Date: June 12, 2014

Medi-Cal

Important Provider Notice # 162

Subject: 2014 CPT/HCPC changes effective 07/01/14

The 2014 updates to the Current Procedural Terminology – 4th Edition (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) National Level II codes are listed below. Only those codes representing current or future Medi-Cal benefits are included in the list of additions. Medi-Cal will implement the code additions, changes and deletions for dates of service on or after July 1, 2014. Please refer to the 2014 CPT-4 and HCPCS Level II code books for complete descriptions of these codes. Specific policy, billing information and manual replacement pages reflecting these changes will be released in a future Medi-Cal Update.

CODE ADDITIONS

Bolded Codes
Bolded codes indicate notation of special billing policy.

Durable Medical Equipment
A4555, E0766

A4555
Medical justification is required on a Treatment Authorization Request (TAR). Providers must document the equipment is patient owned and used for treatment of pain caused by cancer. Billing frequency is limited to 2 times per month. Bill using modifier NU (purchase). This item is non-taxable.

E0766
Medical justification is required on a TAR. Providers must document the equipment is patient owned and used for treatment of pain caused by cancer. Billing frequency is limited to 1 in 5 years. Bill using modifier NU or RR (rental). Documentation of a one-month clinical trial to establish effectiveness of treatment prior to use is required. This item is non-taxable.

Evaluation and Management
99481, 99482

99481, 99482
Billed daily when initiated within the first six hours and discontinued after 72 hours. Allowable modifiers are U7, 99, SA and SB.

Family Planning
J7301
Medicine
93582, 93583, 94669

93582, 93583
TAR is required.

94669
Billing frequency is limited to 3 times per year, same provider.

Pathology and Laboratory
80155, 80159, 80169, 80171, 80175, 80177, 80180, 80183, 80199, 80203, 81287, 81507, 81508, 81511, 87661, 88343, G0461, G0462

80155, 80159, 80169, 80171, 80175, 80177, 80180, 80183, 80199, 80203, 87661, 88343
These codes are not reimbursable when billed with the following ICD-9-CM diagnosis codes: V70, V70.0, V70.5 – V70.9, V72, V72.1 or V72.9.

81287
Billing frequency is limited to once-in-a-lifetime.

Requires documentation of the following:

- The patient has a diagnosis of glioblastoma multiforme, and
- Treatment strategy will be contingent on the test results

81507
Billing frequency is limited to once a year for females only.

Reimbursement requires providers to document on the claim form, or on a claim attachment, one of the following:

- Patient with singleton gestation only
- The patient has an increased risk of aneuploidy due to one or more of the following:
  - Maternal age is 35 years or older at delivery
  - Fetal ultrasonographic findings indicating an increased risk of aneuploidy
  - History of a prior pregnancy with a trisomy
  - Positive test result for aneuploidy, including first trimester, sequential, or integrated screen, or a quadruple screen
  - Parental balanced Robertsonian translocation with increased risk of fetal trisomy 13 or trisomy 21

81508, 81511
Reimbursable only once for women in the first and/or second trimester of pregnancy.

G0461, G0462
These codes are not reimbursable when billed with the following ICD-9-CM diagnosis codes: V70, V70.0, V70.5 – V70.9, V72, V72.1 or V72.9.
Prosthetics and Orthotics

Billing frequency is limited to 1 in 5 years. Items are non-taxable.

L4361, L4387
Billing frequency is limited to 1 in 5 years. Items are non-taxable. Requires a TAR when payable to a podiatrist.

Radiology
77293, A9520, A9575, A9599

Surgery

10030
Not payable to assistant surgeon. Requires a TAR when payable to a podiatrist.

19081, 19083, 19085, 19281, 19283, 19285, 19287, 37241 – 37244, 43191 – 43198, 43211 – 43214, 43229, 43233, 43253, 43254, 43266, 43270, 43274 – 43278, 49405 – 49407, 52356, 64616, 64617, 64642, 64644, 64646, 64647
Not payable to assistant surgeon.

19082, 19084, 19086, 19282, 19284, 19286, 19288, 64643, 64645
Not payable to assistant surgeon. Exempt from Modifier 51 cutback.

37237, 37239
Exempt from Modifier 51 cutback.

CODE CHANGES

Bolded Codes
Bolded codes indicate notation of special billing policy.

Durable Medical Equipment
E0601

Evaluation and Management
84112, 87536

Medicine
93653, 93654, 93656; G9143

G9143
No longer a Medi-Cal benefit.
Reimbursement requires providers to document on the claim form, or on a claim attachment, one of the following:

- **ABCC8 (familial hyperinsulinism):**
  o The patient has persistent hyperinsulinemic hypoglycemia of infancy (PHHI) who failed medical therapy, and
  o The patient is under evaluation for surgical intervention
- **ATXN1 (spinocerebellar ataxia)** – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- **ATXN2 (spinocerebellar ataxia)** – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- **ATXN3 (spinocerebellar ataxia, Machado-Joseph disease)** – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- **ATXN7 (spinocerebellar ataxia)** – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- **ATXN10 (spinocerebellar ataxia)** – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- **CNBP (myotonic dystrophy, type 2)** – The patient has clinical features suspicious for, or requires the service as a confirmatory test for myotonic dystrophy, type 2.
- **CSTB (Unverricht-Lundborg disease):**
  o The patient has clinical features suspicious for, or requires the service as a confirmatory test for progressive myoclonic epilepsy type 1, and
  o Treatment will be contingent on the test results
- **PP2R2B (spinocerebellar ataxia)** – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia.
- **TBP (spinocerebellar ataxia)** – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia.

Reimbursement requires providers to document on the claim form, or on a claim attachment, one of the following:

- **DNMT3A (acute myeloid leukemia):**
  o The patient has the diagnosis of acute myeloid leukemia, and
  o Treatment strategy will be contingent on the test results
- **EPCAM (Lynch syndrome)** – The patient has colorectal cancer and/or Lynch syndrome
- **KCNC3 (spinocerebellar ataxia)** – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- **KCNJ11 (familial hyperinsulinism):**
The patient has persistent hyperinsulinemic hypoglycemia of infancy (PHHI) who failed medical therapy, and

- The patient is under evaluation for surgical intervention

- KIR (killer cell immunoglobulin-like receptor or hematopoietic stem cell transplantation):
  o The patient has the diagnosis of acute myeloid leukemia, and
  o The test is used for donor search process for patients considering hematopoietic stem cell transplantation

- MICA (solid organ transplantation):
  o The patient is undergoing evaluation for kidney transplantation, or
  o The patient is post kidney transplantation

- NDP (Norrie disease) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Norrie disease

- SH2D1A (X-linked lymphoproliferative syndrome) – The patient is a male with the diagnosis of:
  o Common variable immune deficiency, or
  o Hypogammaglobulinemia, or
  o Hemophagocytic lymphohistiocytosis, or
  o Severe infectious mononucleosis, or
  o Lymphoma, or
  o Family history of X-linked lymphoproliferative syndrome

81404
Reimbursement requires providers to document on the claim form, or on a claim attachment, one of the following:

- CD40LG (X-linked hyper IgM syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Hyperimmunoglobulin M syndromes

- CSTB (Unverricht-Lundborg disease) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Unverricht-Lundborg disease

- EMD (Emery-Dreifuss muscular dystrophy) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Emery-Dreifuss muscular dystrophy

- EPM2A (progressive myoclonus epilepsy) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for progressive myoclonus epilepsy

- FHL1 (Emery-Dreifuss muscular dystrophy) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Emery-Dreifuss muscular dystrophy

- NDP (Norrie disease) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Norrie disease

- SH2D1A (X-linked lymphoproliferative syndrome): The patient is a male with the diagnosis of:
  o Common variable immune deficiency, or
  o Hypogammaglobulinemia, or
  o Hemophagocytic lymphohistiocytosis, or
  o Severe infectious mononucleosis, or
  o Lymphoma, or
  o Family history of X-linked lymphoproliferative syndrome

- SPINK1 (hereditary pancreatitis):
  o An unexplained documented episode of acute pancreatitis in childhood, or
  o Recurrent acute attacks of pancreatitis of unknown cause, or
Chronic pancreatitis of unknown cause, particularly with onset younger than 25 years of age, or

A family history of recurrent acute pancreatitis, chronic pancreatitis of unknown cause, and/or childhood pancreatitis of unknown cause consistent with autosomal dominant inheritance

81405
Reimbursement requires providers to document on the claim form, or on a claim attachment, one of the following:

- EMD (Emery-Dreifuss muscular dystrophy) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Emery-Dreifuss muscular dystrophy
- NPHS2 (steroid-resistant nephrotic syndrome [SRNS]):
  - The patient has clinical diagnosis of SRNS, and
  - Treatment will be contingent on the test results
- SLC2A1 (glucose transporter type 1 [GLUT 1] deficiency syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for GLUT 1 deficiency syndrome
- TCF4 (Pitt-Hopkins syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Pitt-Hopkins syndrome

81406
Reimbursement requires providers to document on the claim form, or on a claim attachment, one of the following:

- AFG3L2 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- BTK (X-linked agammaglobulinemia):
  - The male patient has clinical features suspicious for X-linked agammaglobulinemia, and
  - The male patient has less than two percent CD19+ B cells
- CNTNAP2 (Pitt-Hopkins-like syndrome 1) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Pitt-Hopkins-like syndrome 1
- GLUD1 (familial hyperinsulinism):
  - The patient has persistent hyperinsulinemic hypoglycemia of infancy (PHHI) who failed medical therapy, and
  - The patient is under evaluation for surgical intervention
- PRKCG (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- SCNN1A (pseudohypoaldosteronism) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for pseudohypoaldosteronism
- SCNN1B (Liddle syndrome, pseudohypoaldosteronism) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Liddle syndrome, pseudohypoaldosteronism
- SCNN1G (Liddle syndrome, pseudohypoaldosteronism) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Liddle syndrome, pseudohypoaldosteronism
- SLC37A4 (glycogen storage disease type Ib) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for glycogen storage disease type Ib
- TCF4 (Pitt-Hopkins syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Pitt-Hopkins syndrome
- UMOD (glomerulocystic kidney disease with hyperuricemia and isosthenuria) – The patient requires the service as a confirmatory test for glomerulocystic kidney disease with hyperuricemia and isosthenuria
- WAS (Wiskott-Aldrich syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Wiskott-Aldrich syndrome

81407
Reimbursement requires providers to document on the claim form, or on a claim attachment, one of the following:

- AGL (glycogen storage disease type III) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for glycogen storage disease type III
- NPHS1 (congenital Finnish nephrosis):
  - The patient has clinical diagnosis of steroid-resistant nephrotic syndrome (SRNS)/congenital Finnish nephrosis, and
  - Treatment will be contingent on the test results
- SPTBN2 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia

81408
Reimbursement requires providers to document on the claim form, or on a claim attachment, one of the following:

- ITPR1 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia

Prosthetics and Orthotics


L0120
No longer a Medi-Cal benefit.

L5668
Billing frequency is limited to 1 in 6 months.

Surgery
43200, 43206, 43235 – 43246, 43248, 43250 – 43252, 43259, 65778, 69210
CODE DELETIONS

Evaluation and Management
S3626

Family Planning
Q0090

Pathology & Lab
S3626

Radiology
C1204

Surgery
13150, 19102, 19290, 19291, 19295, 23331, 23332, 37205 – 37208, 42802, 43219, 43228, 43256, 43267 – 43269, 43271, 43272, 43456, 43458, 64613, 64614, C9736