Program Memorandum Intermediaries

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal A-02-111 **Date: OCTOBER 25, 2002**

CHANGE REQUEST 2399

SUBJECT: October 2002 Update to the Hospital Outpatient Prospective Payment System (OPPS) –Correction - This instruction replaces PM A-02-076 (CR 2298) issued on August 7, 2002.

This Program Memorandum (PM) includes the following corrections to the previous PM issued on this subject:

- **Removes codes C8915, C8916, and C8917 from the chart in section I. These codes were erroneously included in PM A-02-076 and are not be covered effective October 1, 2002. There is a national coverage decision (NCD) on magnetic resonance angiography (MRA) that excludes coverage of MRA on the upper extremities. The NCD (Coverage Issues Manual 50-14) supersedes the instruction in PM A-02-076 regarding Medicare payment for these codes. These codes will be deleted in the January 2003 Outpatient Code Editor (OCE). Until the OCE is corrected, establish medical policy edits to return claims that include billing for codes C8915, C8916, and C8917 to the provider. Establish these edits no later than November 8, 2002. Advise your hospitals of this correction.**

- **Adds the short descriptor for code G0258, which was previously omitted from the chart in section I.**

- **Corrects the CR number, and provides the PM number of the instruction for reporting Zevalin for services prior to October 1, 2002 (footnote for section III).**

- **Adds a note regarding hospital billing for code C9117 (footnote for section III).**

The following is the revised PM instruction for the October 2002 update to the Hospital OPPS:

This PM provides changes to the hospital OPPS for the October 2002 update. The October 2002 Outpatient Code Editor (OCE) and the OPPS PRICER will include the HCPCS, APC, and diagnosis code additions and changes identified in this document.

For services beginning October 1, 2002, C-codes C9116, C9117, C9118, and C9119 will be reportable under hospital OPPS. You must add these codes to the HCPCS file in your internal claims processing system.

I. New HCPCS Codes and Status Under the Hospital OPPS

HCPCS CODE	Effective Date	Status Indicator	APC	Short Descriptor	Long Descriptor	Reason for Code
G0252	10/1/02	E		PET Imaging Initial dx	PET imaging, *full and partial-ring PET scanners only,* for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of auxiliary lymph nodes), not covered by Medicare	PM-AB-02-065, dated 5/2/02
G0253	10/1/02	S	285	PET Image Brst Dection Recur	PET imaging for breast cancer, *full and partial-ring PET scanners only*, staging/restaging of local regional recurrence or distant metastases, i.e., Staging/restaging after or prior to course of treatment	PM-AB-02-065, dated 5/2/02)
G0254	10/1/02	S	285	PET Image Brst Eval to Tx	PET imaging for breast cancer, *full and partial-ring PET scanners only*, evaluation of response to treatment, performed during course of treatment	PM AB-02-065, dated 5/2/02
G0255	10/1/02	E		Sensory Nerve Conduct Test	Current perception threshold testing, per limb, all nerves (not covered by Medicare)	PM AB-02-066, dated 5/2/02
G0258	04/1/02	X	340	IV infusion during obs stay	Intravenous infusion (s) during separately payable observation stay, per observation stay (must be reported with G0244)	G0258 is a new code to report infusion during observation. It must be billed with code G0244 to be payable. G0258 should be billed only for patients receiving an infusion. The

						code includes placement of the IV access. CPT code 36000 should not be reported in addition to G0258.

II. Modifications to Status of Existing HCPCS Codes

HCPCS CODE	Effective Date of Change	New Status Indicator	APC	Short Descriptor	Long Descriptor	Reason for Code
78459	10/1/02	S	285	Heart muscle imaging (PET)	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	PM AB-02-065, dated 5/2/02
A6000	07/1/02	E		Wound warming wound cover	Non-contact warming cover for use with the non-contact warming device and warming card	PM AB-02-025, dated 2/15/02
E0231	07/1/02	E		Wound warming device	Non-contact wound warming device (temperature control unit, AC adapter, and power cord) for use with warming card and wound cover	PM AB-02-025, dated 2/15/02
E0232	07/1/02	E		Warming card for NWT	Warming card for use with non-contact wound warming device and non-contact warming wound cover	PM AB-02-025, dated 2/15/02
J1561	10/1/02	E		Immune Globulin 500 mg	Injection, Immune Globulin, intravenous, 500 mg	PM AB-02-093, dated 7/2/02*
J1563	10/1/02	G	905	IV Immune Globulin 1gm	Injection, Immune Globulin, intravenous, 1 g	PM AB-02-093, dated 7/2/02 *
J7316	10/1/02	E		Sodium hyaluronate	Sodium hyaluronate, 5 mg for intra-articular injection	PM AB-02-082, dated 6/11/02

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* PM AB-02-093 (CR 2192) corrected PM AB-02-060 (CR 2149) and provided a change in the code for reporting the immune globulin injection. The correct code for the injection is J1563, which has been assigned to APC 905, effective October 1, 2002.

Further Clarification: Code J1563 is to be used instead of code J1561 effective October 1, 2002. (This is a correction to the instruction in section E of PM A-02-026 dated March 28, 2002.)

III. New Drugs Eligible for Pass-Through Payments

A determination that a drug is eligible for OPPS pass-through payment status determines only the method by which the drug is paid, if it is covered by the Medicare program. It does not represent a determination that the drug is covered by the Medicare program. Medicare contractors must determine whether the drug is: 1) reasonable and necessary to treat the beneficiary's condition; and 2) excluded from payment because it is usually self-administered by the patient.

HCPCS CODE	Effective Date	Status Indicator	Descriptors	APC	Payment Rate	Min Unadj. Co-Insurance
C9116	10/1/02	G	Short: Ertapenem sodium, per 1 gm Long: Injection, ertapenem sodium, per 1 gram vial	9116	$36.24	$5.19
C9117	10/1/02 **	G	Short: Y-90 ibritumomab tiuxetan Long: Injection, yttrium 90 ibritumomab tiuxetan, per mCi	9117	$599.42	$85.81
C9118	10/1/02 **	G	Short: IN-111 ibritumomab tiuxetan Long: Injection, indium111 ibritumomab tiuxetan, per mCi	9118	$553.93	$79.30
C9119	10/1/02	G	Short: Injection, pegfilgrastim Long: Injection, pegfilgrastim, per 6 mg single vial dose	9119	$2,802.50	$401.20
Q3030 ***	07/1/02	G	Short: Sodium hyaluronate 20-25 mg dose, ia Long: Sodium hyaluronate, per 20 to 25 mg dose, for intra articular injection	7317	$130.63	$16.78

** Coding instructions for reporting Zevalin for services prior to October 1, 2002 are included in PM AB-02-120 (CR 2273) issued on August 21, 2002. Note that a hospital can bill Medicare the same amount that a radiopharmacy charges the hospital, up to a maximum of 40 mCi for C9117. The Centers for Medicare & Medicaid Services has undertaken a national coverage determination for yttrium 90 and indium 111 (Zevalin) to assure that the biologic is appropriately used within the Medicare population. The tentative completion date is October 24, 2002. Further information can be found on our tracking sheet at: www.cms.gov/coverage/8b3.asp.

*** Coding instruction for sodium hyaluronate are included in PM-AB-02-082, dated June 11, 2002.

IV. Modified APC

APC	Status Indicator	APC Description	Payment Rate	Min. Unadj. Co-Insurance	Effective Date
905	G	Immune Globulin	$71.26	$6.46	10/1/02

V. Diagnosis Code Changes for the Observation Criteria

PM A-02-026 dated March 28, 2002 listed the required diagnoses for separate observation APC payment. Effective October 1, 2002, the following new ICD-9-CM codes are additions to the list of acceptable codes for diagnosis of congestive heart failure:

428.20 Unspecified systolic heart failure;
428.21 Acute systolic heart failure;
428.22 Chronic systolic heart failure;
428.23 Acute on chronic systolic heart failure;
428.30 Unspecified diastolic heart failure;
428.31 Acute diastolic heart failure;
428.32 Chronic diastolic heart failure;
428.33 Acute on chronic diastolic heart failure;
428.40 Unspecified combined systolic and diastolic heart failure;
428.41 Acute combined systolic and diastolic heart failure;
428.42 Chronic combined systolic and diastolic heart failure; and
428.43 Acute on chronic combined systolic and diastolic heart failure.

The *effective dates* for this PM are included in the above charts.

The *implementation date* for the new edit requirement for codes C8915, C8916, and C8917 (identified in the first bullet on page one) is no later than November 8, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 1, 2003.

If you have any questions, contact your regional office.