



P R O V I D E R B U L L E T I N

B T 2 0 0 4 1 0

M A Y 1 5 , 2 0 0 4

To: All Providers

**Subject: April 1, 2004, Quarterly Update to the Healthcare
Common Procedure Coding System Codes**

Overview

The purpose of this bulletin is to introduce the April 1, 2004, quarterly update to the national Healthcare Common Procedure Coding System (HCPCS) codes that will be added to the IndianaAIM claims processing system. The new April 1, 2004, quarterly update to the HCPCS codes are identified in Table 1.1 by code, description, prior authorization (PA) requirements, allowed modifiers, and coverage status. The national codes that were deleted, according to the April 1, 2004, quarterly update to the HCPCS codes, are identified in Table 1.2 with the replacement code(s) that should be used, when appropriate. The national codes that had description changes will be updated in the system. If there are any questions about the contents of this bulletin, please contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

New 2004 Quarterly HCPCS Codes

The following national codes were loaded in IndianaAIM April 1, 2004, but will not be billable until July 1, 2004. Program coverage and pricing determinations for the new codes will be finalized July 1, 2004, and will be effective retroactively to April 1, 2004. From April 1, 2004, through June 30, 2004, providers may continue billing the codes that were deleted in the April 1, 2004, quarterly update to the HCPCS codes. After July 1, 2004, providers must bill according to the April 1, 2004, quarterly update to the HCPCS codes. The IHCP will deny claims submitted prior to July 1, 2004, with April 1, 2004, quarterly updates to the HCPCS codes. The standard global billing procedures and edits apply when using the new codes.

Note: As used in the following tables, 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 1.1 – New 2004 Quarterly HCPCS Codes, Reimbursable July 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A4644	Supply of low osmolar contrast material (100-199 mg of iodine)	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable for All Programs, Non-Reimbursable for Package C
A4645	Supply of low osmolar contrast material (200-299 mg of iodine)	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable for All Programs, Non-Reimbursable for Package C
A4646	Supply of low osmolar contrast material (300-399 mg of iodine)	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable for All Programs, Non-Reimbursable for Package C
K0627	Traction equipment, cervical, free-standing, pneumatic, applying traction force to other than mandible	No for All Programs, No for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0628	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore A 35 durometer or 3/16 inch material of shore A 40 (or higher), prefabricated, each	No for All Programs, No for Package C	NU	Covered for All Programs, Non-Covered for Package C
K0629	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore A 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each	No for All Programs, No for Package C	NU	Covered for All Programs, Non-Covered for Package C
K0630	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0631	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0632	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – New 2004 Quarterly HCPCS Codes, Reimbursable July 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0633	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0634	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0635	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, include straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0636	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0637	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include stays, shoulder straps pendulous abdomen design, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – New 2004 Quarterly HCPCS Codes, Reimbursable July 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0638	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0639	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior, from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0640	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0641	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0642	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – New 2004 Quarterly HCPCS Codes, Reimbursable July 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0643	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0644	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, with rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0645	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, with rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0646	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – New 2004 Quarterly HCPCS Codes, Reimbursable July 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0647	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder, straps, pendulous abdomen design, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0648	Lumbar-sacral orthosis, sagittal-coronal control, with rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0158	Injection, laronidase, 0.58 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0159	Injection, agalsidase beta, 35 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0160	Dextroamphetamine sulfate, 5 mg	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable for All Programs, Non-Reimbursable for Package C
S0161	Calcitrol, 0.25 mcg	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable for All Programs, Non-Reimbursable for Package C
S0162	Injection, efalizumab, 125 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – New 2004 Quarterly HCPCS Codes, Reimbursable July 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S0163	Injection, risperidone, long acting, 12.5 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0164	Injection, pantoprazole sodium, 40 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0165	Injection, abarelix, 100 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable for All Programs, Non-Reimbursable for Package C
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S2082	Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band (includes placement of subcutaneous port)	Yes for All Programs, Yes for Package C	51, 54, 55, 56, 62, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S2131	Endovascular laser ablation of long or short saphenous vein, with or without proximal ligation or division	No for All Programs, No for Package C	50, 51, 54, 55, 56, 62	Covered for All Programs, Covered for Package C
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and post-transplant care in the global definition	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
S2255**	Hysteroscopy, surgical; with occlusion of oviducts bilaterally by micro-inserts for permanent sterilization	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
S3890	DNA analysis, fecal, for colorectal cancer screening	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
S9976	Lodging, per diem, not otherwise specified	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
S9977	Meals, per diem, not otherwise specified	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
S9988	Services provided as part of a phase I clinical trial	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C

**** Please refer to Newsletter NL200403 for coding instructions for this procedure.**

Deleted 2004 Quarterly HCPCS Codes

Effective July 1, 2004, the HCPCS replacement codes listed in Table 1.2 must be used. Claims submitted with dates of service after June 30, 2004, with deleted codes will deny.

Table 1.2 – Deleted 2004 Quarterly HCPCS Codes, Effective June 30, 2004

Procedure Code	Description	Replacement Code
S0830	Ultrasound pachymetry to determine corneal thickness, with interpretation and report, unilateral	76514

Changed 2004 Quarterly HCPCS Codes

The Centers for Medicare and Medicaid Services (CMS) issued description changes in the April 1, 2004, quarterly update to the HCPCS codes. The April 1, 2004, quarterly update to the HCPCS code description changes will be added to the IndianaAIM claims processing system July 1, 2004.

CDT-4 and CDT-3/2000 (including procedure codes, definitions (descriptions) and other data) is copyrighted by the American Dental Association. © 1999 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.

CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.