



## P R O V I D E R   B U L L E T I N

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**To: All Providers****Subject: 2008 Healthcare Common Procedure Coding System Codes Updates****Overview**

The purpose of this bulletin is to provide an update to information published in Provider Bulletin [BT200734](#), dated December 27, 2007, regarding 2008 Annual Healthcare Common Procedure Coding System (HCPCS) codes and modifiers. In addition, this bulletin includes information regarding the 2008 April Quarterly HCPCS Update.

- Table 1 lists general clarifications from [BT200734](#).
- Table 2 lists codes from [BT200734](#) as awaiting pricing determination. These codes now have pricing established effective January 1, 2008. Providers may resubmit claims that previously denied for explanation of benefit code 4014 - *No Pricing On File*.
- Table 3 lists pricing for outpatient radiology procedures for UB-04 billing.
- Table 4 lists codes that remain under review for pricing.
- Table 5 lists codes that remain under review for program coverage determination.
- Table 6 lists codes that are impacted by the 2008 Quarterly HCPCS Update.

For rates on other covered codes, go to the IHCP Fee Schedule located at: [www.indianamedicaid.com](http://www.indianamedicaid.com)

Table 1 – General Clarifications from [BT200734](#)

Procedure Code	Description	Information Published in BT200734	Updated Information
01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; DIAGNOSTIC	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Covered for All Programs, Covered for Package C. See Table 2 for Base Units.
01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; THERAPEUTIC	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Covered for All Programs, Covered for Package C. See Table 2 for Base Units.
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER	Only Modifier 62 was listed.	Appropriate Modifiers: 51, 62, 66, 80, 81, and AS.

Procedure Code	Description	Information Published in BT200734	Updated Information
	DEVICE(S) INTO THE HEAD AND/OR NECK REGION (PERCUTANEOUS, TRANSORAL, OR TRANSNASAL) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION		

Table 2 – New 2008 Codes Previously Under Review for Pricing

Procedure Code	Description	Rate	Effective Date of Rate
0178T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; WITH INTERPRETATION AND REPORT	Manual pricing.	January 1, 2008
0179T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; TRACING AND GRAPHICS ONLY, WITHOUT INTERPRETATION AND REPORT	Manual pricing with an upper limit of \$84.86 for outpatient technical component (TC).	January 1, 2008
0180T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; INTERPRETATION AND REPORT ONLY	Manual pricing.	January 1, 2008
0181T	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, BILATERAL, WITH INTERPRETATION AND REPORT	Manual pricing with attachment required. Upper limit of \$19.61 for outpatient (TC) component.	January 1, 2008
0182T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, PER FRACTION	\$912.64 for the outpatient technical (TC) component.	January 1, 2008
0187T	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL	Pricing is the same as CPT code 92135.	January 1, 2008
01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; DIAGNOSTIC	Five base units	January 1, 2008
01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; THERAPEUTIC	Five base units	January 1, 2008
20986	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; WITH IMAGE GUIDANCE BASED ON INTRAOPERATIVELY OBTAINED IMAGES (EG,	Manual pricing with attachment required.	January 1, 2008

Procedure Code	Description	Rate	Effective Date of Rate
	FLUOROSCOPY, ULTRASOUND) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		
20987	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; WITH IMAGE GUIDANCE BASED ON PREOPERATIVE IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Manual pricing with attachment required.	January 1, 2008
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$18.81	January 1, 2008
82610	CYSTATIN C	\$16.87	January 1, 2008
83993	CALPROTECTIN, FECAL	\$27.42	January 1, 2008
84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	\$9.76	January 1, 2008
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECIFIED, EACH ANTIGEN	\$37.41	January 1, 2008
87500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE (EG, ENTEROCOCCUS SPECIES VAN A, VAN B), AMPLIFIED PROBE TECHNIQUE	\$49.04	January 1, 2008
87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; ADENOVIRUS	\$16.76	January 1, 2008
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	Manual pricing with attachment required.	January 1, 2008
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	RR: \$353.18 NU: \$5,297.70	January 1, 2008
A9276	SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	Manual pricing with attachment required.	January 1, 2008
J7347	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	Manual pricing with attachment required.	January 1, 2008
J7348	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER	Manual pricing with attachment	January 1,

Procedure Code	Description	Rate	Effective Date of Rate
	BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (TISSUEMEND), PER SQUARE CENTIMETER	required.	2008
J7349	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	Manual pricing with attachment required.	January 1, 2008
J7604	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	Manual pricing with attachment required.	January 1, 2008
J7632	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	Manual pricing with attachment required.	January 1, 2008
J7676	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	Manual pricing with attachment required.	January 1, 2008

Table 3 – Outpatient Radiology Rates for UB-04 Claims Only

Procedure Code	Description	Outpatient Rate for UB-04 Claims Only	Effective Date of Rate
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;	\$179.15	January 1, 2008
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING	\$179.15	January 1, 2008
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES;	\$273.92	January 1, 2008
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING	\$273.92	January 1, 2008
0182T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, PER FRACTION	\$912.64	January 1, 2008

Table 4 – New 2008 Annual HCPCS Codes Under Review for Pricing

Procedure Code	Description
90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH
J0220	AGLUCOSIDASE ALFA, 10MG

Table 5 – New 2008 Annual HCPCS Codes Under Review for Coverage

Procedure Code	Description
0183T	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND, INCLUDING TOPICAL APPLICATION(S), WHEN PERFORMED, WOUND ASSESSMENT, AND
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH
A4648	TISSUE MARKER IMPLANTABLE, ANY TYPE, EACH
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH INJECTION
A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE
A9509	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE
A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE
A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG
34806	TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DURING ENDOVASCULAR REPAIR, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INSTRUMENT CALIBRATION, AND COLLECTION OF PRESSURE DATA
90769	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO ONE HOUR, INCLUDING PUMP SET-UP AND ESTABLISHMENT OF SUBCUTANEOUS INFUSION SITE(S)
90770	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
90771	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP WITH ESTABLISHMENT OF NEW SUBCUTANEOUS INFUSION SITE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Procedure Code	Description
90776	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF THE SAME SUBSTANCE/DRUG PROVIDED IN A FACILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

## New MRI Codes for 2008

Upon further review of the following CPT codes, the IHCP determined that Medicare is not covering these MRI codes that incorporate blood flow measurement. Medicare does not consider blood flow measurement as reasonable and medically necessary; therefore, the service is non-covered.

The IHCP is applying the same coverage determination and will make CPT codes 75558, 75560, 75562, and 75564 non-covered.

*75558 - CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH FLOW/VELOCITY QUANTIFICATION*

*75560 - CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH FLOW/VELOCITY QUANTIFICATION AND STRESS*

*75562 - CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH FLOW/VELOCITY QUANTIFICATION*

*75564 - CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH FLOW/VELOCITY QUANTIFICATION AND STRESS*

## April Quarterly Update

The CMS published the April Quarterly Update with new and revised codes. The comments column provides direction regarding the IHCP coverage. Further clarification will be published on the coverage and pricing of codes listed in Table 6.

Table 6 – 2008 Quarterly HCPCS Update Coverage and Pricing

Procedure Code	Description	IHCP Rate	Comments
J1751	Injection, Iron dextran 165/50MG	N/A	End-dated effective April 1, 2008 and crosswalked to Q4098.
J1752	Injection, Iron dextran 267/50MG	N/A	End-dated effective April 1, 2008 and crosswalked to Q4098.
Q4098	Injection Iron dextran 50MG	\$18.85 Effective April 1, 2008.	Covered effective April 1, 2008. Requires NDC on claim submission.
J7602	Albuterol, All formulations including separated isomers, inhalation solution, FDA- approved final product, non compounded, administered through DME, concentrated form, PER 1 MG (Albuterol) or	N/A	End-dated effective April 1, 2008.

Procedure Code	Description	IHCP Rate	Comments
	Per 0.5 MG (Levalbuterol)		
J7603	Albuterol, All formulations including separated isomers, inhalation solution, FDA- approved final product, non compounded, administered through DME, Unit Dose, PER 1 MG (Albuterol) or Per 0.5 MG (Levalbuterol)	N/A	End-dated effective April 1, 2008.
J7611	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, CONCENTRATED FORM, 1 MG	\$.15 Effective 4/1/08	Covered effective April 1, 2008
J7612	Levalbuterol inhalation solution, FDA-approved final product, non-compounded, administered through DME, CONCENTRATED FORM, 0.5 MG	\$1.48 Effective 4/1/08	Covered effective April 1, 2008
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, CONCENTRATED FORM, 1 MG	\$.16 Effective 4/1/08	Covered effective April 1, 2008
J7614	Levalbuterol inhalation solution, FDA-approved final product, non-compounded, administered through DME, CONCENTRATED FORM, 0.5 MG	\$.98 Effective 4/1/08	Covered effective April 1, 2008.
K0762	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	Manual	Covered effective April 1, 2008.
Q4096	Injection, Von Willebrand Factor complex, Human, Ristocetin cofactor (not otherwise specified), Per I.U. VWF:RCO	NA	Q4096 will be non-covered effective April 1, 2008. Providers must use J7187.
Q4097	Inj Immune Globulin (Privigen), IV, Non-lyophilized (E.G. liquid) 500 MG	\$40.97 Effective April 1, 2008.	Covered effective April 1, 2008. Requires NDC on claim submission.
Q4099	Formoterol fumarate inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 mcg	\$5.81 Effective April 1, 2008.	Covered effective April 1, 2008. Requires NDC on claim submission.
S3628	Placental Alpha Microglobulin-1 Rapid Immunoassay for detection of rupture of fetal membranes	NA	Under review for coverage and pricing.

## Contact Information

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

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