

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201034 SEPTEMBER 7, 2010



Updates to the 2010 Healthcare Common Procedure Coding System

The purpose of this bulletin is to update information published in provider bulletin [BT201001](#), dated January 11, 2010, regarding the 2010 Annual Healthcare Common Procedure Coding System (HCPCS) codes and modifiers:

- Table 1 lists General Clarifications from [BT201001](#).
- Table 2 shows the crosswalk for billing new procedure code A4466.
- Table 3 shows codes that were listed in BT201001 as awaiting pricing determination. These codes now have pricing established effective January 1, 2010, or are manually priced.
- Table 4 lists codes for which program coverage determinations have been made.

Table 1 – General clarifications from BT201001

Procedure Code	Description	Information Published in BT201001 on Program Coverage	Updated Information on Program Coverage
A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	Noncovered	Covered

Procedure code A4466 was issued as a replacement code for a variety of elastic garments previously billed using multiple HCPCS codes in the L-series, which were in effect through December 31, 2009. In order to price claims in line with the previous rates of reimbursement, the Indiana Health Coverage Programs (IHCP) will require providers to bill A4466 with a modifier to indicate the type of elastic garment provided. Table 2 shows the crosswalk between the deleted L-codes and the combination of A4466 and modifier, as well as the reimbursement rates effective January 1, 2010. If providers have submitted claims for A4466 for dates of service on or after January 1, 2010, and received a denial, those claims can be resubmitted for processing using the appropriate modifier with procedure code A4466.

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Table 2 – Crosswalk for billing HCPCS code A4466

Deleted Procedure Code	Description	Replacement Code and Modifier	Rate
L0210	Thoracic, rib belt	A4466 U2	\$29.25
L1800	Knee orthosis, elastic with stays, prefabricated, includes fitting and adjustment	A4466 U3	\$48.40
L1815	Knee orthosis, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	A4466 U4	\$67.15
L1825	Knee orthosis, elastic kneecap, prefabricated, includes fitting and adjustment	A4466 U3	\$48.40
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	A4466 U1	\$18.15
L3651	Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	A4466 U3	\$48.40
L3652	Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	A4466 U5	\$129.88
L3700	Elbow orthosis, elastic with stays, prefabricated, includes fitting and adjustment	A4466 U3	\$48.40
L3701	Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	A4466 U1	\$18.15
L3909	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	A4466 U1	\$18.15
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	A4466 U1	\$18.15

Table 3 – New 2010 Codes previously under review for pricing

Procedure Code	Description	Rate	Effective Date of Rate
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Manual pricing	January 1, 2010
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	Manual pricing	January 1, 2010

33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	Manual pricing	January 1, 2010
A9604	Samarium SM-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	Manual pricing	January 1, 2010
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	\$11.31	January 1, 2010
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length	\$252.18	January 1, 2010
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	\$50.33	January 1, 2010
C9363	Skin substitute, Integra Meshed Bilayer Wound Matrix, per square centimeter	\$19.87	January 1, 2010
C9364	Porcine implant, Permacol, per square centimeter	\$17.48	January 1, 2010
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	RR: \$902.63	January 1, 2010
J0598*	Injection, C1 esterase inhibitor (human), 10 units	\$41.40	January 1, 2010
L8031	Breast prosthesis, silicone or equal, with integral adhesive	\$317.10	January 1, 2010
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	\$162.45	January 1, 2010
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Manual pricing Requires invoice	January 1, 2010
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	\$774.86	January 1, 2010
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Manual pricing	January 1, 2010
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	Manual pricing	January 1, 2010
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental retardation	Manual pricing	January 1, 2010

* Note: Pricing for J0598 is subject to the change in methodology for physician-administered drugs beginning on May 1, 2010. See [BT201010](#).

Table 4 – Coverage determinations update for 2010 HCPCS

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
0211T	Speech audiometry threshold, automated; with speech recognition	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
0212T	Comprehensive audiometry threshold evaluation and speech recognition, automated	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA

0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	NA	Non-Covered for All Programs, Non-Covered for Package C	NA
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length	No for All Programs, No for Package C	NA	Covered for All Programs, Covered for Package C	NA

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