

2005 Medicare “Q” Code Changes 2nd Quarter

Low Osmolar Contrast Material Agents (LOCM)

The Centers for Medicare and Medicaid Services (CMS) released Transmittal 502 on March 11, 2005, updating new Healthcare Common Procedural Coding System (HCPCS) “Q” codes for LOCM. Effective April 1, 2005, HCPCS “A” codes for LOCM will no longer be allowed for Medicare claims. Medica will be implementing this directive for our Medicare MSHO and Prime Solution products, group #s 07590; 07592; 07800; 07850 – 07861; 07900 – 07902; 70200 – 70299; 70500 – 70699. Submission of one of the HCPCS “A” codes after April 1, 2005, dates of service, will result in a provider liability denial. Claims may be resubmitted with the appropriate HCPCS “Q” code for reprocessing.

The following HCPCS “Q” codes are replacing HCPCS codes A4644 – A4646. (Please refer to your 2005 HCPCS manual for complete descriptions of these “A” codes);

- 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*

The following HCPCS “Q” codes are replacing HCPCS codes A4643 and A4647. (Please refer to your 2005 HCPCS manual for complete descriptions of these “A” codes);

- 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*

All other echocardiography contrast agents not described by HCPCS codes Q9955 – Q9957 should be reported with HCPCS code A9700 (*Supply of injectable contrast material for use in echocardiography, per study*).

- Q9955 *Injection, Perflerane lipid microspheres, per ml*
- Q9956 *Injection, Octafluoropropane microspheres, per ml*
- Q9957 *Injection, Perflutren lipid microspheres, per ml*

The CMS Transmittal can be accessed at http://www.cms.hhs.gov/manuals/pm_trans/R502CP.pdf.

Intravenous Immune Globulin (IVIG)

CMS released Transmittal 507 on March 18, 2005, documenting new HCPCS “Q” codes to distinguish between the lyophilized and non-lyophilized form of IVIG. Effective April 1, 2005, two HCPCS “J” codes for IVIG will no longer be allowed for Medicare claims. Medica will be implementing this directive for our Medicare Prime Solution products (group #s noted above). Submission of one of the HCPCS “J” codes after April 1, 2005, dates of service, will result in a provider liability denial. Claims may be resubmitted with the appropriate HCPCS “Q” code for reprocessing.

The following “Q” codes will be replacing J1563 (*Injection, immune globulin, intravenous, 1g*)

- Q9941 *Injection, Immune Globulin, Intravenous, Lyophilized, IG*
- Q9943 *Injection, Immune Globulin, Intravenous, Non-Lyophilized, IG*

The following “Q” codes will be replacing J1564 (*Injection, immune globulin, intravenous, 10mg*)

- Q9942 *Injection, Immune Globulin, Intravenous, Lyophilized, 10mg*
- Q9944 *Injection, Immune Globulin, Intravenous, Non-Lyophilized, 10mg*

The CMS Transmittal can be accessed at http://www.cms.hhs.gov/manuals/pm_trans/R507CP.pdf.

Medica will continue to allow all of the above listed HCPCS codes for our commercial and Medica Choice CareSM or Medica MinnesotaCare products.