



Michigan Department of Community Health

Distribution:	Medical Supplier 04-05			
Issued:	June 1, 2004			
Subject:	 Healthcare Common Procedure Coding System 2004 July Quarterly Update; Revision of Prior Authorization Requirements for External Infusion (Insulin) Pump and Home Intravenous Infusion of Factor Products; Policy Clarification for Home Infusion Catheter Maintenance 			
Effective:	July 1, 2004			
Programs Affected:	Medicaid and Children's Special Health Care Services			

This bulletin is to notify you of the HCPCS^{*} July 2004 quarterly update that will be implemented effective for dates of service on and after July 1, 2004. Listed below are the HCPCS procedure code changes being adopted by MDCH for Medical Suppliers. Any new quarterly update procedure code not listed will not be covered at this time. A complete list of quarterly update code changes, effective July 1, 2004, can be located at the Centers for Medicare and Medicaid Services website at www.cms.hhs.gov/medicare/hcpcs/.

Information regarding the fee screens and coverage parameters of these code revisions will be located in the MDCH Medical Supplier/DME/Prosthetics and Orthotics Database, posted on the MDCH website at www.michigan.gov/mdch. The revised database will be available July 1, 2004.

HCPCS 2004 – Quarterly Additions (Effective 7/1/04)

K0650 K0660	K0651 K0661	K0652 K0662	K0653 K0663	K0654 K0664	K0655 K0665	K0656 K0666	K0657 K0668	K0658	
HCPCS 2004 Quarterly Deletions (Effective 6/30/04)									
E0176 K0023	E0177 K0024	E0178 K0114	E0179	E0192	E0962	E0963	E0964	E0965	

^{*}HCPCS (Health Care Financing Administration) Common Procedure Coding System

Revision of Prior Authorization Requirements

• External Infusion (Insulin) Pump and Related Supplies (HCPCS Codes E0784, A4230, A4231, A4232, K0603)

Effective for dates of service on and after July 1, 2004, prior authorization is no longer required for an external infusion (insulin) pump and related supplies if the beneficiary has the condition of diabetes mellitus without complications (ICD-9-CM diagnosis range of 250.00 through 250.03), the other methods to control blood glucose levels have been ineffective, and all of the standards of coverage are met as stated in the Medical Suppliers chapter of the Medicaid Provider Manual.

Home Intravenous Infusion of Factor Products (HCPCS Code S9345)

Effective for dates of service on and after July 1, 2004, prior authorization is no longer required for home intravenous infusion therapy of factor products for beneficiaries of all ages if documentation indicates a clotting disorder diagnosis that supports the need for requested therapy and all of the standards of coverage are met as stated in the Medical Suppliers chapter of the Medicaid Provider Manual.

Policy Clarification for Home Infusion Catheter Maintenance

Routine catheter care is included within the daily rate during active infusion. For interim maintenance of an infusion line not currently in use, report the appropriate catheter care code (HCPCS S5498, S5501, or S5502) and bill as a daily rate by reporting the total number of days used as units. For catheter maintenance of an implanted port, bill the appropriate HCPCS code with modifier "22". Remarks are required detailing the type and frequency of catheter maintenance completed.

Manual Maintenance

These revisions will be incorporated into the Medical Supplier chapter of the Medicaid Provider Manual during the July 1, 2004 update.

Questions

Any additional questions regarding this bulletin should be directed to Provider Support, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail <u>ProviderSupport@michigan.gov</u>. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may telephone toll-free 1-800-292-2550.

Approval

Paul Reinhart, Director Medical Services Administration