noncovered	N/A	N/A	N/A
0191U	Red cell antigen (Indian blood group) genotyping (In), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	Noncovered	N/A	N/A	N/A
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14a1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	Noncovered	N/A	N/A	N/A
0193U	Red cell antigen (Jr blood group) genotyping (Jr), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	Noncovered	N/A	N/A	N/A
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	Noncovered	N/A	N/A	N/A
0195U	K:F1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	Noncovered	N/A	N/A	N/A
0196U	Red cell antigen (Lutheran blood group) genotyping (Lu), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	Noncovered	N/A	N/A	N/A
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	Noncovered	N/A	N/A	N/A
0198U	Red cell antigen (Rh blood group) genotyping (RHD and RHCE), gene analysis sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	Noncovered	N/A	N/A	N/A
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	Noncovered	N/A	N/A	N/A
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	Noncovered	N/A	N/A	N/A
0201U	Red cell antigen (Yt blood group) genotyping (Yt), gene analysis, AChE (acetylcholinesterase [Cartwright blood group]) exon 2	Noncovered	N/A	N/A	N/A
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogenspecific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	Noncovered	N/A	N/A	Effective <b>5/20/2020</b>
C1748	Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)	Covered	No	No	See <a href="#">Table 4</a>

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C1849	Skin substitute, synthetic, resorbable, per square centimeter	Noncovered	N/A	N/A	N/A
C9059	Injection, meloxicam, 1 mg	Covered	No	Yes	No
C9061	Injection, teprotumumab-trbw, 10 mg	Covered	No	Yes	See <a href="#">Table 3</a>
C9063	Injection, eptinezumab-jjmr, 1 mg	Covered	No	Yes	See <a href="#">Table 3</a>
C9122	Mometasone furoate sinus implant, 10 micrograms (Sinuva)	Covered	No	Yes	See <a href="#">Table 3</a>
C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	Noncovered	N/A	N/A	N/A
C9760	Non-randomized, non-blinded procedure for NYHA class II, III, IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transeptal puncture, trans-esophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	Noncovered	N/A	N/A	N/A
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	Covered	No	No	See <a href="#">Table 4</a>
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	Covered	No	No	See <a href="#">Table 4</a>
C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Noncovered	N/A	N/A	N/A
C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Noncovered	N/A	N/A	N/A
C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Noncovered	N/A	N/A	N/A
C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); 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
G2170	Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2171	Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, enography, and/or ultrasound, with radiologic supervision and interpretation, when performed	Noncovered	N/A	N/A	N/A
J0223	Injection, givosiran, 0.5 mg	Covered	No	Yes	See <a href="#">Table 3</a>
J0591	Injection, deoxycholic acid, 1 mg	Noncovered	N/A	N/A	N/A
J0691	Injection, lefamulin, 1 mg	Covered	No	Yes	See <a href="#">Table 3</a>
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	Covered	No	Yes	No
J0791	Injection, crizanlizumab-tmca, 5 mg	Covered	No	Yes	See <a href="#">Table 3</a>
J0896	Injection, luspatercept-aamt, 0.25 mg	Covered	No	Yes	See <a href="#">Table 3</a>
J1201	Injection, cetirizine hydrochloride, 0.5 mg	Covered	No	Yes	No
J1429	Injection, golodirsen, 10 mg	Covered	Yes	Yes	See <a href="#">Tables 3, 5,</a> and <a href="#">6</a>
J1558	Injection, immune globulin (Xembify), 100 mg	Covered	No	Yes	See <a href="#">Table 3</a>
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to $5 \times 10^{15}$ vector genomes	Covered	Yes	Yes	See <a href="#">Tables 3, 5,</a> and <a href="#">6</a>
J7169	Injection, coagulation factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg	Covered	No	Yes	See <a href="#">Tables 3, 4,</a> and <a href="#">5</a>
J7204	Injection, factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per iu	Covered	No	Yes	See <a href="#">Tables 3, 4,</a> and <a href="#">5</a>
J7333	Hyaluronan or derivative, Visco-3, for intra-articular injection, per dose	Covered	No	No	No
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Covered	No	Yes	See <a href="#">Table 3</a>
J9198	Injection, gemcitabine hydrochloride, (Infugem), 100 mg	Covered	No	Yes	See <a href="#">Table 3</a>
J9246	Injection, melphalan (Evomela), 1 mg	Covered	No	Yes	See <a href="#">Table 3</a>
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Covered	No	Yes	See <a href="#">Table 3</a>
Q4227	Amniocore, per square centimeter	Covered	No	No	See <a href="#">Tables 2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4228	Bionextpatch, per square centimeter	Covered	No	No	See <a href="#">Tables 2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4229	Cogenex amniotic membrane, per square centimeter	Covered	No	No	See <a href="#">Tables 2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4230	Cogenex flowable amnion, per 0.5 cc	Covered	No	No	See <a href="#">Tables 2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4231	Corplex P, per cc	Covered	No	No	See <a href="#">Tables 2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4232	Corplex, per square centimeter	Covered	No	No	See <a href="#">Tables 2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
Q4233	Surfactor or NuDYN, per 0.5 cc	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4234	Xcellerate, per square centimeter	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4235	Amniorepair or AltiPly, per square centimeter	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4236	Carepatch, per square centimeter	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4237	Cryo-Cord, per square centimeter	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4238	Derm-Maxx, per square centimeter	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per square centimeter	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4240	Corecyte, for topical use only, per 0.5 cc	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4241	Polycyte, for topical use only, per 0.5 cc	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4242	Amniocyte Plus, per 0.5 cc	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4244	Procenta, per 200 mg	Covered	No	No	See Tables <a href="#">2</a> , <a href="#">3</a> , and <a href="#">6</a> Allowed for Podiatry specialty 140
Q4245	Amniotext, per cc	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4246	Coretext or Protect, per cc	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4247	Amniotext patch, per square centimeter	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q4248	Dermacyte amniotic membrane allograft, per square centimeter	Covered	No	No	See Tables <a href="#">2</a> and <a href="#">3</a> Allowed for Podiatry specialty 140
Q5119	Injection, rituximab-pvvr, biosimilar, (Ruxience), 10 mg	Covered	No	Yes	See <a href="#">Table 3</a>
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo), 0.5 mg	Covered	No	Yes	See <a href="#">Table 3</a>
Q5121	Injection, infliximab-axxq, biosimilar, (Avsola), 10 mg	Noncovered	N/A	N/A	N/A

\* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.  
"Noncovered" indicates that the IHCP does not cover the service for any programs.

*Table 2 – New skin substitute procedure codes reimbursed a flat, statewide per-unit rate, effective for DOS on or after July 1, 2020*

<b>Procedure code</b>	<b>Description</b>
Q4227	Amniocore, per square centimeter
Q4228	Bionextpatch, per square centimeter
Q4229	Cogenex amniotic membrane, per square centimeter
Q4230	Cogenex flowable amnion, per 0.5 cc
Q4231	Corplex P, per cc
Q4232	Corplex, per square centimeter
Q4233	Surfactor or NuDYN, per 0.5 cc
Q4234	Xcellerate, per square centimeter
Q4235	Amniorepair or AltiPly, per square centimeter
Q4236	Carepatch, per square centimeter
Q4237	Cryo-Cord, per square centimeter
Q4238	Derm-Maxx, per square centimeter
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per square centimeter
Q4240	Corecyte, for topical use only, per 0.5 cc
Q4241	Polycyte, for topical use only, per 0.5 cc
Q4242	Amniocyte pPus, per 0.5 cc
Q4244	Procenta, per 200 mg
Q4245	Amniotext, per cc
Q4246	Coretext or Protex, per cc
Q4247	Amniotext patch, per square centimeter
Q4248	Dermacyte amniotic membrane allograft, per square centimeter

*Table 3 – Newly covered codes from Table 1 for which separate reimbursement is allowed when billed with revenue code 636, effective for DOS on or after July 1, 2020*

<b>Procedure code</b>	<b>Description</b>
C9061	Injection, teprotumumab-trbw, 10 mg
C9063	Injection, eptinezumab-jjmr, 1 mg
C9122	Mometasone furoate sinus implant, 10 micrograms (Sinuva)
J0223	Injection, givosiran, 0.5 mg
J0691	Injection, lefamulin, 1 mg
J0791	Injection, crizanlizumab-tmca, 5 mg
J0896	Injection, luspatercept-aamt, 0.25 mg
J1429	Injection, golodirsen, 10 mg
J1558	Injection, immune globulin (Xembify), 100 mg
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes
J7169	Injection, coagulation factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg
J7204	Injection, factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per iu
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg
J9198	Injection, gemcitabine hydrochloride, (Infugem), 100 mg
J9246	Injection, melphalan (Evomela), 1 mg
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Q4227	Amniocore, per square centimeter
Q4228	Bionextpatch, per square centimeter
Q4229	Cogenex amniotic membrane, per square centimeter
Q4230	Cogenex flowable amnion, per 0.5 cc
Q4231	Corplex P, per cc
Q4232	Corplex, per square centimeter
Q4233	Surfactor or NuDYN, per 0.5 cc
Q4234	Xcellerate, per square centimeter
Q4235	Amniorepair or AltiPly, per square centimeter
Q4236	Carepatch, per square centimeter
Q4237	Cryo-Cord, per square centimeter

Procedure code	Description
Q4238	Derm-Maxx, per square centimeter
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per square centimeter
Q4240	Corecyte, for topical use only, per 0.5 cc
Q4241	Polycyte, for topical use only, per 0.5 cc
Q4242	Amniocyte Plus, per 0.5 cc
Q4244	Procenta, per 200 mg
Q4245	Amniotext, per cc
Q4246	Coretext or Protex, per cc
Q4247	Amniotext patch, per square centimeter
Q4248	Dermacyte amniotic membrane allograft, per square centimeter
Q5119	Injection, rituximab-pvvr, biosimilar, (Ruxience), 10 mg
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo), 0.5 mg

Table 4 – Newly covered procedure codes that are manually priced, effective for DOS on or after July 1, 2020

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a Professional claim
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	90%
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	90%
0608T	Analysis of data received and transmission of reports to the physician or other qualified health care professional	90%
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	90%
0615T	Eye-movement analysis without spatial calibration, with interpretation and report	90%
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	90%
C1748	Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)	90%
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	90%
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	90%
J7169	Injection, coagulation factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg	State Maximum Allowable Costs (SMAC) pricing
J7204	Injection, factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per iu	SMAC pricing

Table 5 – Newly covered procedure codes to be carved out of managed care and reimbursed outside the DRG, effective for DOS on or after July 1, 2020

Procedure code	Description
J1429	Injection, golodirsen, 10 mg
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes
J7169	Injection, coagulation factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg
J7204	Injection, factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per iu

Table 6 – Newly covered procedure codes that require PA and available PA criteria, effective for DOS on or after July 1, 2020

Procedure code	Description	PA criteria
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	PA criteria will be published in later publication.
J1429	Injection, golodirsén, 10 mg	<ul style="list-style-type: none"> <li>• Diagnosis of Duchenne muscular dystrophy (DMD) with confirmed mutation of the DMD gene that is amenable to exon 53 skipping</li> <li>• Dose is 30mg/kg once weekly (weight must be provided to confirm dose)</li> <li>• Prescriber has validated that member is not currently experiencing renal toxicity</li> </ul>
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	<p>Effective <b>March 18, 2020</b>, the IHCP will use the following PA criteria to determine medical necessity for coverage of Zolgensma, which is a physician-administered drug (PAD). This change to PA will apply to claims with DOS on or after March 18, 2020.</p> <p>The IHCP member must meet all the following criteria:</p> <ul style="list-style-type: none"> <li>• Have documentation of genetic testing confirming spinal muscular atrophy (SMA) resulting from bi-allelic mutations in the survival motor neuron 1 (SMN1) gene</li> <li>• Having no more than two copies of SMN2 or displaying clinical symptoms of SMA</li> <li>• Have documentation demonstrating negative presence of anti-AAV9 antibodies</li> <li>• Have a gestational age of at least 37 weeks</li> <li>• Be less than 2 years of age</li> <li>• Have been prescribed Zolgensma treatment by, or in consultation with, a pediatric neurologist or child neurologist</li> <li>• Have had no previous Zolgensma treatment</li> <li>• Have a life expectancy of at least 12 months following treatment</li> <li>• Have no evidence of advanced SMA, for example one or more of the following: <ul style="list-style-type: none"> <li>○ Complete paralysis of limbs</li> <li>○ Permanent ventilator dependence, defined as: <ul style="list-style-type: none"> <li>• Requiring invasive ventilation (tracheostomy), OR</li> <li>• Respiratory assistance for 16 or more hours per day (including noninvasive ventilatory support) continuously for 14 or more days in the absence of an acute reversible illness, excluding perioperative ventilation.</li> </ul> </li> </ul> </li> </ul> <p>Providers should continue to email PA requests for Zolgensma, including related documents and relevant contact information, to <a href="mailto:FSSA.IHCPReimbursement@fssa.IN.gov">FSSA.IHCPReimbursement@fssa.IN.gov</a>.</p> <p><i>Note: The prescriber must provide documentation of current clinical status (for example, Brooke Score, 6-minute walk test, and so on) to compare upon reevaluations of therapy.</i></p>
Q4244	Procenta, per 200 mg	PA criteria will be published in a later publication.