PROGRAM MEMORANDUM INTERMEDIARIES

Department of Health and Human Services

Health Care Financing Administration

Transmittal No. A-00-15 **Date MARCH 2000**

NOTE: This Program Memorandum (PM) updates PM A-97-18, dated January 1998. One additional code appears under Section II, Cardiac Catheterization.

CHANGE REQUEST 1110

SUBJECT: Hospital Outpatient Procedures: Medicare Changes for Radiology and Other Diagnostic Coding Due to the 1998 HCPCS Update; Miscellaneous Changes

I. Medicare Intermediary Manual (MIM), Part 3, Addenda Updates

Make the following changes to Addenda I and K of the MIM due to 1998 HCPCS coding changes. Your file of radiology and other diagnostic codes subject to the payment limit in Radiology Pricer must correspond to the updated Addenda.

A. Addendum I (Radiology HCPCS Codes Subject to the Payment Limit)

o Additions

Add the following 1998 HCPCS codes to Addendum I. These codes are subject to the radiology payment limit effective January 1, 1998:

76076 76078 76390 76831 76885

76886 78708 78709 G0106 G0120

Add the following codes from previous CPT-4 to Addendum I effective January 1, 1998. These codes were non-reportable for Medicare purposes in 1997 but are reportable again beginning January 1, 1998.

76070 76075 78350

Add the following code to Addendum I effective January 1, 1998. Medicare Coverage Issues Manual, §50-14 (transmittal no. 99) provides restricted coverage for this code for services on or after May 1, 1997.

73725

o Deletions

Delete the following codes from Addendum I because they have been deleted from the 1998 HCPCS. Make the deletion effective April 1, 1998 (the end of the 3 month grace period for deleted codes).

78726 78727 G0062 G0063

B. Addendum K (Other Diagnostic Services HCPCS Codes Subject to the Payment Limit)

o Additions

Add the following 1998 codes to Addendum K. These codes are subject to the payment limit effective January 1, 1998. Edit to insure that they are reported with the specified revenue codes listed below.

HCPCS	Revenue Code
93508, 93530, 93531, 93532, 93533	480 or 481
95870	922

Add the following two codes to Addendum K. They are subject to the other diagnostic payment limit effective January 1, 1998. These codes are more appropriate for hospital reporting than codes 93268 and G0004 which are being deleted from the payment limit list.

HCPCS	Revenue Code
G0005, G0006	73x

o Deletions

Delete the following codes from Addendum K effective April 1, 1998 when they become non-reportable by hospitals for Medicare purposes:

93268 G0004

II. Cardiac Catheterization

MIM, Part 3, §3631.C.3.k. identifies required edits for cardiac catheterization procedures. Effective January 1, 1998, add the following new CPT codes to the list of codes identifying that a cardiac catheterization was performed. Expand the list of cardiac catheterization codes in your edit for the reporting of injection codes to include these five new codes.

***93508** 93530 93531 93532 93533

*** Do not reopen processed claims except at the request of the provider.**

III. Radiopharmaceutical Edits

Add the following 1998 HCPCS codes to the radiopharmaceutical codes listed in MIM, Part 3, §3631.C.3.h. (Payment for Radiopharmaceuticals). These codes are effective January 1, 1998 and are paid on a reasonable cost basis. Per the exception listed in the above MIM reference, however, you must reject the codes when they are billed for supplies used in connection with procedure codes 77781, 77782, 77783, and 77784.

A9502 A9600

IV. CPT Code 92543 (Caloric vestibular test, each irrigation [binaural, bithermal stimulation constitutes four tests], with recording)

When hospitals bill code 92543 on Form HCFA-1450, they must report the number of irrigations done in the units field (FL 46). For each reporting of code 92543, the maximum number of units that may be billed is four.

V. New Dermatology Codes

Codes G0051, G0052, and G0053 are deleted effective January 1, 1998 and are replaced with the following CPT codes:

17000 (revised) replaces code G0051

Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (e.g., actinic keratoses), other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; first lesion.

17003 (new) replaces code G0052

Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (e.g., actinic keratoses), other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia, second through 14 lesions, each.

17004 (new) replaces code G0053

Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (e.g., actinic keratoses), other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia, 15 or more lesions.

The *effective date* for this PM is January 1, 1999.

The *implementation date* for this PM is July 1, 2000.

Inform your providers of these changes.

These instructions are to be implemented within your current operating budget.

This PM may be discarded December 31, 2000.

For further information, contact your regional office.