IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT201034 SEPTEMBER 7, 2010



Updates to the 2010 Healthcare Common Procedure Coding System

The purpose of this bulletin is to update information published in provider bulletin <u>BT201001</u>, dated January 11, 2010, regarding the 2010 Annual Healthcare Common Procedure Coding System (HCPCS) codes and modifiers:

- Table 1 lists General Clarifications from <u>BT201001</u>.
- Table 2 shows the crosswalk for billing new procedure code A4466.

Table 3 shows codes that were listed in BT201001 as awaiting pricing determination. These codes now have pricing established effective January 1, 2010, or are manually priced.

Table 4 lists codes for which program coverage determinations have been made.

| Procedure Code | Description | Information Published in BT201001 on Program Coverage | Updated Information on Program Coverage | |
|----------------|---|--|--|--|
| A4466 | Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each | Noncovered | Covered | |

Table 1 – General clarifications from BT201001

Procedure code A4466 was issued as a replacement code for a variety of elastic garments previously billed using multiple HCPCS codes in the L-series, which were in effect through December 31, 2009. In order to price claims in line with the previous rates of reimbursement, the Indiana Health Coverage Programs (IHCP) will require providers to bill A4466 with a modifier to indicate the type of elastic garment provided. Table 2 shows the crosswalk between the deleted L-codes and the combination of A4466 and modifier, as well as the reimbursement rates effective January 1, 2010. If providers have submitted claims for A4466 for dates of service on or after January 1, 2010, and received a denial, those claims can be resubmitted for processing using the appropriate modifier with procedure code A4466.

| Deleted Procedure Code | Description | Replacement Code and Modifier | Rate |
|------------------------------|--|-------------------------------------|----------|
| L0210 | Thoracic, rib belt | A4466 U2 | \$29.25 |
| L1800 | Knee orthosis, elastic with stays, prefabricated, includes fitting and adjustment | A4466 U3 | \$48.40 |
| L1815 | Knee orthosis, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment | A4466 U4 | \$67.15 |
| L1825 | Knee orthosis, elastic kneecap, prefabricated, includes fitting and adjustment | A4466 U3 | \$48.40 |
| L1901 | Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | A4466 U1 | \$18.15 |
| L3651 | Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | A4466 U3 | \$48.40 |
| L3652 | Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | A4466 U5 | \$129.88 |
| L3700 | Elbow orthosis, elastic with stays, prefabricated, includes fitting and adjustment | A4466 U3 | \$48.40 |
| L3701 | Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | A4466 U1 | \$18.15 |
| L3909 | Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | A4466 U1 | \$18.15 |
| L3911 | Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | A4466 U1 | \$18.15 |

Table 2 – Crosswalk for billing HCPCS code A4466

Table 3 – New 2010 Codes previously under review for pricing

| Procedure Code | Description | Rate | Effective Date of Rate |
|----------------|--|----------------|------------------------|
| 33981 | Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump | Manual pricing | January 1, 2010 |
| 33982 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass | Manual pricing | January 1, 2010 |

| 33983 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass | Manual pricing | January 1, 2010 |
|--------|--|------------------------------------|-----------------|
| A9604 | Samarium SM-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries | Manual pricing | January 1, 2010 |
| C9360 | Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters | \$11.31 | January 1, 2010 |
| C9361 | Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length | \$252.18 | January 1, 2010 |
| C9362 | Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc | \$50.33 | January 1, 2010 |
| C9363 | Skin substitute, Integra Meshed Bilayer Wound Matrix, per square centimeter | \$19.87 | January 1, 2010 |
| C9364 | Porcine implant, Permacol, per square centimeter | \$17.48 | January 1, 2010 |
| E1036 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs | RR: \$902.63 | January 1, 2010 |
| J0598* | Injection, C1 esterase inhibitor (human), 10 units | \$41.40 | January 1, 2010 |
| L8031 | Breast prosthesis, silicone or equal, with integral adhesive | \$317.10 | January 1, 2010 |
| L8629 | Transmitting coil and cable, integrated, for use with cochlear implant device, replacement | \$162.45 | January 1, 2010 |
| L8692 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment | Manual pricing Requires invoice | January 1, 2010 |
| Q0506 | Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only | \$774.86 | January 1, 2010 |
| S3865 | Comprehensive gene sequence analysis for hypertrophic cardiomyopathy | Manual pricing | January 1, 2010 |
| S3866 | Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family | Manual pricing | January 1, 2010 |
| S3870 | Comparative genomic hybrization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental retardation | Manual pricing | January 1, 2010 |
| | | | |

* Note: Pricing for J0598 is subject to the change in methodology for physician-administered drugs beginning on May 1, 2010. See <u>BT201010</u>.

| Procedure Code | Description | Prior Authorization Requirements | Modifiers | Program Coverage | NDC Required |
|-------------------|--|---|-----------|---|-----------------|
| 0211T | Speech audiometry threshold, automated; with speech recognition | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |
| 0212T | Comprehensive audiometry threshold evaluation and speech recognition, automated | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |
| 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |
| 0214T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (list separately in addition to code for primary procedure) | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |
| 0215T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (list separately in addition to code for primary procedure) | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |
| 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |
| 0217T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (list separately in addition to code for primary procedure) | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |

Table 4 Coverage determinations undate for 2010 HCDCS

| 0218T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (list separately in addition to code for primary procedure) | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |
|-------|--|---|----|---|----|
| 0219T | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |
| 0220T | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |
| 0221T | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |
| 0222T | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (list separately in addition to code for primary procedure) | No for All Programs, No for Package C | NA | Non-Covered for All Programs, Non- Covered for Package C | NA |
| C9361 | Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length | No for All Programs, No for Package C | NA | Covered for All Programs, Covered for Package C | NA |

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