



## P R O V I D E R   B U L L E T I N

B T 2 0 0 9 0 5

M A R C H   4 ,   2 0 0 9

**To:           All Providers****Subject:    Updates to the 2009 Healthcare Common Procedure Coding System****Overview**

The purpose of this bulletin is to update information published in provider bulletin [BT200843](#), dated December 30, 2008, regarding the 2009 Annual Healthcare Common Procedure Coding System (HCPCS) codes and modifiers:

- Table 1 lists general clarifications from [BT200843](#).
- Table 2 shows codes that were listed in [BT200843](#) as awaiting pricing determination. These codes now have pricing established effective January 1, 2009, or are now manually priced.
- Table 3 lists codes for which program coverage determination has been made.

[BT200843](#) announced that, effective December 31, 2008, the Centers for Medicare & Medicaid Services (CMS) end-dated modifier RP – *Replacement and Repair*. Vision providers must use modifier U8 when billing for replacement frames and lenses when medical necessity guidelines are met, or when new frames or lenses are necessary because of loss, theft, or damage beyond repair. Modifier RP should not be used for dates of service on or after January 1, 2009. Vision, DME, or HME providers that billed with the RP modifier for dates of service on or after January 1, 2009, must adjust claims to correct the modifier. Refer to *Chapter 11* of the [IHCP Provider Manual](#) for additional information on the paid claim adjustment options and process.

Table 1 – General Clarifications from [BT200843](#)

Procedure Code	Description	Information Published in BT200843 on the Replacement Code(s)	Updated Information on the Replacement Codes
S2075	Laparoscopy, Surgical; Repair Incisional or Ventral Hernia	49652, 49653, 49654, 49655, 49656, <b>4957</b>	49652, 49653, 49654, 49655, 49656, <b>49657</b>
S2076	Laparoscopy, Surgical; Repair Umbilical Hernia	49652, 49653, 49654, 49655, 49656, <b>4957</b>	49652, 49653, 49654, 49655, 49656, <b>49657</b>
S2077	Laparoscopy, Surgical; Implantation of Mesh or Other Prosthesis for Incisional or Ventral Hernia Repair (List Separately in Addition to Code for Incisional or Ventral Hernia Repair)	49652, 49653, 49654, 49655, 49656, <b>4957</b>	49652, 49653, 49654, 49655, 49656, <b>49657</b>

Table 2 – New 2009 Codes Previously Under Review for Pricing

Procedure Code	Description	Rate	Effective Date of Rate
65757	Backbench Preparation of Corneal Endothelial Allograft Prior to Transplantation (List Separately in Addition to Code for Primary Procedure)	Manual Pricing Requires Invoice	1/1/2009
83876	Myeloperoxidase (MPO)	\$18.91	1/1/2009
83951	Oncoprotein; DES-Gamma-Carboxy-Prothrombin (DCP)	\$94.04	1/1/2009
85397	Coagulation and Fibrinolysis, Functional Activity, Not Otherwise Specified (For Example, Adamts-13), Each Analyte	\$33.51	1/1/2009
87905	Infectious Agent Enzymatic Activity Other than Virus (For Example, Sialidase Activity in Vaginal Fluid)	\$17.84	1/1/2009
88740	Hemoglobin, Quantitative, Transcutaneous, Per Day; Carboxyhemoglobin	\$7.33	1/1/2009
88741	Hemoglobin, Quantitative, Transcutaneous, Per Day; Methemoglobin	\$7.33	1/1/2009
93229	Wearable Mobile Cardiovascular Telemetry with Electrocardiographic Recording, Concurrent Computerized Real Time Data Analysis and Greater Than 24 Hours of Accessible ECG Data Storage (Retrievable With Query) With ECG Triggered and Patient Selected Events Transmitted to a Remote Attended Surveillance Center for Up to 30 Days; Technical Support for Connection and Patient Instructions for Use, Attended Surveillance, Analysis and Physician Prescribed Transmission of Daily and Emergent Data Reports	Manual Pricing Requires Medical Documentation	1/1/2009
93299	Interrogation Device Evaluation(s), (Remote) Up to 30 Days; Implantable Cardiovascular Monitor System or Implantable Loop Recorder System, Remote Data Acquisition(s), Receipt of Transmissions and Technician Review, Technical Support and Distribution of Results	Manual Pricing Requires Medical Documentation	1/1/2009
96376	Therapeutic, Prophylactic, or Diagnostic Injection (Specify Substance or Drug); Each Additional Sequential Intravenous Push of The Same Substance/Drug Provided in a Facility (List Separately in Addition to Code for Primary Procedure)	Manual Pricing Requires Medical Documentation	1/1/2009
96379	Unlisted Therapeutic, Prophylactic, or Diagnostic Intravenous or Intra-Arterial Injection or Infusion	Manual Pricing Requires Medical Documentation	1/1/2009
A6545	Gradient Compression Wrap, Non-Elastic, Below Knee, 30-50 Mm Hg, Each	Manual Pricing Requires Invoice	1/1/2009

Procedure Code	Description	Rate	Effective Date of Rate
A9580	Sodium Fluoride F-18, Diagnostic, Per Study Dose, Up to 30 Millicuries	Manual Pricing Requires NDC or Invoice	1/1/2009
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth With Incomplete Root Development	\$105.11	1/1/2009
E0656	Segmental Pneumatic Appliance for Use With Pneumatic Compressor, Trunk	Manual Pricing Requires Invoice	1/1/2009
E0657	Segmental Pneumatic Appliance for Use With Pneumatic Compressor, Chest	Manual Pricing Requires Invoice	1/1/2009
E0770	Functional Electrical Stimulator, Transcutaneous Stimulation of Nerve and/or Muscle Groups, Any Type, Complete System, Not Otherwise Specified	Manual Pricing Requires Invoice	1/1/2009
E1354	Oxygen Accessory, Wheeled Cart for Portable Cylinder or Portable Concentrator, Any Type, Replacement Only, Each	Manual Pricing Requires Invoice	1/1/2009
E1356	Oxygen Accessory, Battery Pack/Cartridge for Portable Concentrator, Any Type, Replacement Only, Each	Manual Pricing Requires Invoice	1/1/2009
E1357	Oxygen Accessory, Battery Charger for Portable Concentrator, Any Type, Replacement Only, Each	Manual Pricing Requires Invoice	1/1/2009
E1358	Oxygen Accessory, DC Power Adapter for Portable Concentrator, Any Type, Replacement Only, Each	Manual Pricing Requires Invoice	1/1/2009
E2230	Manual Wheelchair Accessory, Manual Standing System	Manual Pricing Requires Invoice	1/1/2009
E2231	Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware	RR: \$16.14 NU: \$161.36	1/1/2009
E2295	Manual Wheelchair Accessory, for Pediatric Size Wheelchair, Dynamic Seating Frame, Allows Coordinated Movement of Multiple Positioning Features	Manual Pricing Requires Invoice	1/1/2009
G0410	Group Psychotherapy Other Than of a Multiple-Family Group, in a Partial Hospitalization Setting, Approximately 45 to 50 Minutes	Manual Pricing Requires Medical Documentation	1/1/2009

Procedure Code	Description	Rate	Effective Date of Rate
G0411	Interactive Group Psychotherapy, in a Partial Hospitalization Setting, Approximately 45 to 50 Minutes	Manual Pricing Requires Medical Documentation	1/1/2009
G8524	Patch Closure Used for Patient Undergoing Conventional CEA	Manual Pricing Requires Medical Documentation	1/1/2009
L0113	Cranial Cervical Orthosis, Torticollis Type, With or Without Joint, With or Without Soft Interface Material, Prefabricated, Includes Fitting and Adjustment	Manual Pricing Requires Invoice	1/1/2009
S2270	Insertion of Vaginal Cylinder for Application of Radiation Source or Clinical Brachytherapy (Report Separately in Addition to Radiation Source Delivery)	Manual Pricing Requires Medical Documentation	1/1/2009

Table 3 – Coverage Determinations Update for 2009 HCPCS

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
90650	Human Papilloma Virus (HPV) Vaccine, Types 16, 18, Bivalent, 3 Dose Schedule, for Intramuscular Use	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
90738	Japanese Encephalitis Virus Vaccine, Inactivated, for Intramuscular Use	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
C8929	Transthoracic Echocardiography With Contrast, or Without Contrast Followed by With Contrast, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, and With Color Flow Doppler	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
C8930	Transthoracic Echocardiography, With Contrast, or Without Contrast Followed by With Contrast, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, During Rest and Cardiovascular Stress Test Using Treadmill, Bicycle Exercise	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA

*Current Dental Terminology (CDT) (including procedure codes, nomenclature, descriptors, and other data contained therein) is copyrighted by the American Dental Association. © 2002, 2004 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.*

*Current Procedural Terminology (CPT) is copyright 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply for government use.*

## Contact Information

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

If you need additional copies of this bulletin, please download them from the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Publications/bulletin\\_results.asp](http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp). To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at [http://www.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).