



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 July 2007 Quarterly Healthcare Common Procedure Coding System (HCPCS) codes. The changes in Tables 1, 2, 3, and 5 are effective July 1, 2007. The changes in Table 4 will be effective December 4, 2007. This bulletin includes the following information:

- Table 1: A listing of the new alpha-numeric codes for the 2007 July Quarterly HCPCS update by procedure code, description, prior authorization (PA) requirements, allowed modifiers, and program coverage determination.
- Table 2: A listing of the deleted alpha-numeric codes.
- Table 3: A listing of the revised alpha-numeric codes.
- Table 4: A listing of J codes crosswalked to Q codes.
- Table 5: A listing of new and revised modifiers.

The standard global billing procedures and edits apply when using the new codes. Access the July 2007 Quarterly HCPCS codes at www.cms.hhs.gov/HCPCSReleaseCodeSets.

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

In accordance with the *Federal Deficit Reduction Act of 2005*, the IHCP requires the submission of a National Drug Code (NDC) with certain physician-administered drugs. The IHCP's policy is outlined in provider bulletin [BT200713](#), including specific requirement and submissions details. Additional information regarding this policy is available under the claim information in provider newsletter [NL200708](#). As a reference guide, providers can access the Palmetto GBA Web site at <http://www.palmettogba.com/>. This Web site is public domain and furnishes an NDC crosswalk table, which relates procedure codes, NDCs, and NDC quantity conversion. Providers should utilize this tool as a guide to conversions, but should not rely on it as a sole source for NDC quantity information. Providers must also remember that it is imperative that the NDC listed on the claim is representative of the actual product NDC administered to the member by the healthcare provider. Providers must continue to monitor the IHCP Web site for more information regarding submission of an NDC. In Tables 1, 3, and 4, the IHCP indicates when an NDC is required with the procedure code billed.

Note: As used in Table 1, non-covered indicates that the IHCP does not cover the service described in the code; non-reimbursable indicates that the service described in the code is either billable under another code, or is part of global.

New HCPCS Codes

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

Table 1 – New HCPCS Codes, Effective July 1, 2007

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	NDC Required on Claim
C2638	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C2639	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C2640	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C2641	BRACHYTHERAPY SOURCE, NON-STRANDED, PALLADIUM-103, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C2642	BRACHYTHERAPY SOURCE, STRANDED, CESIUM-131, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C2643	BRACHYTHERAPY SOURCE, NON-STRANDED, CESIUM-131, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C2698	BRACHYTHERAPY SOURCE, STRANDED, NOT OTHERWISE SPECIFIED, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C2699	BRACHYTHERAPY SOURCE, NON-STRANDED, NOT OTHERWISE SPECIFIED, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C

Table 1 – New HCPCS Codes, Effective July 1, 2007

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	NDC Required on Claim
C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OTHER THAN PROSTATE (ANY APPROACH), SINGLE OR MULTIPLE	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	No for All Programs, No for Package C
K0553	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
K0554	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
K0555	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
Q4087	INJECTION, IMMUNE GLOBULIN, (OCTOGAM), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	Yes, CMS-1500
Q4088	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	Yes, CMS-1500
Q4089	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAVENOUS, 100 IU	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	Yes, CMS-1500

Table 1 – New HCPCS Codes, Effective July 1, 2007

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	NDC Required on Claim
Q4090	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	Yes, CMS-1500
Q4091	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	Yes, CMS-1500
Q4092	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	Yes, CMS-1500
Q4093	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	Yes, CMS-1500
Q4094	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)	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	Yes, CMS-1500

Table 1 – New HCPCS Codes, Effective July 1, 2007

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	NDC Required on Claim
S2066	BREAST RECONSTRUCTION WITH GLUTEAL ARTERY PERFORATOR (GAP) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	Yes for All Programs, Yes for Package C	50, 51, 80, 81	Covered for All Programs, Covered for Package C	No for All Programs, No for Package C
S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEPP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	Yes for All Programs, Yes for Package C	50, 51, 80, 81	Covered for All Programs, Covered for Package C	No for All Programs, No for Package C
S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Covered for All Programs, Non-Covered for Package C	Not Applicable for All Programs, Not Applicable for Package C

Table 1 – New HCPCS Codes, Effective July 1, 2007

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	NDC Required on Claim
S3905	NON-INVASIVE ELECTRODIAGNOSTIC TESTING WITH AUTOMATIC COMPUTERIZED HAND-HELD DEVICE TO STIMULATE AND MEASURE NEUROMUSCULAR SIGNALS IN DIAGNOSING AND EVALUATING SYSTEMIC AND ENTRAPMENT NEUROPHATHIES	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
S9152	SPEECH THERAPY, RE-EVALUATION	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C

Deleted HCPCS Codes

The codes listed in Table 2 were deleted effective June 30, 2007. The IHCP has provided an appropriate crosswalk when available.

Table 2 – Deleted HCPCS Codes, Effective June 30, 2007

Procedure Code	Description	Crosswalk
S2078	LAPAROSCOPIC SUPRACERVICAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	58541, 58542, 58543, or 58544
J7319	HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR INJECTION, PER INJECTION	Q4083, Q4084, Q4085, or Q4086
C1718	BRACHYTHERAPY SOURCE, IODINE 125, PER SOURCE	Non-Reimbursable for All Programs, Non-Reimbursable for Package C
C1720	BRACHYTHERAPY SOURCE, PALLADIUM 103, PER SOURCE	Non-Reimbursable for All Programs, Non-Reimbursable for Package C
C2633	BRACHYTHERAPY SOURCE, CESIUM-131, PER SOURCE	Non-Reimbursable for All Programs, Non-Reimbursable for Package C

Revised HCPCS Codes

The Centers for Medicare & Medicaid Services (CMS) has revised the coverage indicator for the codes listed in Table 3 effective July 1, 2007. IHCP coverage is not affected by the CMS revisions.

Table 3 – Revised 2007 July Quarterly HCPCS Codes, Effective July 1, 2007

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	NDC Required Claim
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	No for All Programs, No for Package C
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. , WITHOUT ADHESIVE BORDER, EACH DRESSING	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	No for All Programs, No for Package C
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C	No for All Programs, No for Package C
C1716	BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C1717	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH DOSE RATE IRIDIUM-192, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C1719	BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE RATE IRIDIUM-192, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C2616	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C

Table 3 – Revised 2007 July Quarterly HCPCS Codes, Effective July 1, 2007

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	NDC Required Claim
C2634	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, IODINE-125, GREATER THAN 1.01 MCI (NIST), PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C2635	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, PALADIUM-103, GREATER THAN 2.2 MCI (NIST), PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C2636	BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
C2637	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTERBIUM-169, PER SOURCE	Not Applicable for All Programs, Not Applicable for Package C	Not Applicable for All Programs, Not Applicable for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C	Not Applicable for All Programs, Not Applicable for Package C
S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	Yes for All Programs, Yes for Package C	50, 51	Covered for All Programs, Covered for Package C	No for All Programs, No for Package C

Coverage Indicators for J Codes

CMS changed the coverage indicator for J1567, J7611, J7612, J7613, and J7614 effective July 1, 2007. CMS now covers the Q codes listed in the crosswalk column of Table 4. These J codes will remain covered for the IHCP until December 4, 2007. During this transition period, the IHCP will also cover the Q codes listed in the crosswalk column of Table 4. Effective December 4, 2007, the IHCP will no longer reimburse the J codes listed in Table 4.

The IHCP will reimburse Q4093 (concentrated form) at \$0.15 per 1 mg (Albuterol) or per 0.5 mg (Levalbuterol) and Q4094 (unit dose) at \$0.16 per unit dose, per 1mg (Albuterol), or per 0.5 mg (Levalbuterol). For additional information regarding CMS' decision, please see the following article published by CMS at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5645.pdf>.

Table 4 – J Codes that CMS has Crosswalked to Q Codes, Effective July 1, 2007

Code	Description	Crosswalk	NDC Required on Claim
J1567	INJECTION, IMMUNE GLOBULIN, , NON-LOPHILIZED (E.G. LIQUID), 500 MG	Q4087, Q4088, Q4091 or Q4092	Yes, CMS-1500
J7611	ABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINSTERED THROUGH DME, CONCENTRATED FORM, 1 MG	Q4093	Yes, CMS-1500
J7612	LEVALBUTEROL INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINSTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	Q4093	Yes, CMS-1500
J7613	ABUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINSTERED THROUGH DME, UNIT DOSE, 1 MG	Q4094	Yes, CMS-1500
J7614	LEVALBUTEROL INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINSTERED THROUGH DME, UNIT DOSE, 0.5 MG	Q4094	Yes, CMS-1500

New and Revised Modifiers

Table 5 lists the new and changed modifiers released in the July Quarterly Update. CMS has released six new modifiers and changed one existing modifier.

*This is an informational description change that was effective July 1, 2007.

Table 5 – New and Revised Modifiers, Effective July 2007 Quarterly HCPCS Update

Modifier Code	Description	Type	Date Effective
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT	Informational	07/01/2007
KG	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 1	Informational	07/01/2007
KK	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 2	Informational	07/01/2007
KL	DMEPOS ITEM DELIVERED VIA MAIL	Informational	07/01/2007
KT	BENEFICIARY RESIDES IN A COMPETITIVE BIDDING AREA AND TRAVELS TO A NON-COMPETITIVE AREA AND RECEIVES ITEM FROM A NON-CONTRACT SUPPLIER	Informational	07/01/2007
KU	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 3	Informational	07/01/2007
* KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET	Informational	07/01/2007

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.

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