



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 [BT200818](#), dated April 7, 2008, regarding 2008 Annual Healthcare Common Procedure Coding System (HCPCS) codes and modifiers:

- Table 1 lists codes that are non-covered.
- Table 2 lists codes that are covered.

Table 1 – Non-covered Codes Effective January 1, 2008

| Procedure Code | Description |
|----------------|--|
| 0183T | Low Frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment |
| A4252 | Blood Ketone Test or reagent strip, each |
| 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 milliliter (ml) |
| A9577 | Injection, Gadobenate Dimeglumine (multihance) per ml |
| A9578 | Injection, Gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml |
| A9579 | Injection, Gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml |

Table 2 – Covered Codes Effective January 1, 2008

| Procedure Code | Description | Prior Authorization Requirements | Modifiers | Program Coverage | NDC Required |
|----------------|--|---------------------------------------|-----------|---|--------------|
| 90284 | Immune Globulin (SCIG), Human, for use in subcutaneous infusions, 100 milligrams (mg), each | No for All Programs, No for Package C | NA | Covered for All Programs, Covered for Package C | NA |
| 90769 | Subcutaneous Infusion for therapy, or prophylaxis (specify substance or drug); initial, up to one hour, including pump setup and establishment of subcutaneous infusion site(s) | No for All Programs, No for Package C | NA | Covered for All Programs, Covered for Package C | NA |
| 90770 | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure) | No for All Programs, No for Package C | NA | Covered for All Programs, Covered for Package C | NA |
| 90771 | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump setup with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure) | No for All Programs, No for Package C | NA | Covered for All Programs, Covered for Package C | NA |
| 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) | No for All Programs, No for Package C | NA | Covered for All Programs, Covered for Package C | NA |
| A4648 | Tissue Marker implantable, any type, each | No for All Programs, No for Package C | NA | Covered for All Programs, Covered for Package C | NA |
| A4650 | Implantable Radiation Dosimeter, each injection | No for All Programs, No for Package C | NA | Covered for All Programs, Covered for Package C | NA |

| Procedure Code | Description | Prior Authorization Requirements | Modifiers | Program Coverage | NDC Required |
|----------------|---|---------------------------------------|-----------|--|--------------|
| J0220 | Aglucosidase ALFA, 10 mg | No for All Programs, No for Package C | NA | Covered for All Programs, Covered for Package C | NA |
| J9226 | Histrelin Implant (Supprelin LA), 50 mg | No for All Programs, No for Package C | NA | Covered for All Programs, Covered for Package C * Please note that this HCPCS code may only be billed with the diagnosis code of 259.1. | Yes |
| 34806 | Transcatheter placement of wireless physiologic sensor in aneurismal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data | No for All Programs, No for Package C | NA | Covered for All Programs, Covered for Package C | NA |

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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