



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

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To: All Providers**Subject: Quarterly Healthcare Common Procedure Coding
System Codes Updates****Overview**

This bulletin notifies providers of the coverage determinations for the April 2007 quarterly Healthcare Common Procedure Coding System (HCPCS) codes. This bulletin includes the following information:

- Table 1: A listing of the new alphanumeric codes for the April 2007 quarterly HCPCS update by procedure code, description, prior authorization (PA) requirements, allowed modifiers, and program coverage determination.
- Table 2: A listing of the deleted alphanumeric codes for the April 2007 quarterly HCPCS update.
- Table 3: A listing of the revised alphanumeric codes for the April 2007 quarterly HCPCS update.

The standard global billing procedures and edits apply when using the new codes. The April 2007 quarterly HCPCS codes are available at www.cms.hhs.gov/HCPCSReleaseCodeSets.

Note: As used in the following tables, non-covered indicates the Indiana Health Coverage Programs (IHCP) does not cover the service described in the code; non-reimbursable indicates the service described in the code is either billable under another code, or is part of global billing.

New HCPCS Codes

The codes listed in Table 1 are new and were effective April 1, 2007.

Table 1 – New HCPCS Codes Effective April 1, 2007

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S0270	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)	Not applicable for all programs, not applicable for package C	No for all programs, no for package C	Non-covered for all programs, non-covered for package C
S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS)	Not applicable for all programs, not applicable for package C	No for all programs, no for package C	Non-covered for all programs, non-covered for package C
S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)	Not applicable for all programs, not applicable for package C	No for all programs, no for package C	Non-covered for all programs, non-covered for package C
S0273	PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	Not applicable for all programs, not applicable for package C	No for all programs, no for package C	Non-covered for all programs, non-covered for package C
S0274	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	Not applicable for all programs, not applicable for package C	No for all programs, no for package C	Non-covered for all programs, non-covered for package C
S3618	BLOOD CHEMISTRY FOR FREE BETA HUMAN CHORIONIC GONADOTROPIN (HCG)	Not applicable for all programs, not applicable for package C	No for all programs, no for package C	Non-covered for all programs, non-covered for package C
T1503	ADMINISTRATION OF MEDICATION, OTHER THAN ORAL AND/OR INJECTABLE, BY A HEALTH CARE AGENCY/PROFESSIONAL, PER VISIT	Not applicable for all programs, not applicable for package C	No for all programs, no for package C	Non-covered for all programs, non-covered for package C

Deleted HCPCS Codes

The codes listed in Table 2 were deleted effective March 31, 2007. The IHCP has provided an appropriate crosswalk when available.

Table 2 – Deleted HCPCS Codes Effective March 31, 2007

Procedure Code	Description	Crosswalk
S0167	INJECTION, APOMORPHINE HCL.1 MG	J0364
S0820	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL	92025
S1025	INHALED NITRIC OXIDE FOR THE TREATMENT OF HYPOXIC RESPIRATORY FAILURE IN THE NEONATE; PER DIEM	Not covered
S2213	IMPLANTATION OF GASTRIC ELECTRIC STIMULATION DEVICE	43882, 43881, 43648, or 43647
S2250	UTERINE ARTERY EMBOLIZATION FOR UTERINE FIBROIDS	37210

Revised HCPCS Codes

The codes listed in Table 3 were revised effective April 1, 2007. It has been determined the coverage has not changed based on the revised definitions.

Table 3 – Revised HCPCS Codes Effective April 1, 2007

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S0180	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	Not applicable for all programs, not applicable for package C	No for all programs, no for package C	Covered for all programs, covered for package C
S9351	HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND VISITS CODED SEPARATELY), PER DIEM	Not applicable for all programs, not applicable for package C	No for all programs, no for package C	Non-covered for all programs, non-covered for package C

Contact Information

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