

September 2006

Provider Bulletin Number 654

General Providers

April 2006 Quarterly Healthcare Common Procedure Coding System Updates

Effective with dates of service on and after April 1, 2006, the following updates to the Healthcare Common Procedure Coding System (HCPCS) codes were made. There will be no overlapping grace period.

The following codes were added:

- S0345
- S0346
- S0347

The following codes were deleted:

- Q3019
- Q3020
- S0133
- S2362
- S2363
- S3701
- S8093
- S8260

Note: In Provider Bulletin 571 released January 17, 2006, regarding annual HCPCS updates, procedure codes J7317 and J7320 were deleted. In the same bulletin, J7318 was added as a new code effective with dates of service on and after January 1, 2006. The J7318 procedure code is now being deleted, and the J7317 and J7320 procedure codes are being reinstated. Any claims that have been denied as noncovered for the J7317 or J7320 procedure codes on or after date of service January 1, 2006, will be identified and reprocessed for payment.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *Professional Provider Manual*, page AI-11.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

<u>COV.</u>	<u>PROCEDURE</u>	Updated 9/06	<u>STRENGTH</u>	<u>QUANTITY</u>
	<u>CODE</u>	<u>NOMENCLATURE</u>		
	90746	Hepatitis B Vaccine; Adult Dosage	standard	vial
	90747	Hepatitis B Vaccine; dialysis or immunosuppressed patient, any age (4 dose schedule)	- - -	- - -
	J3470	Hyaluronidase	up to 150 units	1 cc
	J3471	Injection, Hyaluronidase, ovine, Preservative free, per usp unit	up to 999 usp units	
	J3472	Injection, Hyaluronidase, ovine, Preservative free	per 1000 usp units	
	J0360	Hydralazine HCL	up to 20 mg	amp
	J1700	Hydrocortisone Acetate,	up to 25 mg	1 cc
	J1720	Hydrocortisone Sodium Succinate	up to 100 mg	2 cc
	J1710	Hydrocortisone Sodium Phosphate	up to 50 mg	1 cc
	J1170	Hydromorphone	up to 4 mg	1 cc
	J3410	Hydroxyzine HCL	up to 25 mg	1 cc
	J7320*	Hylan G-F (Synvisc®)	16 mg	
	*Second series requires prior authorization			
MCD	J9211	Idarubicin Hydrochloride	5 mg	vial
	J9208	Ifosfomide per gm	1 gm	vial
MCD	J1785	Imiglucerase	- - -	unit
PA	J1745	Infliximab (Remicade)	10 mg	vial
	90657	Influenza Virus Vaccine, Split Virus 6-36 Months Dosage, For Intramuscular or Jet Injection Use		
	90658	Influenza Virus Vaccine, Split Virus 3 Years and Above Dosage, For Intramuscular or Jet Injection Use		
	J9213	Interferon, Alfa-2A, Recombinant	3 mill. units	vial
	J9214	Interferon, Alfa-2B, Recombinant	1 mill. units	- - -
	J9215	Interferon, Alfa-N3 (Human Leukocyte Derived)	250,000 units	- - -
	J9212	Interferon, Alfacon-1, Recombinant	1 mcg	
	J1825	Interferon Beta-1A	33 mcg	
MCD	J1830	Interferon Beta 1-B	0.25 mg	- - -
	J9216	Interferon, Gamma 1-B	3 mill. units	vial

KANSAS MEDICAL ASSISTANCE
PROFESSIONAL SERVICES PROVIDER MANUAL
APPENDIX I