



Provider Newsflash

February 2017

CMS Code Changes

Purpose of this communication

- The purpose of this communication is to notify providers of recent changes to CMS CPT Codes and how they will impact provider billing, fee schedules, and existing authorizations.

What do I need to know?

- The Centers for Medicare and Medicaid Services (CMS) has made several procedural code terminology (CPT) changes including removing codes from further use, discontinuing codes with the use of replacement codes, and changing code descriptions effective January 1, 2017.
- CMS has discontinued the following CPT codes and now should be billed under a replacement code:
 - 97001 (PT assessment), A4466 NU (Garment, belt, sleeve or other covering), K0901 NU (KO Single upright PRE OTS), K0902 NU (KO Double Upright PRE OTS), K0552 NU (Diabetic Supplies/Omnipod), B9000 (Enteral Nutrition Infusion Pump without alarm) and E1399 TF,SQ, SC,NU (Omnipod Personal Diabetic Manager).
 - The change will only impact the CPT code. The CareCentrix service code, UOM, description and rates will remain unchanged.
 - Please refer to the EDI crosswalk on the provider portal for replacement HCPC Modifiers to bill. New codes can be found by looking up the service code or description.
- CMS has also removed the following CPT codes from further use: E0628 (Seat Lift Mech Only, use w/patient owned Furn-Elec), J0760 (Colchicine 1MG Vial), and J1590 (Gatifloxacin 10MG).
 - These codes/products can no longer be billed with dates of service on or after 1/1/2017.
- Lastly, CMS has changed the description on the following codes, which impacts use of the code. Please verify that product/service matches the code being billed on dates of service on or after 1/1/2017 to avoid inaccurate billing and denials.
 - K0552 (supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each) and A4221 (supplies for maintenance of non-insulin drug infusion catheter, per week, each) should only be used for **non-insulin supplies**.



- A4224 (supplies for maintenance of insulin drug infusion catheter, per week, each) and A4225 (supplies for external insulin drug infusion pump, syringe type cartridge, sterile, each) should now be used for **insulin supplies**.
- To read about the recent CMS code changes and to see a comprehensive list of code description changes, please visit:
<https://www.cms.gov/medicare/coding/medhcpcsgeninfo/index.html>

Is there anything else I need to know?

- The provider EDI crosswalk on the provider portal has been updated to reflect the code changes and replacement codes to be billed. Additionally, an amendment was sent in December 2016 reflecting these code changes.
- Submission of the removed or discontinued codes with dates of service on or after 1/1/2017 or the submission of the new codes with dates of service before 1/1/2017 will result in a rejection for A3:499:85 (“No rate on file with the payer for this service for this entity Note: This code requires use of an Entity Code.~ Billing Provider”).
- Any existing authorization for a removed or discontinued code with an authorization date range on or past 1/1/2017 has been end dated on 12/31/2016. Authorization or Re-authorization needed for dates on 1/1/2017 or later will have to be re-requested under the replacement codes (if applicable).
- Providers trying to submit portal requests for a new code for dates of service in 2016 or a discontinued code for dates of service on or after 1/1/2017 will receive an error message and will not be able to complete the authorization request submission.
- For additional information, please contact your network management representative at **1-800-808-1902**.

Thank you in advance for your cooperation and continued partnership.