



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

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To: All Providers

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

Overview

The purpose of this bulletin is to introduce the July 1, 2004, quarterly update to the national Healthcare Common Procedure Coding System (HCPCS) codes that will be added to the IndianaAIM claims processing system. These new HCPCS codes are identified in Table 1 by code, description, prior authorization (PA) requirements, allowed modifiers, and coverage status. The Centers for Medicare and Medicaid Services (CMS) did not issue deleted national codes with this update. The national codes that had description changes will be updated in IndianaAIM. Direct questions about this bulletin to 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 will not be available for reimbursement until October 1, 2004. Program coverage and pricing determinations for the new codes will be systematized October 1, 2004, and will be effective for dates of service retroactive to July 1, 2004. From July 1, 2004, through September 30, 2004, providers may continue billing current covered HCPCS codes. After October 1, 2004, providers must bill in accordance with the covered codes listed in this bulletin. The IHCP will deny claims submitted prior to October 1, 2004, with new covered codes listed herein. The standard global billing procedures and edits will 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 – New 2004 Quarterly HCPCS Codes, Reimbursable October 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0329	Electromagnetic therapy, to one or more areas for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered For All Programs, Non-Covered For Package C
K0650	General use wheelchair seat cushion, width less than 22 inches, any depth	No for All Programs, No for Package C	NU	Covered For All Programs, Covered For Package C
K0651	General use wheelchair seat cushion, width 22 inches or greater, any depth	No for All Programs, No for Package C	NU	Covered For All Programs, Covered For Package C
K0652	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0653	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0654	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0655	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0656	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0657	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0658	Custom fabricated wheelchair seat cushion, any size	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0659	Wheelchair seat cushion, powered	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered For All Programs, Non-Covered For Package C
K0660	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	No for All Programs, No for Package C	NU	Covered For All Programs, Covered For Package C
K0661	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	No for All Programs, No for Package C	NU	Covered For All Programs, Covered For Package C
K0662	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C

(Continued)

Table 1 – New 2004 Quarterly HCPCS Codes, Reimbursable October 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0663	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0664	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0665	Positioning wheelchair back cushion, posterior-lateral width 22 inches or greater, any height, including any type mounting hardware	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0666	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0667	Mounting hardware, any type, for seat cushion or seat support base attached to a manual wheelchair or lightweight power wheelchair, per cushion/base	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0668	Replacement cover for wheelchair seat cushion or back cushion, each	Yes for all Programs, Yes for Package C	NU	Covered For All Programs, Covered For Package C
K0669	Wheelchair seat or back cushion, no written coding verification from sadmerc	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered For All Programs, Non-Covered For Package C
S0116	Bevacizumab, 100mg	No for All Programs, No for Package C		Covered For All Programs, Covered For Package C
S0117	Tretinoin, topical, 5 grams	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable For All Programs, Non-Reimbursable For Package C
S8301	Infection control supplies, not otherwise specified	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered For All Programs, Non-Covered For Package C
T2049	Non-emergency transportation; stretcher van, mileage; per mile	Not Applicable For All Programs, Not Applicable For Package C		Non-Covered For All Programs, Non-Covered For Package C

DME Wheelchair Seat Cushions

HCPCS K codes K0650-K0658 will be covered by the IHCP for reimbursement of wheelchair seat cushions as stated in Table 1. The HCPCS E codes currently covered for wheelchair seat cushions listed in Table 2 will be considered non-reimbursable after September 30, 2004. Claims submitted using the codes in Table 2 for dates of service on or after October 1, 2004, will be denied

Table 2 – Non-Reimbursable Wheelchair Seat Cushion Codes (HCPCS E Codes)

Procedure Code	Description
E0176	Air pressure pad or cushion, nonpositioning
E0177	Water pressure pad or cushion, nonpositioning
E0178	Gel or gel-like pressure pad or cushion, nonpositioning
E0179	Dry pressure pad or cushion, nonpositioning
E0192	Low pressure and positioning equalization pad, for wheelchair
E0962	One-inch cushion, for wheelchair
E0963	Two-inch cushion, for wheelchair
E0964	Three-inch cushion, for wheelchair
E0965	Four-inch cushion, for wheelchair

Providers should submit the HCPCS K code that most appropriately describes the type of cushion being supplied.

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