

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202251 JUNE 30, 2022

Coverage and billing information for the July 2022 quarterly HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the July 2022 quarterly 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 for dates of service (DOS) on or after July 1, 2022, unless otherwise specified.

For codes with an earlier effective date, providers have 90 days from the date of this publication for managed care claim submission, or 180 days from the date of publication for fee-for service (FFS) claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

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 HCPCS procedure codes included in the July 2022 quarterly HCPCS update
- [Table 2](#): New HCPCS codes related to coronavirus disease 2019 (COVID-19)
- [Table 3](#): New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
- [Table 4](#): Newly covered procedure codes linked to revenue code 636
- [Table 5](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA
- [Table 6](#): Newly covered procedure codes carved out of managed care
- [Table 7](#): Newly covered procedure codes reimbursable outside the inpatient DRG
- [Table 8](#): Procedure code included in the renal dialysis composite rate
- [Table 9](#): Alternate procedure codes to be used in place of codes that have been discontinued

Discontinued codes included in the July 2022 HCPCS code updates, along with alternate code considerations, are available for reference or download from the from the [HCPCS Quarterly Update](#) page of the Centers for Medicare & Medicaid Services (CMS) website at cms.gov. For coverage information, 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 2022 American Dental Association. All rights reserved. CDT is a registered trademark of the American Dental Association.

The July 2022 quarterly 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:

- *Revenue Codes With Special Procedure Code Linkages*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group*
- *Podiatry Services Codes*
- *Dental Services Codes*
- *Transportation Services Codes*
- *Renal Dialysis Services Codes*
- *Family Planning Eligibility Program Codes*
- *Preventive Care Services Excluded From Copayment for Healthy Indiana Plan and Presumptive Eligibility – Adult*



The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, PA and billing information applies to services delivered under the FFS delivery system. Questions about FFS reimbursement, PA and billing should be directed to Gainwell Technologies at 800-457-4584. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing information within the managed care delivery system. Questions about managed care reimbursement, PA and billing should be directed to the MCE with which the member is enrolled.

QUESTIONS?

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

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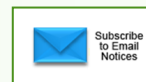


Table 1 – New procedure codes included in the July 2022 quarterly HCPCS update, effective for DOS on or after July 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)	Covered for all programs, including limited-benefit programs	No	No	Effective 2/21/2022 Allowed for Podiatrist (provider specialty 140) See Table 2
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	Noncovered	N/A	N/A	N/A
91308	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	TBD	TBD	TBD	Effective 2/1/2022 Additional billing information: TBD See Table 2
91310	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use	TBD	TBD	TBD	Effective 4/26/2022 Additional billing information: TBD See Table 2
91311	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	TBD	TBD	TBD	Effective 5/19/2022 Additional billing information: TBD See Table 2
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose	Covered	No	No	Effective 5/17/2022 Restricted to ages 5-11 years Allowed for Ambulance (provider specialty 260) Allowed for Family Supports Waiver (provider specialty 360) and Community Integration and Habilitation Waiver (provider specialty 360) when billed with modifier U7 See Table 2 See Table 4
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	TBD	TBD	TBD	Effective 2/1/2022 Additional billing information: TBD See Table 2

* "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.

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	TBD	TBD	TBD	Effective 2/1/2022 Additional billing information: TBD See Table 2
0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose	Noncovered	N/A	N/A	Effective 4/26/2022
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose	TBD	TBD	TBD	Effective 5/19/2022 Additional billing information: TBD See Table 2
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; second dose	TBD	TBD	TBD	Effective 5/19/2022 Additional billing information: TBD See Table 2
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	Noncovered	N/A	N/A	N/A
0324U	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug	Noncovered	N/A	N/A	N/A
0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug	Noncovered	N/A	N/A	N/A
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Noncovered	N/A	N/A	N/A
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if 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
0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service	Noncovered	N/A	N/A	N/A
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	Noncovered	N/A	N/A	N/A
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	Noncovered	N/A	N/A	N/A
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations	Noncovered	N/A	N/A	N/A
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	Noncovered	N/A	N/A	N/A
0715T	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	Noncovered	N/A	N/A	N/A
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	Noncovered	N/A	N/A	N/A
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	Noncovered	N/A	N/A	N/A
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Noncovered	N/A	N/A	N/A
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	Noncovered	N/A	N/A	N/A
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0725T	Vestibular device implantation, unilateral	Noncovered	N/A	N/A	N/A
0726T	Removal of implanted vestibular device, unilateral	Noncovered	N/A	N/A	N/A
0727T	Removal and replacement of implanted vestibular device, unilateral	Noncovered	N/A	N/A	N/A
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	Noncovered	N/A	N/A	N/A
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	Noncovered	N/A	N/A	N/A
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	Covered	No	No	Reimbursed at 90% of the amount billed on professional claims
0731T	Augmentative AI-based facial phenotype analysis with report	Noncovered	N/A	N/A	N/A
0732T	Immunotherapy administration with electroporation, intramuscular	Noncovered	N/A	N/A	N/A
0733T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	Noncovered	N/A	N/A	N/A
0734T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	Noncovered	N/A	N/A	N/A
0737T	Xenograft implantation into the articular surface	Noncovered	N/A	N/A	N/A
A9596	Gallium ga-68 gozetotide, diagnostic, (Illucix), 1 millicurie	Noncovered	N/A	N/A	N/A
A9601	Flortaucipir F 18 injection, diagnostic, 1 millicurie	Noncovered	N/A	N/A	N/A
C9094	Injection, sutimlimab-jome, 10 mg	Covered	No	Yes	See Table 4
C9095	Injection, tebentafusp-tebn, 1 mcg	Covered	No	Yes	See Table 4
C9096	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 microgram	Covered	No	Yes	See Table 4
C9097	Injection, faricimab-svoa, 0.1 mg	Covered	No	Yes	See Table 4
C9098	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Covered	Yes	Yes	Restricted to ages 18 years and older See Table 4 See Table 5 See Table 6 See Table 7
D1708	Pfizer-BioNTech COVID-19 vaccine administration - first dose	Covered, including for Emergency Services Only benefit plans (Package E and Package B)	No	No	Restricted to Dentist (provider type 27) Restricted to ages 12 years and older Reimbursed at 90% of the amount billed on professional claims See Table 2 See Table 6

* "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.
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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
D1709	Pfizer-BioNTech COVID-19 vaccine administration - booster dose	Covered, including for Emergency Services Only benefit plans (Package E and Package B)	No	No	Restricted to Dentist (provider type 27) Restricted to ages 12 years and older Reimbursed at 90% of the amount billed on professional claims See Table 2 See Table 6
D1710	Moderna COVID-19 vaccine administration - third dose	Covered, including for Emergency Services Only benefit plans (Package E and Package B)	No	No	Restricted to Dentist (provider type 27) Restricted to ages 12 years and older Reimbursed at 90% of the amount billed on professional claims See Table 2 See Table 6
D1711	Moderna COVID-19 vaccine administration - booster dose	Covered, including for Emergency Services Only benefit plans (Package E and Package B)	No	No	Restricted to Dentist (provider type 27) Restricted to ages 12 years and older Reimbursed at 90% of the amount billed on professional claims See Table 2 See Table 6
D1712	Janssen COVID-19 vaccine administration - booster dose	Covered, including for Emergency Services Only benefit plans (Package E and Package B)	No	No	Restricted to Dentist (provider type 27) Restricted to ages 12 years and older Reimbursed at 90% of the amount billed on professional claims See Table 2 See Table 6

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Table 1 – New procedure codes included in the July 2022 quarterly HCPCS update, effective for DOS on or after July 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
D1713	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - first dose	Covered, including for Emergency Services Only benefit plans (Package E and Package B)	No	No	Restricted to Dentist (provider type 27) Restricted to ages 5-11 years Reimbursed at 90% of the amount billed on professional claims See Table 2 See Table 6
D1714	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - second dose	Covered, including for Emergency Services Only benefit plans (Package E and Package B)	No	No	Restricted to Dentist (provider type 27) Restricted to ages 5-11 years Reimbursed at 90% of the amount billed on professional claims See Table 2 See Table 6
G0308	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training	Covered	Yes	No	Reimbursed at 90% of the amount billed on professional claims See Table 5
G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation	Covered	Yes	No	Reimbursed at 90% of the amount billed on professional claims See Table 5
J0739	Injection, cabotegravir, 1 mg	Covered	No	Yes	See Table 4
J1306	Injection, inclisiran, 1 mg	Covered	Yes	Yes	Restricted to ages 18 years and older See Table 4 See Table 5
J1551	Injection, immune globulin (Cutaquig), 100 mg	Covered	No	Yes	See Table 4
J2356	Injection, tezepelumab-ekko, 1 mg	Covered	Yes	Yes	Restricted to ages 12 years and older See Table 4 See Table 5
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	Covered	No	Yes	See Table 4 See Table 9

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
J2998	Injection, plasminogen, human-tvmh, 1 mg	Covered	No	Yes	See Table 4 See Table 8 See Table 9
J3299	Injection, triamcinolone acetonide (Xipere), 1 mg	Covered	No	Yes	See Table 4 See Table 9
J9331	Injection, sirolimus protein-bound particles, 1 mg	Covered	No	Yes	See Table 4 See Table 9
J9332	Injection, efgartigimod alfa-fcab, 2mg	Covered	No	Yes	See Table 4
K1034	Provision of COVID-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared, one test count	Noncovered	N/A	N/A	Effective 4/4/2022
Q4259	Celera dual layer or Celera dual membrane, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4
Q4260	Signature APatch, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4
Q4261	Tag, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4

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

Table 2 – New procedure codes related to COVID-19

Procedure code	Description	Effective date	Notes
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)	2/21/2022	Copay exempt for Healthy Indiana Plan (HIP) and Presumptive Eligibility (PE) Adult (no diagnosis match required)
91308	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	2/1/2022	TBD
91310	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use	4/26/2022	TBD
91311	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	5/19/2022	TBD
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose	4/26/2022	Copay exempt for Healthy Indiana Plan (HIP) and Presumptive Eligibility (PE) Adult (no diagnosis match required)
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	2/1/2022	TBD
0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	2/1/2022	TBD
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose	5/19/2022	TBD
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; second dose	5/19/2022	TBD
D1708	Pfizer-BioNTech COVID-19 vaccine administration - first dose	7/1/2022	N/A
D1709	Pfizer-BioNTech COVID-19 vaccine administration - booster dose	7/1/2022	N/A

Table 2 – New procedure codes related to COVID-19

Procedure code	Description	Effective date	Notes
D1710	Moderna COVID-19 vaccine administration - third dose	7/1/2022	N/A
D1711	Moderna COVID-19 vaccine administration - booster dose	7/1/2022	N/A
D1712	Janssen COVID-19 vaccine administration - booster dose	7/1/2022	N/A
D1713	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - first dose	7/1/2022	N/A
D1714	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - second dose	7/1/2022	N/A

Table 3 – New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate

Procedure code	Description
Q4259	Celera dual layer or Celera dual membrane, per square centimeter
Q4260	Signature APatch, per square centimeter
Q4261	TAG, per square centimeter

Table 4 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose
C9094	Injection, sutimlimab-jome, 10 mg
C9095	Injection, tebentafusp-tebn, 1 mcg
C9096	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 microgram
C9097	Injection, faricimab-svoa, 0.1 mg
C9098	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
J0739	Injection, cabotegravir, 1 mg
J1306	Injection, inclisiran, 1 mg
J1551	Injection, immune globulin (Cutaquig), 100 mg
J2356	Injection, tezepelumab-ekko, 1 mg
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg
J2998	Injection, plasminogen, human-tvmh, 1 mg
J3299	Injection, triamcinolone acetonide (Xipere), 1 mg
J9331	Injection, sirolimus protein-bound particles, 1 mg
J9332	Injection, efgartigimod alfa-fcab, 2mg
Q4259	Celera dual layer or Celera dual membrane, per square centimeter
Q4260	Signature APatch, per square centimeter
Q4261	Tag, per square centimeter

Table 5 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
C9098	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive 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
G0308	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training	Refer to the PA criteria published in the <i>Continuous Glucose Monitors</i> section of the Durable and Home Medical Equipment and Supplies provider reference module. The device used must be approved by the Food and Drug Administration (FDA) for pregnancy if being used for a member who is pregnant.
G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation	Refer to the PA criteria published in the <i>Continuous Glucose Monitors</i> section of the Durable and Home Medical Equipment and Supplies provider reference module. The device used must be approved by the FDA for pregnancy if being used for a member who is pregnant.
J1306	Injection, inclisiran, 1 mg	<p>Initial authorization (one year):</p> <ul style="list-style-type: none"> • Must meet all the following: <ul style="list-style-type: none"> - One of the following: <ul style="list-style-type: none"> ➢ Clinical atherosclerotic cardiovascular disease (ASCVD) with a baseline LDL-C greater than or equal to 70 mg/dL ➢ Diagnosis of heterozygous familial hypercholesterolemia (HeFH) with a baseline LDL-C greater than or equal to 100 mg/dL - Member is 18 years of age or older - Prescribed by, or in consultation with, a cardiologist or endocrinologist - Dose requested does not exceed 284 mg every three months for 2 doses at initiation, then 284 mg every six months thereafter <p>Reauthorization (yearly):</p> <ul style="list-style-type: none"> • Must meet all the following: <ul style="list-style-type: none"> - History of inclisiran within the past 210 days - Dose does not exceed 284 mg every six months - Reduction in LDL-C from baseline

Table 5 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
J2356	Injection, tezepelumab-ekko, 1 mg	<p>Initial authorization (six months):</p> <ul style="list-style-type: none"> • Must meet all the following: <ul style="list-style-type: none"> - Diagnosis of asthma - Member is 12 years of age or older - Member is using one of the following inhaled asthma treatments: <ul style="list-style-type: none"> ➢ Concurrent high-dose inhaled corticosteroid (ICS) AND a long-acting beta2 agonist (LABAs) ➢ High-dose ICS/LABA combination product - Tezepelumab will be used as adjunct therapy along with the above inhaled asthma treatment - Member has inadequately controlled asthma as evidenced by one of the following: <ul style="list-style-type: none"> ➢ Greater than or equal to three canisters of a short-acting beta2 agonist (SABA) in the past 60 days ➢ Oral steroid use in the past 45 days ➢ Emergency department (ED) visit with primary diagnosis of asthma in past 45 days <p>Reauthorization (every six months):</p> <ul style="list-style-type: none"> • Must meet both of the following: <ul style="list-style-type: none"> - History of the requested agent within the past 90 days - One of the following: <ul style="list-style-type: none"> ➢ Member is continuing to utilize required adjunct therapy, if applicable ➢ Medical rationale has been provided for not continuing adjunct therapy

Table 6 – Newly covered procedure codes carved out of managed care

Procedure code	Description
C9098	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
D1708	Pfizer-BioNTech COVID-19 vaccine administration - first dose
D1709	Pfizer-BioNTech COVID-19 vaccine administration - booster dose
D1710	Moderna COVID-19 vaccine administration - third dose
D1711	Moderna COVID-19 vaccine administration - booster dose
D1712	Janssen COVID-19 vaccine administration - booster dose
D1713	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - first dose
D1714	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric - second dose

Table 7 – Newly covered procedure code reimbursable outside the inpatient DRG

Procedure code	Description
C9098	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Table 8 – Procedure code included in the renal dialysis composite rate

Procedure code	Description
J2998	Injection, plasminogen, human-tvmh, 1 mg

Table 9 – Alternate procedure codes to be used in place of codes that have been end-dated

Discontinued procedure code	Description	Alternate code considerations
C9090	Injection, plasminogen, human-tvmh, 1 mg	J2998
C9091	Injection, sirolimus protein-bound particles, 1 mg	J9331
C9092	Injection, triamcinolone acetonide, suprachoroidal (Xipere), 1 mg	J3299
C9093	Injection, ranibizumab, via sustained release intravitreal implant (Susvimo), 0.1 mg	J2779
G9678	Oncology care model (OCM) monthly enhanced oncology services (MEOS) payment for OCM enhanced services. G9678 payments may only be made to OCM practitioners for OCM beneficiaries for the furnishment of enhanced services as defined in the OCM participation agreement	None