

## PROVIDER BULLETIN

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# 2012 HEALTH CARE PROCEDURE CODING SYSTEM (HCPCS)

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## 2012 HEALTH CARE PROCEDURE CODING SYSTEM (HCPCS)

With the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards for Transactions and Code Sets, use of the appropriate medical code sets is required on health care claims.

Effective for dates of service on and after January 1, 2012, the MO HealthNet Division (MHD) will accept the 2012 versions of the Current Procedural Terminology (CPT) and the Health Care Procedure Coding System (HCPCS) medical code sets. Providers will not be able to bill the 2012 versions of the code sets until January 20, 2012 due to time requirements to complete system updates. Providers should reference the appendix of the CPT and HCPCS books for a summary of the additions, deletions and revisions. For dates of service prior to January 1, 2012, claims must be billed with the 2011 version of CPT and HCPCS codes and modifiers.

For MHD coverage information, including fees and restrictions, please reference the MHD Fee Schedule at <http://dss.mo.gov/mhd/providers/pages/cptagree.htm>. Select the provider link; fee schedules; read through the License for Use of Physicians' Current Procedural Terminology and select "accept"; then follow the directions given on the MHD Price List Search. The fee schedule will not be updated until after January 20, 2012 when the system work is complete.

### **Contrast Materials and Radiopharmaceuticals**

Effective January 1, 2012, all contrast materials and radiopharmaceuticals used in radiologic procedures may be billed separately using the appropriate HCPCS procedure code **and/or** the National Drug Code (NDC) representing the materials or agent used in the procedure. If available, MO HealthNet would prefer the NDC for reporting purposes. If the material or agent used does not have an NDC, the appropriate HCPCS procedure code alone is acceptable. All

HCPCS procedure codes for contrast materials and radiopharmaceuticals are manually priced and must be billed with the manufacturer's invoice of cost attached to the claim.

### **Molecular Pathology Procedures**

The 2012 CPT Book has added codes for Tier 1 and Tier 2 Molecular Pathology testing, procedure codes 81200-81408. The Centers for Medicare and Medicaid Services (CMS) has made the decision to not separately reimburse for these procedure codes as of January 1, 2012 for the Medicare program. As a result, MO HealthNet will also not separately reimburse for these procedure codes at this time. MO HealthNet will monitor these codes and their impact on the industry and may consider adding coverage at a later date.

The tests included in this new procedure code range (81200-81408) are currently covered by MO HealthNet under "stacked codes" or other individual laboratory CPT codes. Providers may continue to use stacked codes to bill MO HealthNet for these tests for dates of service on and after January 1, 2012. The policies surrounding these tests have not changed; including any special medical documentation, invoices of cost or unit limitations. All existing policies will continue to apply as prior to January 1, 2012.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**