

2005 HCPCS Code Update – 3rd Quarter

There are 24 code changes (24 additions) to HCPCS effective July 1, 2005.

This summary provides a high-level overview of the additions 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.

One new "C" code was created and is for hospital outpatient use only;

C9129 *Injection, clofarabine, per 1 mg*

Two new codes were created for smoking cessation counseling:

G0375 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes*

G0376 *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes*

These codes will be accepted for all of Medica's Medicare products per the published Medicare guidelines. The recommended diagnoses are 305.1 (*Tobacco use disorder*) or V15.82 (*Personal history of tobacco use*).

For Medica's Commercial and Medica Choice CareSM or Medica MinnesotaCare products, the above listed codes are not currently accepted as the services can be reported as an evaluation and management (E/M) or by use of the preventive counseling codes if that is the only service rendered that day.

Four new codes were created for use by DME vendors:

K0731 *Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each*

K0732 *Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, Each*

Codes K0731 and K0732 replace HCPCS code L8620 for the Medicare Products, **only**, as CMS has now made code L8620 *invalid* for Medicare submission, effective with 7/1/05 dates of service.

Codes K0731, K0732 or L8620 are accepted for Medica's Commercial and Medica Choice CareSM or Medica MinnesotaCare products.

K0730 *Controlled dose inhalation drug delivery system*

Q4080 *Iloprost inhalation solution, administered through DME, 20 mcg*

Code K0730 was made effective 4/1/05 per CMS Transmittal 536.

The following 7 codes for high osmolar contrast material were created to add to the existing codes for low osmolar contrast material codes:

Q9958 *High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml*

Q9959 *High osmolar contrast material, up to 150-199 mg/ml iodine concentration, per ml*

Q9960 *High osmolar contrast material, up to 200-249 mg/ml iodine concentration, per ml*

Q9961 *High osmolar contrast material, up to 250-299 mg/ml iodine concentration, per ml*

Q9962 *High osmolar contrast material, up to 300-349 mg/ml iodine concentration, per ml*

Q9963 *High osmolar contrast material, up to 350-399 mg/ml iodine concentration, per ml*

Q9964 *High osmolar contrast material, up to 400 or greater mg/ml iodine concentration, per ml*

New codes were created for medications and will be accepted by Medica:

S0118 *Injection, ziconotide, for intrathecal infusion, 1 mcg*

S0133 *Histrelin, implant, 50 mg*



S0145 *Injection pegylated interferon alfa-2A, 180 mcg per ml*

S0146 *Injection, pegylated interferon alfa-2B, 10 mcg per 0.5 ml*

S0198 *Injection, Pegaptanib sodium, 0.3 mg*

S0265 *Genetic counseling, under physician supervision, each 15 minutes.*

Medica is recommending this code be submitted by genetic counselors beginning with September 1, 2005 dates of service. The recommendation published in the June, 2005 Connections stated we would allow the CPT preventive counseling codes (99401 -99404) appended with the –U7 modifier. That recommendation has now been made obsolete.

S0613 *Annual gynecological examination; clinical breast examination without pelvic examination* will be denied with reason code 479 “Resubmit under other code for processing” and should be submitted as an evaluation and management code.

S2900 *Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)* will deny as included in the main procedure with reason code 059 on the provider remittance advice form.

S8270 *Enuresis alarm, using auditory buzzer and/or vibration device* will deny, per coverage exclusion, member liability.

Modifier BL (*Special acquisition of blood and blood products*) will be accepted as an informational modifier on lab CPT and HCPCS codes only.