PARTNERSHIP HEALTHPLAN of CALIFORNIA

4665 Business Center Drive
Fairfield, California 94534

Date: September 02, 2014

Healthy Kids

Important Provider Notice #50

Subject: 2014 HCPC changes effective 11/02/14

The updates to the *Current Procedural Terminology – 4th Edition* (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) National Level II codes will be effective for Healthy Kids for dates of service on or after October 1, 2014. The affected codes are listed below. Only those codes representing current or future Healthy Kids benefits are included. Please refer to the 2014 CPT-4 and HCPCS Level II code books for complete descriptions of these codes.

CODE ADDITIONS

Bolded Codes
Bolded codes indicate notation of special billing policy.

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.

Medicine
93582, 93583, 94669

93582, 93583
TAR is required.

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

Pathology and Laboratory
88343, G0461, G0462

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.

Prosthetics and Orthotics
L0455, L0457, L0467, L0469, L0641 – L0643, L0648 – L0651, L1812, L1833, L1848, L3678, L3809, L3916, L3918, L3924, L3930, L4361, L4387, L4397

L0455, L0457, L0467, L0469, L0641 – L0643, L0648 – L0651, L1812, L1833, L1848, L3678, L3809, L3916, L3918, L3924, L3930, L4397
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, 19081 – 19086, 19281 – 19288, 23333 – 23335, 33366, 34841 – 34848, 37217, 37236, **37237**, 37238, **37239**, **37241 – 37244, 43191 – 43198, 43211 – 43214, 43229, 43233, 43253, 43254, 43266, 43270, 43274 – 43278, 49405 – 49407, 52356, 64616, 64617, 64642 – 64647**

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

Pathology and Laboratory
81401, 81403 – 81408, 88342, G0416 – G0419

81401
Reimbursement requires providers to document on the claim form, or on a claim attachment, one of the following:

- ABCC8 (familial hyperinsulinism):
  - The patient has persistent hyperinsulinemic hypoglycemia of infancy (PHHI) who failed medical therapy, and
  - 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
- ATXN80S (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- CACNA1A (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):
  - The patient has clinical features suspicious for, or requires the service as a confirmatory test for progressive myoclonic epilepsy type 1, and
  - Treatment will be contingent on the test results
- PPP2R2B (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.

81403
Reimbursement requires providers to document on the claim form, or on a claim attachment, one of the following:

- DNMT3A (acute myeloid leukemia):
  - The patient has the diagnosis of acute myeloid leukemia, and
  - 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):
  - The patient has the diagnosis of acute myeloid leukemia, and
  - The test is used for donor search process for patients considering hematopoietic stem cell transplantation
- MICA (solid organ transplantation):
  - The patient is undergoing evaluation for kidney transplantation, or
  - 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:
  - Common variable immune deficiency, or
  - Hypogammaglobulinemia, or
  - Hemophagocytic lymphohistiocytosis, or
  - Severe infectious mononucleosis, or
  - Lymphoma, or
  - 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:
  - Common variable immune deficiency, or
  - Hypogammaglobulinemia, or
  - Hemophagocytic lymphohistiocytosis, or
  - Severe infectious mononucleosis, or
  - Lymphoma, or
  - Family history of X-linked lymphoproliferative syndrome
- SPINK1 (hereditary pancreatitis):
  - An unexplained documented episode of acute pancreatitis in childhood, or
  - 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, L0160, L0172, L0174, L0450, L0454, L0456, L0460, L0466, L0468, L0621, L0623, L0625 – L0628, L0630, L0631, L0633, L0637, L0639, L0980, L0982, L0984, L1600, L1610, L1620, L1810, L1830, L1832, L1836, L1843, L1845, L1847, L1850, L1902, L1904, L1906, L1907, L3100, L3650, L3660, L3670, L3675, L3677, L3710, L3762, L3807, L3908, L3912, L3915, L3917, L3923, L3925, L3927, L3929, L4350, L4360, L4370, L4386, L4396, L4398, **L5668**

L5668
Billing frequency is limited to 1 in 6 months.

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

CODE DELETIONS

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