

2005 HCPCS Code Update 1st Quarter

There are 520 code changes (292 new codes, 132 deleted codes, 92 changed codes, and 4 reactivated) to the Healthcare Common Procedural Coding System (HCPCS) for 2005. 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.

Medical and Surgical Supplies (A4000-A8999)

Incontinence products A4521-A4538 were deleted and are now to be reported with codes T4521-T4542. Codes T4521-T4542 are for the Medicaid products only.

Enteral and Parenteral Therapy (B4000-B9999)

New formula codes were created and some existing codes changed to be much more descriptive of what is included in the formula.

Two hydration codes were created and will not be covered:

B4102 *Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids). 500ml = 1 unit*

B4103 *Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500ml = 1 unit*

Outpatient PPS (C1000-C9999)

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

Per Medica's Coverage Policy "Percutaneous Vertebroplasty and Kyphoplasty," the following new codes will be denied as **investigative** for commercial and Medicaid products:

C9718 *Kyphoplasty, one vertebral body, unilateral or bilateral injection*

C9719 *Kyphoplasty, one vertebral body, unilateral or bilateral injection; each additional vertebral body (list separately in addition to code for primary procedure)*

Per Medica's Coverage Policy "Extracorporeal Shock Wave Treatment for Musculoskeletal Indications," the following new codes will be denied as **investigative**:

C9720 *High-energy (greater than 0.22 mj/mm²) extracorporeal shock wave (ESW) treatment for chronic lateral epicondylitis (tennis elbow)*

C9721 *High-energy (greater than 0.22 mj/mm²) extracorporeal shock wave (ESW) treatment for chronic plantar fasciitis*

Dental Procedures (D0000-D9999)

These codes are for submission by dental providers.

Durable Medical Equipment (E0100-E9999)

Two codes were created for patient lifts and are currently in discussion by Medica's DME Committee:

E0639 *Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories*

E0640 *Patient lift, fixed system, includes all components/accessories*

Per Medica's Coverage Policy "Electrical Stimulation for Wound Healing," the following code will be denied as **investigative**:

E0769 *Electrical stimulation or electromagnetic wound treatment device, not otherwise classified*

New, more descriptive codes E2601-E2621 replaced a range of "K" codes for adjustable seat cushions.

New codes E8000-E8002 were created for gait trainers in pediatric sizes. There are no codes for adult size gait trainers at this time.

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

Venipuncture code G0001 was deleted. Current Procedural Terminology (CPT®) code 36415 can be submitted for this service. CPT code 36416 is a non-covered service for Medicare products.

Many new codes were created that are specific to the Medicare products. Refer to the "Medicare's "G" Codes" document on www.medica.com for more information on the specific codes.

Drugs Administered Other than Oral Method (J0000-J9999)

Two new dermal tissue codes were created to replace deleted codes Q0182 and Q0183, respectively:

J7343 *Dermal and epidermal, tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per sq. cm*

J4344 *Dermal tissue, of human origin, with or without other bioengineered or processed elements, without metabolically active elements, per sq. cm*

Albuterol codes J7618-J7621 were deleted and replaced with J7611-J7617 to better describe the drugs dispensed.

Modifiers KO, KP and KQ should never be appended to the following codes:

J7616 *Albuterol, up to 5 mg and ipratropium bromide, up to 1 mg, compounded inhalation solution, administered through DME*

J7617 *Levalbuterol, up to 2.5 mg and ipratropium bromide, up to 1 mg, compounded inhalation solution, administered through DME*

DME Temporary "K" Codes (K0000-K9999)

Wheelchair seat cushion codes K0650-K0668 were deleted and most were replaced with new "E" codes E2601-E2621.

Orthotic / Prosthetic Codes (L0000-L9999)

There were 21 new codes added to this section to define new technological advances.

Temporary "Q" Codes (Q0000-Q9999)

Dermal tissue codes Q0182 and Q0183 were deleted and replaced with J7343 and J7344, respectively.

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

Per Medica's Medical Policy "Endoscopic Procedures for the Treatment of GERD," the following new code will be denied as **investigative**:

S2215 *Upper gastrointestinal endoscopy, including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection of implant material into and along the muscle of the lower esophageal sphincter for treatment of GERD*

The HCPCS code for the Essure® procedure was deleted:

S2255 *Hysteroscopy, surgical; with occlusion of oviducts bilaterally by micro-inserts for permanent sterilization*

Beginning 1/1/05, the Essure procedure will be a **covered** procedure under CPT code 58565 (see December 2004 *Medica Connections* for article, pages 8-9).

S9097 (*Home visit for wound care*) is a non-covered service for all products at this time.

The following two HCPCS codes were deleted and replaced with CPT codes 36475 and 36477, respectively:

S2130 *Endoluminal radiofrequency ablation of refluxing saphenous vein*

S2131 *Endovascular laser ablation of long or short saphenous vein, with or without proximal ligation or division*

See the "2005 CPT Code Update" document on www.medica.com for more information.

Vision and Hearing Aid Services (V0000-V9999)

V2702 (*Deluxe lens feature*) will be denied as **noncovered** for all products. This code includes services and features such as lens edge treatments and lens drilling

HCPCS Modifier Adds

The following modifiers will be accepted as informational only:

AE = *Registered dietician*

AF = *Specialty physician*

AG = *Primary physician*

AK = *Nonparticipating physician*

CG = *Innovator drug dispensed*

RD = *Drug provided to beneficiary, but not administered incident to*

SW = *Services provided by a certified diabetic educator*

SY = *Persons who are in close contact with member of high risk population (use only with codes for immunization)*