

2005 HCPCS Code Update 2nd Quarter

There are 53 code changes to the Healthcare Common Procedural Coding System (HCPCS) for 2005. This includes 37 new codes, 6 deleted codes and 10 changed codes. *For Medicare products only*, 52 codes were deactivated and designated as invalid codes. This summary provides a high-level overview of the additions, revisions and deletions to HCPCS for 2005 but does not address or imply coverage or reimbursement of a procedure or service, unless noted. A final decision to pay or deny a claim will not be made until a claim has been received and processed according to the member's certificate of coverage and/or the provider contract.

Outpatient PPS (C1000-C9999)

The "C" codes are for hospital outpatient use only.

One C code was deleted (C9126) and six new C codes were created (C9127, C9128, C9223, C9440, C9723, and C9724):

C9126 (*Injection, Natalizumab*) has been deleted effective 3/31/05. C9126 has been replaced with code Q4079 (*Injection, Natalizumab per 1 mg*) effective 4/1/05. (**NOTE:** This drug (Tysabri) has been voluntarily removed from the market by the pharmaceutical companies on recommendation of the FDA, effective 2/28/05. Submission of this code will result in a provider liability denial.)

C9127 (*Injection, Paclitaxel Protein-Bound Particles, per IMG*) was created following FDA approval of this drug on 1/7/05; For claims with dates of service prior to the 4/1/05 code update, hospitals should bill for Paclitaxel (brand name Abraxane) using HCPCS code C9399 (*Unclassified Drugs or Biologicals*). For claims with dates of service on or after 4/1/05, code C9127 should be used when billing for this drug.

C9128 (*Injection, Pegaptanib Sodium, per 0.3 MG*) was created following FDA approval of this drug (brand name Macugen) on 12/17/04. Code C9128 is currently under review; further information will be communicated when it becomes available.

C9223 (*Injection, Adenosine for Therapeutic or Diagnostic Use, 6 MG (Not To Be Used To Report Any Adenosine Phosphate Compounds, Instead Use A9270)*) was created to replace codes J0150 and J0152. (Please refer to your HCPCS manual for descriptions of these J codes.)

C9440 (*Vinorelbine Tartrate, Brand Name, Per 10 MG*) is the brand form (Navelbine) of J9390. (Please refer to your HCPCS manual for a description of this J code.)

C9723 (*Dynamic Infrared Blood Perfusion Imaging (DIRI)*) is currently under review; further information will be communicated when it becomes available.

C9724 (*Endoscopic Full-Thickness Plication in the Gastric Cardia Using Endoscopic Plication System (EPS); Includes Endoscopy*) will be denied as **investigative** for commercial and Medicaid products per Medica's Coverage Policy, "Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease".

Procedures / Professional Services (Temporary) (G0000-G9999)

End stage renal disease (ESRD) codes G0324 – G0327 were changed to reflect the deletion of the phrase, "for home dialysis", from the code description.

One PET Scan code was created with a status code of "N" (*Non-covered*). Submission of this code will result in a denial reason of 479 (*Resubmit with other code for processing*), for all products.

G0235 *PET not otherwise specified*



The PET Scan "G" codes (G0300 – G0234, G0253 - G0254, G0254, G0296 and G0330 – G0336) were changed to **invalid** status and will be specific to Medica's Medicare products only. Refer to the "Medicare's PET Scan "G" Codes" document on www.medica.com for further information.

DME Temporary "K" Codes (K0000-K9999)

Two codes were created, one to reflect new prosthetic technology and one for rental of a portable oxygen concentrator. Code K0670 replaces code L5847, which was deleted effective 12/31/04. Medica has reviewed this technology and determined it to be a non-covered service and will deny as member liability.

K0670 *Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, included electronic sensor(s), any type*

Code K0671 is to be used when billing for the portable equipment add-on fee for members using lightweight oxygen concentrators that can function as both the member's stationary and portable equipment. This is to be used in conjunction with code E1390 (*Stationary oxygen concentrator*).

K0671 *Portable oxygen concentrator, rental*

Temporary "Q" Codes (Q0000-Q9999)

Eighteen codes have been created; one for an injection; four to distinguish between the lyophilized and non-lyophilized form of intravenous immune globulin (IVIG); and thirteen to further delineate the various dosages of low osmolar contrast material (LOCM). Please refer to the "Medicare's "Q" Codes" document on www.medica.com for further information on the IVIG and LOCM codes.

Q4079 *Injection, Natalizumab, per 1mg* (**NOTE:** This drug (Tysabri) has been voluntarily removed from the market by the pharmaceutical companies on recommendation of the FDA, effective 2/28/05. Submission of this code will result in a provider liability denial.)

Q9941 *Injection, Immune Globulin, Intravenous, Lyophilized, IG*

Q9942 *Injection, Immune Globulin, Intravenous, Lyophilized, 10mg*

Q9943 *Injection, Immune Globulin, Intravenous, Non-Lyophilized, IG*

Q9944 *Injection, Immune Globulin, Intravenous, Non-Lyophilized, 10mg*

Q9945 *Low osmolar contrast material, up to 149 mg/ml, Iodine concentration, per ml*

Q9946 *Low osmolar contrast material, 150 – 199 mg/ml, Iodine concentration, per ml*

Q9947 *Low osmolar contrast material, 200 – 249 mg/ml, Iodine concentration, per ml*

Q9948 *Low osmolar contrast material, 250 - 299 mg/ml, Iodine concentration, per ml*

Q9949 *Low osmolar contrast material, 300 - 349 mg/ml, Iodine concentration, per ml*

Q9950 *Low osmolar contrast material, 250 - 399 mg/ml, Iodine concentration, per ml*

Q9951 *Low osmolar contrast material, 400 or greater mg/ml, Iodine concentration, per ml*

Q9952 *Injection, Gadolinium-based Magnetic Resonance contrast agent, per ml*

Q9953 *Injection, Iron-based Magnetic Resonance contrast agent, per ml*

Q9954 *Oral Magnetic Resonance agent, per ml*

Q9955 *Injection, Perflexane lipid microspheres, per ml*

Q9956 *Injection, Octafluoropropane microspheres, per ml*

Q9957 *Injection, Perflutren lipid microspheres, per ml*

Temporary National Codes (Non-Medicare) (S0000-S9999)

Four injection codes (S0016, S0107, S0158 and S0159) and one radioimmunopharmaceutical code (S8004) were deleted.

The following two codes were created for inhalation solution administered through DME and are currently



under review. The determination will be published in a future edition of *Medica's Connections* Bulletin.

- S0142 *Colistimethate Sodium, inhalation solution administered through DME, concentrated form, per mg*
- S0143 *Aztreonam, inhalation solution administered through DME, concentrated form, per gram*

The following three new codes will be denied reason 059 (*included in primary service*) across all of Medica's products. This is consistent with community industry standard.

- S0595 *Dispensing new spectacle lenses for patient supplied frame*
- S0625 *Retinal telescreening by digital imaging of multiple different fundal US areas to screen for vision-threatening conditions, including imaging, interpretation and report*
- S3005 *Performance measurement, evaluation of patient self assessment, depression*

Code S8434 is anticipated to be submitted on a UB-92 claim form by a facility as a rendered service included in the performance of a major surgical procedure.

- S8434 *Interim post-operative orthotic device for upper extremity, custom made*

Code S8940 will be denied reason 068 (*Non-covered service, member liability*) for all of Medica's products per member's certificate of coverage verbiage.

- S8940 *Equestrian/Hippotherapy, per session*

HCPCS Modifier Add

One new modifier was added, which will be implemented for use with Medica's Medicare products only.

- QR *Item or service provided in a Medicare specified study*

This modifier was created for use on a CMS-1500 claim form to identify a Medicare protocol covered service. This modifier is informational only.

CMS HCPCS Code Link

To access the current CMS code information, click on the link to the *CMS HCPCS Update Files* page.

<http://www.cms.hhs.gov/medicare/hcpcs/update.asp>

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