



BANNER PAGE

BR200641

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All Providers

Claims Coding Updates

Effective for dates of service on or after October 1, 2006, International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) code 65453 – *Cervical incompetence, Antepartium* is added to the Emergency Department Diagnosis Codes table in the [IHCP Provider Manual, Chapter 8, Section 2](#).

Providers submitting a claim past the one-year filing limit must re-submit the claim with a copy of this banner.

Effective for dates of service on or after December 1, 2006, Current Procedural Terminology (CPT) code 89220 – *Sputum, obtaining specimen, aerosol induced technique* may be billed with revenue code 309 – *Lab/Other*. Pricing for 89220 has been changed from manual pricing to the Resource-Based Relative Values Scale (RBRVS)/Maximum Fee Schedule reimbursement rate of \$10.65.

Direct questions about this article to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

Children's Health Month 2006, Webcasts

To celebrate Children's Health Month 2006, the U.S. Environmental Protection Agency Office of Children's Health Protection and Environmental Education (OCHPEE) is holding a series of Webcasts on topics related to healthy school environments.

Join one or more Webcasts to see what you can do to create a healthier school environment.

- Safe and Healthy School Environments, an Overview: October 5, 2006, 2-3 p.m., EDT
- Healthy High Performance Schools: October 11, 2006, 2-3 p.m., EDT
- Chemical Management in Schools: October 19, 2006, 2-3 p.m., EDT
- Healthy School Environments Assessment Tool (Healthy SEAT): October 26, 2006, 1:30-3 p.m., EDT

Visit <http://yosemite.epa.gov/ochp/ochpweb.nsf/content/chm.htm> to learn how to sign up for a Webcast.

Additional Codes for 2006 July Quarterly HCPCS Codes Update Determined to be Non-Covered

The purpose of this article is to notify providers of the coverage determinations for additional codes with the 2006 July Quarterly Update to the Healthcare Common Procedure Coding System (HCPCS) codes. The new codes are identified in Table 1 by procedure code, description, and program coverage status. Providers may bill these codes on or after the effective date of July 1, 2006, for the new July HCPCS codes. Refer to the Indiana Health Coverage Programs (IHCP) banner [BR200628](#) for further information regarding the 2006 July Quarterly HCPCS Codes Update. The standard global billing procedures and edits apply when using the new codes. These 2006 July quarterly HCPCS codes were announced in the Centers for Medicare & Medicaid Services (CMS) *Manual System Pub 100-04 Medicare Claims Processing Transmittal 970*, dated May 30, 2006, and may be accessed at <http://www.cms.hhs.gov/transmittals/downloads/R970CP.pdf>.

*Note: As used in the following table, non-covered indicates that the IHCP does **not** cover the service described in the code; non-reimbursable indicates that the service described in the code is either billable under another code, or is part of global billing.*

Table 1 – Additional Codes for 2006 July Quarterly HCPCS Codes Update,
for Dates of Service On or After July 1, 2006

Procedure Code	Description	Coverage
0155T	Laparoscopy, surgical, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0156T	Laparoscopy, surgical, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0157T	Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0158T	Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0159T	Computer aided detection, including computer algorithm analysis of magnetic resonance imaging (MRI) image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI	Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies
0160T	Therapeutic repetitive transcranial magnetic stimulation treatment planning	Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies
0161T	Therapeutic repetitive transcranial magnetic stimulation treatment delivery and management, per session	Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies

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National Provider Identifier Web Page

The IHCP Web site features a National Provider Identifier (NPI) Web page at <http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>. This page contains information about the IHCP NPI Implementation Plan, instructions for obtaining and reporting an NPI to IHCP, links to other resources on the Web, NPI FAQs, and informational documents, such as the *NPI Fact Sheet*.

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