

Related Change Request (CR) #: 3258  
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Effective Date: July 1, 2004  
Implementation Date: July 6, 2004

Medlearn Matters Number: MM3258

## *Healthcare Common Procedure Coding System Corrections Involving 0040T and A9603*

### Provider Types Affected

Physicians and providers

### Provider Action Needed

#### **STOP – Impact to You**

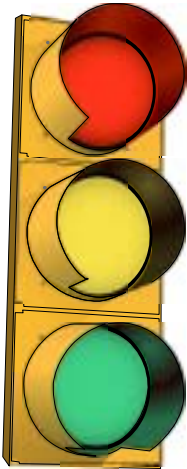
Physicians and providers should note that this instruction includes Healthcare Common Procedure Coding System (HCPCS) corrections involving HCPCS codes 0040T and A9603.

#### **CAUTION – What You Need to Know**

This instruction places an end date on HCPCS code A9603 as of December 31, 2003. Also, HCPCS code A9603 is a duplicate of HCPCS code A9517, and HCPCS code A9517 is the correct HCPCS code that must be billed for this service. **HCPCS code 0040T was incorrectly categorized in the HCPCS database as a laboratory service and given a lab certification number. The lab certification number and category are being removed from the Medicare claims processing system so claims containing HCPCS code 0040T can be processed for payment, as of July 6, 2004.**

#### **GO – What You Need to Do**

In reference to HCPCS code 0040T, there is nothing you need to do. The error mentioned above is being corrected in the Medicare claims processing system. However, when billing for "Radiopharmaceutical Therapeutic Imaging Agent, I-131 Sodium Iodide Capsule, Per MCI," use HCPCS code **A9517** and not **A9603**. Refer to the *Background* and *Additional Information* sections of this instruction for further details regarding these changes.



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## Background

Each year in the United States, health care insurers process over five billion claims for payment. For Medicare and other health insurance programs to ensure that these claims are processed in an orderly and consistent manner, standardized coding systems are essential. The Healthcare Common Procedure Coding System (HCPCS) was developed for this purpose, and it is used for identifying items and services.

The HCPCS is not a methodology or system for making coverage or payment determinations. The existence of a code does not, of itself, determine coverage or noncoverage for an item or service. While these codes are used for billing purposes, decisions regarding the addition, deletion, or modification of HCPCS codes are made independent of the process for making determinations regarding coverage and payment.

## Implementation Date

This instruction has an implementation date of July 6, 2004.

## Additional Information

The official instruction issued to your carrier regarding this change may be found by going to:

[http://www.cms.hhs.gov/manuals/transmittals/comm\\_date\\_dsc.asp](http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp)

From that web page, look for CR3258 in the CR NUM column on the right, and click on the file for that CR. If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at:

<http://www.cms.hhs.gov/medlearn/tollnums.asp>.

In addition, a comprehensive overview of the HCPCS can be found at the following Centers for Medicare & Medicaid Services (CMS) Website:

<http://www.cms.hhs.gov/medicare/hcpcs/codpayproc.asp>.

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