



PROVIDER BULLETIN

BT200507

APRIL 1, 2005

To: All Providers

**Subject: April 1, 2005, Quarterly Update to the Healthcare
Common Procedure Coding System Codes**

Overview

The purpose of this bulletin is to notify providers of the coverage determinations for the new April 1, 2005, Healthcare Common Procedure Coding System (HCPCS) codes. Indiana Health Coverage Programs (IHCP) provider bulletin *BT200504*, published March 1, 2005, provided a list of new alphanumeric codes and deleted codes with replacements. Since that publication, the Office of Medicaid Policy and Planning (OMPP) has reviewed these codes to determine coverage and billing guidelines, which are listed in Table 1. If there are questions about the content of this bulletin, providers should contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

New 2005 Quarterly HCPCS Codes

The new April 1, 2005, Quarterly HCPCS codes are identified in Table 1 by code, description, PA requirements, appropriate modifiers, and coverage. The IHCP is advising providers of these determinations so that the appropriate codes can be billed beginning April 1, 2005.

These codes will be added to the IndianaAIM claims processing system, effective April 1, 2005, and fees will be posted on the IHCP Web site. After April 1, 2005, the appropriate national codes will be available in IndianaAIM and may be billed. 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 2005 Quarterly HCPCS Codes, Reimbursable April 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0670	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0671	Portable oxygen concentrator, rental	Yes for All Programs, Yes for Package C	RR	Covered for All Programs, Covered for Package C
Q9941	Injection, immune globulin, intravenous, lyophilized, 1 g	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9942	Injection, immune globulin, intravenous, lyophilized, 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9943	Injection, immune globulin, intravenous, non-lyophilized, 1 g	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9944	Injection, immune globulin, intravenous, non-lyophilized, 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9945	Low osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9946	Low osmolar contrast material, 150 - 199 mg/ml iodine concentration, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9947	Low osmolar contrast material, 200 - 249 mg/ml iodine concentration, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9948	Low osmolar contrast material, 250 - 299 mg/ml iodine concentration, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9949	Low osmolar contrast material, 300 - 349 mg/ml iodine concentration, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9950	Low osmolar contrast material, 350 - 399 mg/ml iodine concentration, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9952	Injection, gadolinium-based magnetic resonance contrast agent, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9954	Oral magnetic resonance contrast agent, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9955	Injection, perflorane lipid microspheres, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

(Continued)

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Table 1 – New 2005 Quarterly HCPCS Codes, Reimbursable April 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
Q9956	Injection, octafluoropropane microspheres, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q9957	Injection, perflutren lipid microspheres, per ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
S0143	Aztreonam, inhalation solution administered through DME, concentrated form, per gram	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
S0197	Prenatal vitamins, 30-day supply	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable for All Programs, Non-Reimbursable for Package C
S0595	Dispensing new spectacle lenses for patient supplied frame	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable for All Programs, Non-Reimbursable for Package C
S0625	Retinal telescreening by digital imaging of multiple different fundus areas to screen for vision-threatening conditions, including imaging, interpretation and report	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
S3005	Performance measurement, evaluation of patient self assessment, depression	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
S8434	Interim post-operative orthotic device for upper extremity, custom made	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S8940	Equestrian/hippotherapy, per session	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C

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