

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201105 MARCH 8, 2011



Updates to the 2011 Healthcare Common Procedure Coding System

The purpose of this bulletin is to update information published in provider bulletin [BT201062](#), dated December 30, 2010, regarding the 2011 Annual Healthcare Common Procedure Coding System (HCPCS) codes and modifiers:

- Table 1 lists General Clarifications from BT201062. Please note that at the time BT201062 was published, the Centers for Medicare & Medicaid Services (CMS) deleted codes L3660, L3670, and L3675. After the publication of BT201062, CMS reversed that decision.
- Table 2 lists the updated pricing for the outpatient radiology codes billed on the UB-04 Claim Form. CMS changed pricing after the release of BT201062.
- Table 3 shows codes that were listed in BT201062 as awaiting pricing determination. These codes now have pricing established effective January 1, 2011, or are manually priced.

Providers billing claims with dates of service on or after January 1, 2011, that were previously listed in BT201062 as non-covered but are now covered may re-bill for reimbursement. Note that re-billable claims will show Explanation of Benefit 4013 – *This procedure code is not covered for this date of service* or 4021 – *Procedure code is not covered for the dates of service for the program billed*.

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Table 1 – General Clarifications from [BT201062](#)

Procedure Code	Description	Information Published in BT201062 on Program Coverage	Updated Information on Program Coverage
D7295	Harvest of bone for use in autogenous grafting procedure	Non-Covered for All Programs, Non-Covered for Package C	Covered for All Programs, Covered for Package C
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	Deleted code	Covered for All Programs, Covered for Package C
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	Deleted code	Covered for All Programs, Covered for Package C
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, includes fitting and adjustment	Deleted code	Covered for All Programs, Covered for Package C
Q4117	Hyalomatrix, per square centimeter	Covered for All Programs, Covered for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C
Q4119	Matristem wound matrix, per square centimeter	Covered for All Programs, Covered for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C
Q4120	Matristem burn matrix, per square centimeter	Covered for All Programs, Covered for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C

Table 2 – Outpatient Radiology Rates for UB-04 Claims Only

Procedure Code	Description	Outpatient Rate for UB-04 Claims Only	Effective Date of Rate
74176	Computed tomography, abdomen and pelvis; without contrast material	\$100.35	January 1, 2011
74177	Computed tomography, abdomen and pelvis; with contrast material	\$191.49	January 1, 2011
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	\$253.11	January 1, 2011
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	\$65.65	January 1, 2011

Table 3 – New 2010 Codes Previously Under Review for Pricing

Procedure Code	Description	Rate	Effective Date of Rate
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	Manual	January 1, 2011
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	Manual	January 1, 2011
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	Manual	January 1, 2011
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	Manual	January 1, 2011
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	Manual	January 1, 2011
80104	Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure	\$20.83	January 1, 2011
88749	Unlisted in vivo (e.g., transcutaneous) laboratory service	Manual	January 1, 2011
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	Manual—Requires submission of a cost invoice	January 1, 2011
A7020	Interface for cough stimulating device, includes all components, replacement only	Manual—Requires submission of a cost invoice	January 1, 2011
A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type	Manual—Requires submission of a cost invoice	January 1, 2011
C9274	Crotalidae Polyvalent Immune Fab (ovine), 1 vial	\$2,134.13	January 1, 2011
C9276	Injection, cabazitaxel, 1 mg	\$560.00	January 1, 2011
C9278	Injection, Incobotulinumtoxin A, 1 unit	\$5.51	January 1, 2011
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	\$33.68	January 1, 2011
D3354	Pulpal regeneration (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration	Manual	January 1, 2011
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Manual	January 1, 2011
D7251	Coronectomy – intentional partial tooth removal	\$225.09	January 1, 2011

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Procedure Code	Description	Rate	Effective Date of Rate
D7295	Harvest of bone for use in autogenous grafting procedure	Manual	January 1, 2011
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Manual—Requires submission of a cost invoice	January 1, 2011
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Manual—Requires submission of a cost invoice	January 1, 2011
Q4118	Matristem micromatrix, 1 mg	\$1.80	January 1, 2011
Q4121	Theraskin, per square centimeter	\$21.27	January 1, 2011

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Questions?

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