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CSHCN Services Program No. 75

PROVIDER BULLETIN

Children with Special Health Care Needs Services Program

August 2010

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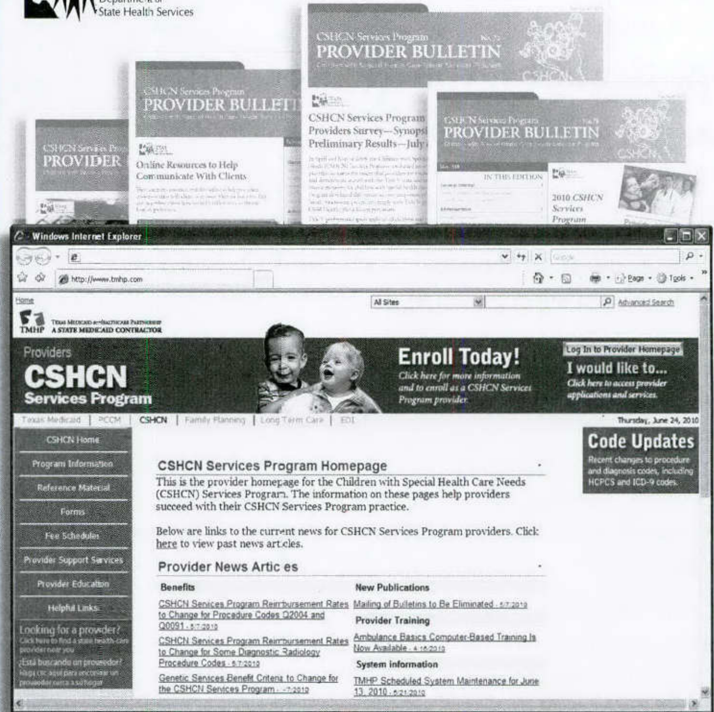

Changes in Availability of Printed Bulletins and R&S Reports

This is the last issue date for paper publication of the *CSHCN Services Program Provider Bulletin*. The bulletins will now only be available for viewing and download as portable document format (PDF) files on the TMHP website at **www.tmhp.com**.

This action is part of a cost reduction initiative that also includes ceasing the production of paper Remittance and Status (R&S) Reports. Providers who currently receive paper R&S Reports will have to access the electronic PDF version through the TMHP website. At the time this bulletin went to print, the process was not finalized; however, providers will receive notification about the changes before they go into effect on August 31, 2010.

Converting to all-electronic versions of the bulletins and R&S Reports will eliminate printing and mailing costs, reduce paper usage, and allow providers to access information sooner on the TMHP website at **www.tmhp.com**. ■

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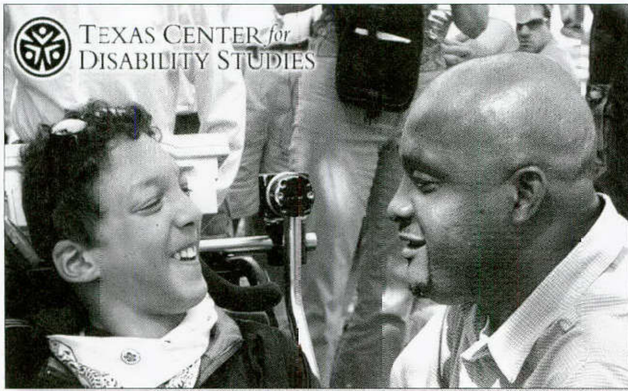

http://tcds.edb.utexas.edu/

Spotlight on the Texas Center for Disability Studies

The Texas Center for Disability Studies (TCDS) at The University of Texas at Austin is an interdisciplinary team composed of professionals at the university level, family members and people with disabilities from state, regional and local communities, statewide service providers, and advocacy organization specialists. Its mission is to serve as a catalyst so that people with disabilities are living the lives they choose in supportive communities. The center emphasizes cultural and linguistic diversity as a foundation that guides its work. All of its activities are guided by a belief in individualized supports, inclusion self-determination, natural supports, and collaboration with organizations to address policy issues and systems change.

To accomplish its mission to meet the needs identified in Texas, the center applies its resources toward achieving four primary goals, representing the core functions of the center. Here are some of the center's current activities:

- It offers seven graduate and undergraduate web-based courses in Disability Studies and coordinates an Interdisciplinary Graduate Portfolio in Disabilities.
- It conducts training and provides technical assistance in Person-Centered Thinking in the community, with a focus on helping individuals move into the community from residential facilities and nursing homes.
- Using Person-Centered Planning, the center assists military families with children with disabilities find the services they need through the Fort Hood Family Support 360 Center.
- It assists families, and specifically works with families who are Spanish-speakers, in advocating for their children and understanding the special education system.
- Through the Texas Technology Access Program, it leads the state's efforts to carry out the federal *Assistive Technology Act* of 1989.
- It conducts basic or applied research, evaluation, and public policy analysis in areas that affect people with disabilities and their families to improve their lives and to enhance the effectiveness of community-based programs and supports.

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2010 CSHCN Services Program Provider Manual Now Available on the Web

The 2010 *CSHCN Services Program Provider Manual* is available on the TMHP website at **www.tmhp.com** in both PDF and hypertext markup language (HTML). ■

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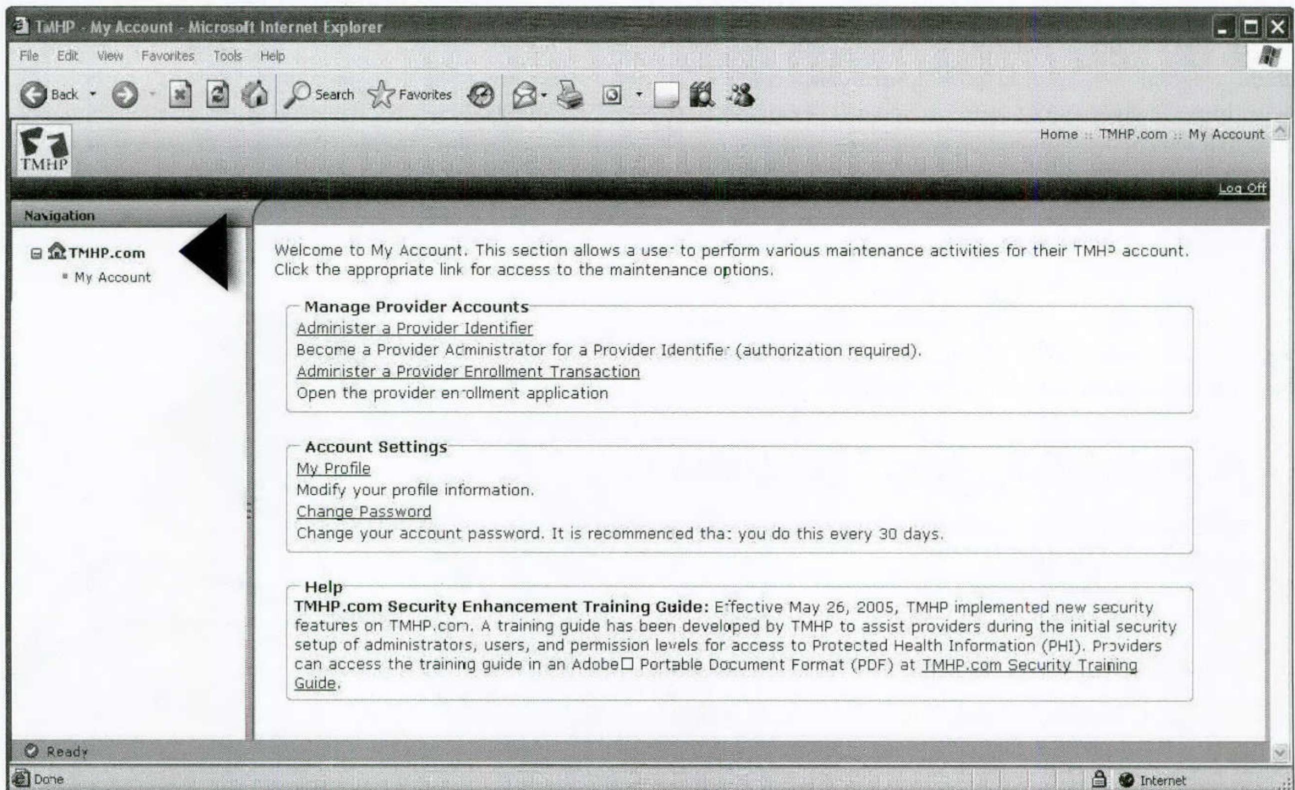
TMHP Website Redesign

The new, easy-to-navigate TMHP website at **www.tmhp.com** was unveiled in July. The redesigned website provides all of the information currently found on the website in a clean and simple layout. Some of the important changes include: an improved search function; direct navigation to all documents without the need to search through the file library; articles that have been updated will be linked to the revised information; and a new client section of the website, which makes it easier to locate client-directed information. ■

Changes to Navigation on the TMHP Secure Portal Pages

As of June 11, 2010, the web pages on the secure portal portion of the TMHP website at **www.tmhp.com** no longer have navigation links to specific web pages on the public portion of the website. To return to the **www.tmhp.com** home page from the secure portal, providers can click the "TMHP.com" link on the left side of the page.

The navigation on the secure portal portion of the website is similar to navigation in the TexMedConnect application. The following screen shot shows the location of the new link to the home page.



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Inactive Provider Letters Sent in Error

On May 1, 2010, a courtesy letter was mailed to providers who had not filed any claims within the past 18 months. The letter stated that a claim must be submitted by November 1, 2010, or the provider identifier listed on the letter would be terminated.

The letter may have been sent erroneously to some providers. Providers who were sent the initial letter in error will be notified by mail. ■

Maximum Number of Units on Claim Details

Providers who submit a claim with more than 9,999 units must bill 9,999 units on the first detail of the claim and any additional units on separate details. For example, 20,000 units would require three claim details—two of the details would indicate 9,999 units, and the third detail would indicate the remaining 2 units. ■

New CHIP/Children's Medicaid Brochures Available

New brochures about Children's Health Insurance Program (CHIP) and Children's Medicaid are now available for order on the programs' website at **http://chipmedicaid.org/cbo/print.htm**. The brochures feature an updated design for 2010, but the content—including the income guideline chart—remains the same as the existing brochures. Please continue to use any existing brochures you already have in stock before ordering new ones.

CHIP/Children's Medicaid outreach materials are available without cost to organizations that will share the information with Texas families. To order, go to the online order form at **http://chipmedicaid.org/cbo/order_app.asp**. ■

Resubmitting Denied Authorization and Prior Authorization Requests

Requests for services requiring authorization or prior authorization as a condition for reimbursement must be submitteed on a CSHCN Services Program-approved form and contain all of the information that is necessary for the Program to make a decision. Requests submitted with insufficient information will be denied and providers will receive notification of the reason for denial.

Providers can correct and resubmit requests for authorization and prior authorization, and can include questions, concerns, or requests for clarification. The TMHP-CSHCN Services Program Authorization Department will respond to questions, concerns, or requests for clarification by phone, fax, or mail.

Corrected requests must meet authorization and prior authorization submission deadlines. Requests that do not meet the deadlines will be denied.

Mail or fax authorization and prior authorization requests to:

Texas Medicaid & Healthcare Partnership
TMHP-CSHCN Services Program
Authorization Department
12357-B Riata Trace Parkway, Suite 150
Austin, TX 78727
Fax: 1-512-514-4222.

Providers cannot phone in prior authorization or authorization requests. Refer to Chapter 4, "Authorizations and Prior Authorizations," of the 2010 *CSHCN Services Program Provider Manual* for more information about guidelines for authorization and prior authorization requests. ■

Scheduled System Maintenance

System maintenance to the TMHP claims processing system is scheduled as follows:

- Sunday, August 8, 2010, 6:00 p.m. to 11:59 p.m.
- Sunday, September 12, 2010, 6:00 p.m. to 11:59 p.m.
- Sunday, October 10, 2010, 6:00 p.m. to 11:59 p.m

During system maintenance, some of the applications related to the claims engine will be unavailable. Specific details about the affected applications will be posted on the TMHP website at **www.tmhp.com**.

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New Online Fee Lookup (OFL) Enhancement

The OFL is being enhanced to allow providers to perform an online, interactive search of benefit information that has been published within the past 18 months for a single, or up to 10 individual procedure codes.

Effective August 1, 2010, the OFL will be enhanced to allow providers to perform an online, interactive search of benefit information, such as news items (website articles and banner messages), bulletin articles, and provider manuals that have been published within the past 18 months for a single, or up to 10 individual procedure codes. This new functionality is not available for static fee schedules or batch searches.

Providers can use this new enhancement by completing the following steps:

1. The user navigates to the TMHP website at **www.tmhp.com**.
2. The user selects the **Fee Schedules** hyperlink under the Software, Fee Schedules, Reference Codes section on the right hand side of the page to view the Fee Schedules home page.
3. The user selects the **Fee Search** hyperlink.
4. The user selects from the following search type options:
    a. Single procedure code
    b. List of procedure codes (i.e. up to ten procedure codes)
5. The user enters search criteria with procedure code(s), provider type, provider specialty, program, date of service, claim type, and then submits the request.
6. The search results data is displayed.
7. The user clicks the **View** button on the right hand side of the page, under the column titled "Benefit Information," to view provider notifications that have been published for the procedure code(s) being searched.

The benefit information specific to the procedure code(s) entered will be displayed as a hyperlink underneath the OFL fee search results. The results will display the number of items returned, the specific procedure code selected, the program entered, and how the items are grouped.

The benefit information will be grouped by document type (i.e., news items, bulletins, or provider manuals), and will be sorted by the most recent publication date. The user can also choose to re-sort the benefit information by publication date only.

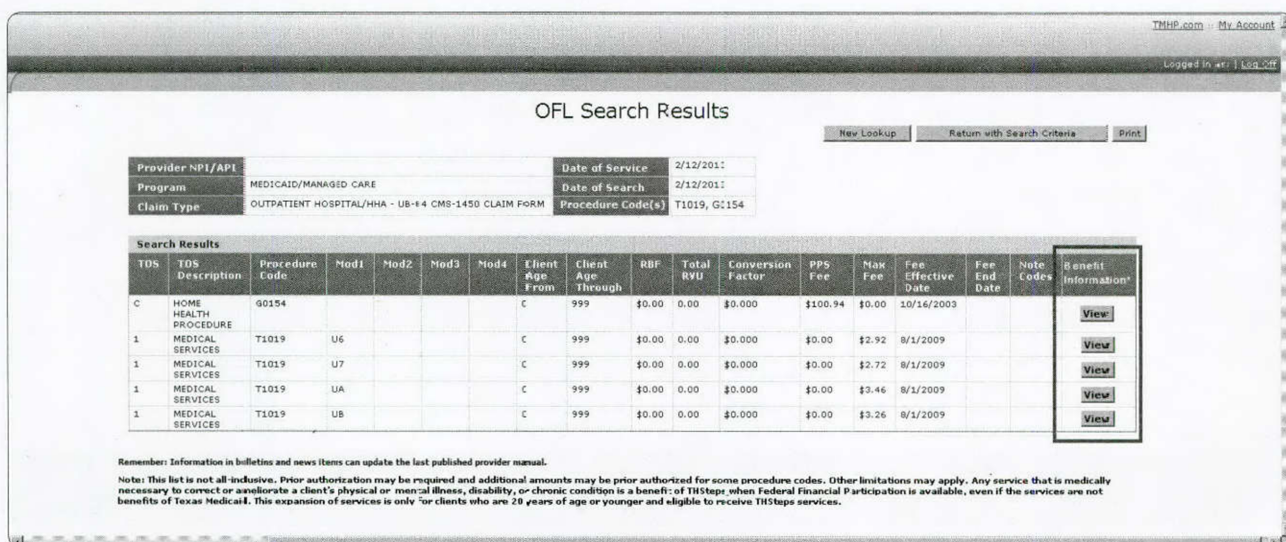
The number of items displayed per document type will be limited to one per group.

For each document type that has more than one result, a hyperlink titled "See more results" will be displayed to allow the user to expand the section to view all the results. Once expanded, a hyperlink titled "Hide additional results" will allow the user to collapse the additional results and return to the original result.

When the document title hyperlink is clicked, the benefit information will display in a new window.

Benefit information published after January 1, 2010, in banner messages, bulletin articles, and web articles update the 2010 *CSHCN Services Program Provider Manual*. The manual only includes policies with an implementation and effective date through January 1, 2010.

For additional information, providers can refer to the frequently asked questions (FAQs) about OFL functionality that are available on the OFL home page. ■


TMHP.com :: My Account

Logged in as: | Log Off

OFL Search Results

New Lookup | Return with Search Criteria | Print

Provider NPI/API		Date of Service	2/12/201[illegible]
Program	MEDICAID/MANAGED CARE	Date of Search	2/12/201[illegible]
Claim Type	OUTPATIENT HOSPITAL/HHA - UB-04 CMS-1450 CLAIM FORM	Procedure Code(s)	T1019, G0154

Search Results

TOS	TOS Description	Procedure Code	Mod1	Mod2	Mod3	Mod4	Client Age From	Client Age Through	RBF	Total RVU	Conversion Factor	PPS Fee	Max Fee	Fee Effective Date	Fee End Date	Note Codes	Benefit Information*
C	HOME HEALTH PROCEDURE	G0154					C	999	$0.00	0.00	$0.000	$100.94	$0.00	10/16/2003			View
1	MEDICAL SERVICES	T1019	U6				C	999	$0.00	0.00	$0.000	$0.00	$2.92	8/1/2009			View
1	MEDICAL SERVICES	T1019	U7				C	999	$0.00	0.00	$0.000	$0.00	$2.72	8/1/2009			View
1	MEDICAL SERVICES	T1019	UA				C	999	$0.00	0.00	$0.000	$0.00	$3.46	8/1/2009			View
1	MEDICAL SERVICES	T1019	UB				C	999	$0.00	0.00	$0.000	$0.00	$3.26	8/1/2009			View

Remember: Information in bulletins and news items can update the last published provider manual.

Note: This list is not all-inclusive. Prior authorization may be required and additional amounts may be prior authorized for some procedure codes. Other limitations may apply. Any service that is medically necessary to correct or ameliorate a client's physical or mental illness, disability, or chronic condition is a benefit of THSteps when Federal Financial Participation is available, even if the services are not benefits of Texas Medicaid. This expansion of services is only for clients who are 20 years of age or younger and eligible to receive THSteps services.

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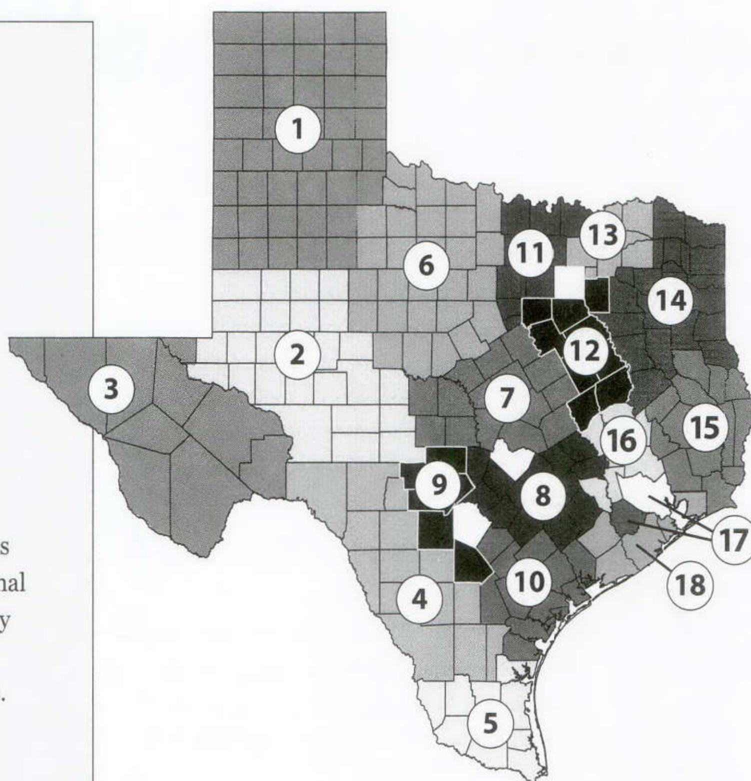
TMHP Provider Relations Representatives

TMHP Provider Relations representatives offer a variety of services that inform and educate the provider community about the CSHCN Services Program's policies and claims filing procedures. Technical support and training are also provided for TexMedConnect. Provider Relations representatives assist providers through telephone contact, onsite visits, and scheduled workshops. The map at right and the table below indicate the TMHP Provider Relations representatives and the areas they serve. Additional information, including a regional listing by county and workshop information, is available on the TMHP website at **www.tmhp.com/Providers**. (Click on the Regional Support link, and then choose the region.)



Territory	Regional Area	Representative	Telephone Number
1	Amarillo, Childress, and Lubbock	TBD	1-512-506-6217
2	Midland, Odessa, and San Angelo	Mindy Wiggins	1-512-506-3423
3	Alpine, El Paso, and Van Horn	Alma Gonzales	1-512-506-3530
4	Del Rio, Eagle Pass, and Laredo	Christina Salinas	1-512-506-7271
5	Brownsville, Harlingen, and McAllen	Cynthia Gonzales	1-512-506-7991
6	Abilene, Brownwood, and Wichita Falls	Cynthia Rowlett	1-512-506-7095
7	Brady, North Austin,* Round Rock, and Waco	Rhonda Williams	1-512-506-7600
8	South Austin,* Bastrop, Buda, Guadalupe, and San Marcos	Yvonne Olivo	1-512-506-3526
9	Kerrville and San Antonio*	Kathe Barrett	1-512-506-3422
10	Corpus Christi, San Antonio,* and Victoria	Alan Brown	1-512-506-3554
11	Cleburne, Denton, and Fort Worth	Tamara House	1-512-506-7990
12	Corsicana, Dallas,* and Groesbeck	Sandra Peterson	1-512-506-3552
13	Dallas,* Paris, and Whitesboro	Demekia Merritt	1-512-506-3578
14	Texarkana and Tyler	Trilby Foster	1-512-506-7053
15	Beaumont and Lufkin	Gene Allred	1-512-506-3425
16	Bryan/College Station, Conroe, and Houston*	Linda Wood	1-512-506-7682
17	Houston,* Ft. Bend	Stephen Hirschfelder	1-512-506-3447
18	Chambers, Galveston, Brazoria, Houston,* Wharton, and Matagorda	Michael Duffee	1-512-506-3586
Out-of-State Provider Representative		Joann Kunde	1-512-506-7858

*Austin, Dallas, Houston, and San Antonio territories are shared by two or more provider representatives. These territories are divided by ZIP Codes. Refer to the TMHP website at www.tmhp.com for the assigned representative to contact in each ZIP Code.

For more information, contact the TMHP-CSHCN Contact Center at 1-800-568-2413. ■

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ASC/HASC Claims Reprocessing

TMHP has identified an issue that affects claims that were submitted by ambulatory surgical center (ASC) and hospital ambulatory surgical center (HASC) providers. Claims for some procedure codes may have been denied in error because of an incorrect type-of-service (TOS) assignment by the claims system. Any affected claims that are still available for reprocessing will be reprocessed and payments will be adjusted accordingly. No action on the part of the provider is required. ■

Additional Procedure Code Updates for February 1, 2010

Effective for dates of service on or after February 1, 2010, TOS changes were applied to some radiology, laboratory, and surgical procedure codes for the CSHCN Services Program.

The following changes were applied to the listed procedure codes:

Procedure Code(s)	Changes Applied
75952, 75953, 79300	**Total component**—Services will no longer be reimbursed. **Professional interpretation component**—Services may be reimbursed.
79455	**Technical component**—Services will no longer be reimbursed.
92979	**Surgery component**—Services will no longer be reimbursed. **Professional interpretation component**—Services may be reimbursed.
93016	**Professional interpretation component**—Services will no longer be reimbursed. **Total laboratory component**—Services may be reimbursed.
93722	**Total radiology component**—Services may be reimbursed. **Professional interpretation component**—Services will no longer be reimbursed.
93982	**Total radiology component**—Services may be reimbursed. **Total laboratory, professional interpretation**, and **technical components**—Services will no longer be reimbursed.

Providers can refer to the OFL to find the complete fee schedule information for the CSHCN Services Program. ■

Benefit Changes for Botulinum Toxins, Type A

Effective for dates of services on or after April 1, 2010, the CSHCN Services Program benefit criteria for botulinum toxins, Type A, changed. The following additional diagnosis codes are valid for procedure codes J0585 and J0586:

Diagnosis Codes				
3419	34281	34282	34291	34292
3438	34409	5277	5645	5650

■

Benefit Criteria Changes for Genetic Services

Effective for dates of service on or after July 1, 2010, the benefit criteria for genetic services changed for the CSHCN Services Program.

Genetic services may be used to diagnose a condition optimize disease treatment, predict future disease risk, and prevent adverse drug response. Genetic services may be provided by a physician and typically include one or more of the following:

- Comprehensive physical exams
- Diagnosis, management, and treatment for clients with genetically related health problems
- Evaluation of family histories for the client and the client's family members
- Genetic risk assessment
- Interpretation and evaluation of laboratory test results
- Education and counseling of clients, their families and other medical professionals on the causes of genetic disorders
- Consultation with other medical professionals to provide treatment

Family History

It is important for primary care providers to recognize potential genetic risk factors in a client so that they can make appropriate referrals to a genetic specialist.

Obtaining an accurate family history is an important part of clinical evaluations, even when genetic abnormalities are not suspected. Knowing the family history may help health-care providers identify single-gene disorders or chromosomal abnormalities that occur in multiple family members or through multiple generations. Some genetic disorders that can be traced through an accurate family history include diabetes, hypertension, certain forms of cancer, and cystic

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fibrosis. Early identification of the client's risk for one of these diseases can lead to early intervention and preventive measures that can delay onset or improve health conditions.

Using a genetics-specific questionnaire helps to obtain the information needed to identify possible genetic patterns and disorders. The most commonly used questionnaires are provided by the American Medical Association and include the Prenatal Screening Questionnaire, the Pediatric Clinical Genetics Questionnaire, and the Adult History Form.

Genetic Tests

Diagnostic tests to check for genetic abnormalities must only be performed if the test results will affect treatment decisions or provide prognostic information. Tests for conditions that are treated symptomatically are not appropriate because the treatment would not change. Providers who are uncertain whether a test is appropriate are encouraged to contact a geneticist or other specialist to discuss the client's needs.

Any genetic testing and screening procedure must be accompanied by appropriate non-directive counseling, both before and after the procedure. Information must be provided to the client and family (if appropriate) about the possible risks, purpose, and nature of the tests being performed.

The interpretation of certain tests, such as nuchal translucency, requires additional education and experience. The CSHCN Services Program supports national certification standards when available.

Laboratory Practices

For many heritable diseases and conditions, test performance and the interpretation of test results require information about the client's race, ethnicity, family history, and other pertinent clinical and laboratory information. To facilitate test requests and ensure the prompt initiation of appropriate testing procedures and the accurate interpretation of test results, the requesting provider must be aware of the specific client information needed by the laboratory before any tests are ordered.

To help providers make appropriate test selections and requests, handle and submit specimens, and provide clinical care, laboratories that perform molecular genetic testing for heritable diseases and conditions must educate providers who request services about the molecular genetic tests the laboratory performs. For each molecular genetic test, the laboratory must provide the following information:

- Indications for testing
- Relevant clinical and laboratory information
- Client race and ethnicity
- Family history
- Pedigree

Testing performed on a client to provide genetic information for a family member, and testing performed on a non-CSHCN Services Program client to provide genetic information for a CSHCN Services Program client are not benefits of the CSHCN Services Program.

Genetic Counselors

Genetic counselor services may be billed by a physician when the genetic counselor is an employee of the physician. Services provided by independent genetic counselors are not a benefit of the CSHCN Services Program. ■

May 2010 Update for Infectious Agent Detection Procedure Codes

Effective May 15, 2010, for dates of service on or after May 1, 2010, procedure codes 87480, 87510, 87800, 87660, and 87797 are no longer reimbursed to nurse practitioner (NP) and clinical nurse specialist (CNS) providers for services rendered in the office setting. Affected claims submitted with dates of service from May 1, 2010, through May 14, 2010, will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is required. ■

Laboratory Services Procedure Codes Limitation Changes Did Not Implement April 6, 2010

This is a followup to "Update to Limitations Change for Some Laboratory Services Procedure Codes," which was published on the TMHP website on April 1, 2010. The changes described in the article have not become effective for dates of service on or after April 6, 2010. Providers will be notified in a future article of the date on which the changes will become effective. ■

Procedure Codes That Are No Longer Reimbursed

Effective May 29, 2010, for dates of service on or after April 1, 2009, the assistant surgery component for procedure codes 61323 and 61710 is no longer reimbursed by the CSHCN Services Program. ■

For more information on any article in this bulletin,
call the TMHP-CSHCN Services Program Contact Center at **1-800-568-2413**.

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Benefit Criteria Changes for Mastectomy and Reconstructive or Cosmetic Procedures

Effective for dates of service on or after June 1, 2010, benefit criteria for mastectomy and reconstructive or cosmetic procedures changed for the CSHCN Services Program.

For all services described in this article, the provider must maintain documentation of medical necessity in the client's medical record. Services are subject to retrospective review.

Mastectomy

The following mastectomy procedure codes are a benefit of the CSHCN Services Program without prior authorization for male and female clients:

Procedure Codes	Age Restriction
19301, 19302	No restriction
19303, 19304, 19305, 19306, 19307	18 years of age or older

Mastectomies are restricted to the following diagnosis codes:

Diagnosis Code						
1740	1741	1742	1743	1744	1745	1746
1748	1749	1750	1759	19881	2330	

Procedure codes 19303, 19304, 19305, 19306, and 19307 may also be reimbursed when billed with diagnosis code V103, V163, V4571, or V8401.

Procedure codes 19303, 19304, 19305, 19306, and 19307 are limited to twice per lifetime.

Services that do not meet the payable age or diagnosis criteria require prior authorization.

Prophylactic Mastectomy

Prophylactic mastectomy is a benefit of the CSHCN Services Program for clients who are 18 years of age or older and at moderate-to-high risk for the development of breast cancer.

Note: *For purposes of this article, "relative" means close blood relative, including first-degree male or female relative (e.g., parent, sibling, child), second-degree relative (e.g., aunt, uncle, grandparent, niece, nephew), or third-degree relative (e.g., first cousin, great-grandparent), all of whom are on the same side of the family as the client.*

High-risk clients are those who meet one or more of the following criteria:

- Two or more first-degree relatives with breast cancer
- One first-degree relative and two or more second- or third-degree relatives with breast cancer
- One first-degree relative diagnosed with breast cancer at 44 years of age or younger and another relative with breast cancer
- One first-degree relative with bilateral breast cancer
- One first-degree relative with breast cancer and one or more relatives with ovarian cancer
- Two second- or third-degree relatives with breast cancer and one or more with ovarian cancer
- One second- or third-degree relative with breast cancer and two or more with ovarian cancer
- Three or more second- or third-degree relatives with breast cancer
- Presence of a breast cancer 1 (BRCA1) or breast cancer 2 (BRCA2) mutation in the client that is consistent with a BRCA1 or BRCA2 mutation in a family member with breast or ovarian cancer

Moderate-to-high-risk clients are those who meet one or more of the following criteria:

- Presence of lesions associated with an increased risk for cancer, such as atypical hyperplasia and lobular carcinoma in situ (LCIS)
- Diagnosis of breast cancer in one breast, with or without additional risk factors
- Extensive mammographic abnormalities such as calcifications, making an adequate biopsy impossible

Documentation that supports medical necessity for the procedure must be maintained in the client's medical record and must indicate the following:

- The client is moderate-to-high risk, as previously defined.
- As a candidate for prophylactic mastectomy, the client has undergone counseling from a health professional other than the operating surgeon. The counseling must include assessment of the following:
  - The client's ability to understand the risks and long-term implications of the surgical procedure
  - The client's informed choice to proceed with the surgical procedure

All documentation is subject to retrospective review.

Breast Reconstruction

The age and payable sex restrictions changed for the following breast reconstruction procedure codes:

Procedure Codes	Age Restriction	Payable Sex
19340, 19342, 19357	18 years of age or older	Female only
19350, 19361, 19364, 19366, 19367, 19368, 19369, S2068	18 years of age or older	No change—payable for male and female

Breast reconstruction will be a benefit when performed to correct or repair abnormal structures of the breast caused by one or more of the following:

- Congenital defect
- Infection

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- Tumor or disease (e.g., following a primary mastectomy procedure in order to establish symmetry with a contralateral breast or following bilateral mastectomy)
- Developmental abnormality
- Trauma to the chest wall

Diagnosis codes 61183, 6120, and 6121 are no longer valid for breast reconstruction. New valid diagnosis codes for breast reconstruction are V163, V4571, and V8401.

Breast reconstruction is limited to clients who have a documented history of a mastectomy performed while the client was eligible for the CSHCN Services Program.

Services that do not meet the payable age, sex, diagnosis, or medical history criteria require prior authorization.

Reimbursement Rate Changes for Procedure Codes Q2004 and Q0091

Effective for dates of services on or after July 1, 2010, the reimbursement rates changed for medical services procedure code Q2004 and laboratory services procedure code Q0091 for the CSHCN Services Program. The reimbursement rate for procedure code Q2004 will be $28.69 for clients of all ages. The reimbursement rate for procedure code Q0091 will be $32.36 for clients who are birth through 20 years of age and $30.82 for clients who are 21 years of age or older. ■

Additional Services Related to Breast Reconstruction

The following new procedure codes are a benefit of the CSHCN Services Program without prior authorization for clients who are 18 years of age or older:

TOS	Procedure Code(s)	Place of Service	Payable Provider Type	Payable Sex
2	11920, 11921, 11922	Office, inpatient and outpatient hospital	Physician	Male and female
2/8	19316, 19396	Inpatient and outpatient hospital	Physician	Female only
F	19316, 19324, 19325, 19396	Outpatient hospital	ASC	Female only
2	19324, 19325	Inpatient and outpatient hospital	Physician	Female only
2	19355	Inpatient and outpatient hospital	Physician	Male and female
F	19355	Outpatient hospital	ASC	Male and female

The procedure codes in the preceding table are restricted to the following diagnosis codes:

Diagnosis Code						
1740	1741	1742	1743	1744	1745	1746
1748	1749	1750	1759	19881	2330	V103
V163	V4571	V8401				

Procedure codes 19316, 19324, 19325, 19355, and 19396 are limited to clients with a documented history of a mastectomy performed while the client was eligible for the CSHCN Services Program.

Tattooing to correct color defects of the skin (procedure codes 11920, 11921, and 11922) is the final stage of breast reconstruction, and is limited to clients with a documented history of a breast reconstruction performed while the client was eligible for the CSHCN Services Program.

Procedure codes 11920, 11921, and 11922 are limited to twice per lifetime. Procedure code 11922 must be billed with primary procedure code 11920 or 11921.

Services that do not meet the payable age, sex, diagnosis, or medical history criteria require prior authorization.

Treatment for Complications of Breast Reconstruction

The age and payable sex restrictions changed for the following procedure codes:

Procedure Code(s)	Age Restriction	Payable Sex
19370, 19371	18 years of age or older	No change—payable for female only
19380	18 years of age or older	Male and female

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Treatment for complications of breast reconstruction is a benefit of the CSHCN Services Program, regardless of when the initial breast reconstruction occurred.

Prior Authorization

Services that require prior authorization must be requested using the CSHCN Services Program Authorization and Prior Authorization Request form. If any information on the prior authorization changes after services have been approved, providers must update the prior authorization before they submit claims.

Limitations

In the following table, the procedure codes in Column A will be denied as part of another procedure code when billed on the same date of service by the same provider as the corresponding procedure codes in Column B:

Denied (Column A)	When billed with (Column B)
11920, 11921	19350
19301	19304, 19305, 19306, 19342
19302	19305, 19306, 19342
19303	19305, 19306
19304	19302, 19303, 19305, 19306, 19307, 19342
19305, 19306	19307
19318	19316, 19324, 19325, 19342
19342	19303, 19305, 19306, 19307, 19316, 19324, 19325
19350	19355
19357	19342, 19380
19361	19357, 19380
19364	19316, 19342, 19357, 19361, 19365, 19367, 19380
19366	19342, 19357, 19361, 19380
19367	19316, 19324, 19325, 19342, 19350, 19355, 19357, 19361, 19366, 19370, 19371, 19380
19368	19324, 19325, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19369, 19370, 19371, 19380
19369	19316, 19324, 19325, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367

■

Correction to "Benefit Changes for Vision Services"

This is a correction to an article titled "Benefit Changes for Vision Services," which was published in the May 2010 *CSHCN Services Program Provider Bulletin*, No. 74. The article should have stated that procedure code 92015 may be reimbursed to optometrists as well as to ophthalmologists. ■

Claims Reprocessing for a Cytopathology Index Add-On Laboratory Procedure Code

TMHP has identified an issue that impacts claims submitted with dates of service on or after January 1, 2009, procedure code 88155, and any of the following procedure codes:

Procedure Code				
88142	88143	88147	88148	88150
88152	88153	88154	88164	88165
88166	88167	88174	88175	

These claims may have been denied in error if procedure code 88155 was submitted with the same date of service as the listed procedure codes.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required. ■

Claims Reprocessing for LPC, CCP Social Worker, and LCSW

TMHP has identified an issue that affects claims submitted by licensed professional counselors (LPC), Comprehensive Care Program (CCP) social workers, and licensed clinical social workers (LCSW) who enrolled in Medicaid or the CSHCN Services Program after January 1, 2010, with a retroactive effective date. These claims might have been paid at a higher rate than allowed.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required. ■

Claims Reprocessing for Procedure Code D0150

TMHP has identified an issue that affects claims submitted with dates of service on or after January 1, 2010, and procedure code D0150. Procedure code D0150 might have been denied in error if it was billed within six months of procedure codes D0120 or D0140. Claims with dates of service on or after January 1, 2010, and procedure code D0150 will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required. ■

For more information on any article in this bulletin, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

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2009 HCPCS Benefits for Medical and DME Procedure Codes

Effective for dates of service on or after April 1, 2010, second quarter 2009 Healthcare Common Procedure Coding System (HCPCS) procedure codes C9250, C9360, C9361, and C9362 are benefits of the CSHCN Services Program.

Note: *For the purposes of this article, "advanced practice registered nurse (APRN)" includes NP and CNS providers only.*

Procedure codes C9250, C9360, C9361, and C9362 may be reimbursed to APRN, physician assistant (PA), and physician providers for services rendered in the office setting and to hospital providers for services rendered in the outpatient hospital setting.

Additionally, procedure codes C9360, C9361, and C9362 may be reimbursed to ASC providers for services rendered in the outpatient hospital setting. However, ASCs need to be aware that their claims can only include one line item per Texas Provider Identifier (TPI), and they will only be paid a global fee. For more information contact the TMHP Contact Center at 1-800-568-2413.

The new HCPCS procedure codes may be reimbursed as follows:

TOS	Procedure Code	Reimbursement Rate
1	C9250	$155.00
9	C9360	$10.57
9	C9361	$124.55
9	C9362	$56.71
TOS: (1) Medical service, (9) DME service		

■

Reimbursement Rate Changes for Penile and Testicular Prosthesis Procedure Codes

Effective for dates of services on or after July 1, 2010, the reimbursement rates for surgical services procedure code 54660 changed for the CSHCN Services Program.

The reimbursement rate for procedure code 54660 is $290.12 (10.13 relative value units [RVUs], $28.640 conversion factor) for surgical services provided to clients 20 years of age or younger.

The reimbursement rate for procedure code 54660 is $276.31 (10.13 RVUs, $27.276 conversion factor) for surgical services provided to clients who are 21 years of age or older, and may be reimbursed at the Group 2 rate to ASC providers for clients of all ages. ■

Claims Reprocessing for Procedure Code D1351

THMP has identified an issue that affects claims with dates of service on or after September 1, 2008, and procedure code D1351. Procedure code D1351 might have been denied in error if it was billed for surface identification (SID) F (facial). Claims with dates of service on or after September 1, 2008, and procedure code D1351 and SID F will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required. ■

Claims Reprocessing for Procedure Code J3488

TMHP has identified an issue that affects claims submitted by physicians and hospitals with dates of service from January 1, 2008, through November 30, 2009, with diagnosis code 73301, 73302, 73303, 73309, or 73390 and procedure code J3488. These claims may have been denied in error.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required. ■

First Quarter 2010 HCPCS Updates Now Available

The first quarter 2010 HCPCS additions and changes that implemented on April 1, 2010, are now available. However, those changes do not impact CSHCN Services Program providers because the changes occurred in services that the program does not cover. They are listed here as a courtesy only.

Effective April 1, 2010, for dates of service on or after January 1, 2010, the following new procedure codes have been added and do not replace existing procedure codes:

Procedure Codes	CSHCN Services Program Allowable
G0428, G0429	Not covered

Although these codes are not covered, providers can submit claims for comparable procedure codes G0426 and G0427.

Modifier Changes

Effective April 1, 2010, for dates of service on or after April 1, 2010, the following changes were made to modifiers:

- Modifier GX has been added.
- The descriptions for modifiers GA, RA, and RB have been revised. Providers can refer to the appropriate copyright holder for the revised descriptions. ■

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Reimbursement Rate Changes for Some DME Procedure Codes

Effective for dates of service on or after June 1, 2010, reimbursement rates for some durable medical equipment (DME) procedure codes changed for the CSHCN Services Program.

The following table includes the revised reimbursement rates for DME procedures codes that are effective for dates of service on or after June 1, 2010, for the CSHCN Services Program:

TOS	Procedure Code	Reimbursement Rate
J	E0184	$479.07
L	E0184	$24.57
J	E0186	$1,716.28
L	E0186	$19.36
J	E0240	Manually Priced
J	E0303	$4,883.62
L	E0303	$488.36
L	E0424	$175.79
L	E0439	$175.79
J	E0445	$583.00
J	E0445 with Modifier TF	$1,336.60
L	E0445	$58.30
L	E0445 with Modifier TF	$158.66
J	E0779	$167.30
L	E0779	$17.57
J	E0780	$10.89
L	E0780	$1.09
J	E0840	$54.19
L	E0840	$16.10
J	E0850	$84.18
L	E0850	$12.88
J	E0860	$26.98
L	E0860	$5.81
J	E0880	$97.66
L	E0880	$17.60
J	E0950	$176.30
J	E0958	$697.00
J	E0971	$55.35
J	E1016	$130.38
J	E1020	$229.60
L	E1020	$22.01
J	E1232	$4,845.38
L	E1232	$224.54
J	E1235	$2,897.00
L	E1235	$195.04
J	E1236	$3,182.00
L	E1236	$172.06
J	E2218	$45.10
J	E2222	$60.68
J	E2225	$41.00
J	E2226	$51.66
J	E2321	$1,763.00
J	E2329	$2,237.38
J	E2330	$3,333.27
J	E2368	$467.50
J	E2369	$407.20
J	E2370	$876.15
J	E2371	$186.00
J	E2376	$1,342.24
J	E2601	$55.35

■

Reimbursement Rate Change for Vision Services Procedure Code

Effective for dates of service on or after April 1, 2010, the reimbursement rate for vision services procedure code V2784 have changed for the CSHCN Services Program. The reimbursement rate for procedure code V2784 is $43.06. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary. ■

Reimbursement Update for Procedure Code 93288

Effective February 26, 2010, updates were made to procedure codes 74340, 91030, 91052, 91065, and 93288 as follows:

- Effective for dates of service on or after March 1, 2010, the technical component may be reimbursed for procedure codes 74340, 91030, 91052, and 91065. Services rendered in the office setting may be reimbursed to NP, CNS, physician, portable X-ray, and radiological and physiological laboratory providers.
- Effective for dates of service on or after January 1, 2009, the professional interpretation component for procedure code 93288 may be reimbursed to physician providers for services rendered in the office, inpatient, or outpatient setting. The technical component for procedure code 93288 may be reimbursed to physician, portable X-ray supplier, and radiological and physiological laboratory providers for services rendered in the office setting. The professional interpretation component may be reimbursed at $19.93, and the technical component may be reimbursed at $14.44. Affected claims with dates of service from January 1, 2009, through February 26, 2010, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required. ■

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June 2010 Procedure Code Updates

Effective for dates of service on or after June 1, 2010, provider type and place-of-service (POS) limitations changed for some CSHCN Services Program services.

Note: *For the purposes of this article, APRN includes NP and CNS providers only.*

Botulinum Toxin Type A and B

The following benefit changes have been applied to botulinum toxin therapy procedure codes as indicated:

Procedure Code(s)	Changes
J0585	Services rendered in the office setting are no longer reimbursed to certified nurse midwife (CNM), DME medical supply, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based rural health clinic (RHC) providers. Services rendered in the home or extended care facility (ECF) setting are no longer reimbursed. Services rendered in the outpatient hospital setting are no longer reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
J0587	Services rendered in the office setting are no longer reimbursed to APRN, hospital, and hospital-based RHC providers. Services rendered in the outpatient hospital setting are no longer reimbursed to APRNs, physicians, and hospital-based RHC providers. Services rendered in the ECF setting will no longer be reimbursed.
64600, 64605	Services rendered in the office, inpatient hospital, or outpatient hospital setting may be reimbursed to certified registered nurse anesthetist (CRNA) providers. Services rendered in the office, inpatient hospital, or outpatient hospital setting are no longer reimbursed to dentist providers.
64610, 64613, 64620, 64626, 64630, 64632, 64680, 67345	Services rendered in the office, inpatient hospital, or outpatient hospital setting may be reimbursed to CRNA providers.
64612	Services rendered in the office, inpatient hospital, or outpatient hospital setting may be reimbursed to CRNA and APRN providers. Services rendered in the office, inpatient hospital, or outpatient hospital setting are no longer reimbursed to dentists.
64614	Services rendered in the office, inpatient hospital, or outpatient hospital setting may be reimbursed to CRNA and podiatrist providers.

APRN providers who administer botulinum toxin therapy must be supervised by a physician who is board-eligible or board-certified in the physician's specialty. Documentation of the APRN provider's training must be kept in the supervising physician's records and be available for review on request by the state of Texas or its authorized representatives.

Critical Care Services

The following benefit changes have been applied to critical care services procedure codes as indicated:

Procedure Code(s)	Changes
92950	**Surgical component**: Services rendered in the home setting are no longer reimbursed to CRNA providers. Services rendered in the office, inpatient hospital, or outpatient hospital setting may be reimbursed to dentist providers.
99468, 99469, 99471, 99472, 99475, 99476, 99477	**Medical service component**: Services rendered in the inpatient hospital setting may be reimbursed to dentist providers.

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Dental Services

The following benefit changes have been applied to dental services procedure codes as indicated:

Procedure Code(s)	Changes
Diagnostic Services	
D0120, D0273, D0502	Services rendered in the office, inpatient hospital, or outpatient hospital setting are no longer reimbursed to orthodontist and oral maxillofacial surgeon provider types. **Note:** *Orthodontists and oral maxillofacial surgeons may continue to be reimbursed for these services as dentist provider types and must use the appropriate provider identifier when billing claims.*
D0999	Services rendered in the office, inpatient hospital, or outpatient hospital setting are no longer reimbursed to federally qualified heath center (FQHC), Texas Health Steps (THSteps) dental, orthodontist, and oral maxillofacial surgeon provider types. **Note:** *Orthodontists and oral maxillofacial surgeons may continue to be reimbursed for these services as dentist provider types and must use the appropriate provider identifier when billing claims.*
D8050, D8080	Services rendered in the office setting are no longer reimbursed to FQHC, THSteps dental, orthodontist, and oral maxillofacial surgeon provider types. Services rendered in the outpatient hospital setting may be reimbursed to dentists and dental groups. **Note:** *Orthodontists and oral maxillofacial surgeons may continue to be reimbursed for these services as dentist provider types and must use the appropriate provider identifier when billing claims.*
Preventive Services	
D1110, D1120, D1203, D1204, D1206, D1330, D1351, D1510, D1515, D1520, D1525, D1550, D1555	Services rendered in the office, inpatient hospital, or outpatient hospital setting are no longer reimbursed to orthodontists and oral maxillofacial surgeons. **Note:** *Orthodontists and oral maxillofacial surgeons may continue to be reimbursed for these services as dentist provider types and must use the appropriate provider identifier when billing claims.*
Orthodontia Services	
D5951, D5952, D5953, D5954, D5955, D5958, D5959, D5960, D7280, D7997	Services rendered in the office, inpatient hospital, or outpatient hospital setting are no longer reimbursed to orthodontist and oral maxillofacial surgeon provider types. **Note:** *Orthodontists and oral maxillofacial surgeons may continue to be reimbursed for these services as dentist provider types and must use the appropriate provider identifier when billing claims.*
D8050, D8060, D8080	Services rendered in the office setting will no longer be reimbursed to FQHC, THSteps dental, orthodontist, and oral maxillofacial surgeon provider types. **Note:** *Orthodontists and oral maxillofacial surgeons may continue to be reimbursed for these services as dentist provider types and must use the appropriate provider identifier when billing claims.*
D8220, D8660, D8670, D8680, D8690, D8999	Services rendered in the office setting will no longer be reimbursed to FQHC, THSteps dental, orthodontist, and oral maxillofacial surgeon provider types. Services rendered in the outpatient hospital setting may be reimbursed to dentist providers. **Note:** *Orthodontists and oral maxillofacial surgeons may continue to be reimbursed for these services as dentist provider types and must use the appropriate provider identifier when billing claims.*
D8693	Services rendered in the office or outpatient hospital setting will no longer be reimbursed to orthodontist and oral maxillofacial surgeon provider types. Services rendered in the inpatient hospital setting will no longer be reimbursed. **Note:** *Orthodontists and oral maxillofacial surgeons may continue to be reimbursed for these services as dentist provider types and must use the appropriate provider identifier when billing claims*

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Podiatry and Related Services

The following benefit changes have been applied to the surgical component of the podiatry and related services procedure codes as indicated.

Procedure Codes	Changes
11055, 11056, 11719, G0127	Services rendered in the office, inpatient hospital, or outpatient hospital setting are no longer reimbursed to APRN and CNM providers. Services rendered in the skilled nursing facility (SNF), intermediate care facility (ICF), or ECF setting are no longer reimbursed. Services rendered in the home setting may be reimbursed to physician and podiatrist providers.

July 2010 Procedure Code Updates

Effective for dates of service on or after July 1, 2010, provider type and POS limitations changed for some CSHCN Services Program services.

Note: *For the purposes of this article, APRN includes NP and CNS providers only.*

Chemotherapy

The changes for chemotherapy services will not be implemented for dates of service on or after July 1, 2010. Providers will be notified in a future article when the changes will be made.

Clinician-Directed Care Coordination Services

The following benefit changes have been applied to the procedure codes indicated:

Procedure Code(s)	Changes
99238	Services rendered in the office or outpatient hospital setting are no longer reimbursed.
99339, 99340, 99358, 99359, 99367, 99374, 99375, 99377, 99378	Services rendered in the home, inpatient hospital, or "other location" settings are no longer reimbursed. Services rendered in the office or outpatient hospital setting may be reimbursed to dentist providers.
99499	Services rendered in the "other location" setting are no longer reimbursed. Services rendered in the office, inpatient hospital, or outpatient hospital setting may be reimbursed to dentist providers.

Helicobacter pylori Testing

The following benefit changes have been applied to the total laboratory component for the procedure codes indicated:

Procedure Code(s)	Changes
78267	Services rendered in the office setting are no longer reimbursed to independent laboratory or hospital providers. Services rendered in the outpatient hospital setting are no longer reimbursed to NP, CNS, PA, physician, or independent laboratory providers. Services rendered in the independent laboratory setting are no longer reimbursed to NP, CNS, PA, physician, or hospital providers.
78268	Services rendered in the office setting are no longer reimbursed to hospital providers. Services rendered in the outpatient hospital setting are no longer reimbursed to NP, CNS, PA, physician, or independent laboratory providers. Services rendered in the independent laboratory setting are no longer reimbursed to NP, CNS, PA, physician, or hospital providers.
83009	Services rendered in the office setting are no longer reimbursed to NP, CNS, PA, independent laboratory, nephrology (hemodialysis, renal dialysis), or renal dialysis facility providers. Services rendered in the outpatient hospital or independent laboratory setting are no longer reimbursed to nephrology (hemodialysis, renal dialysis), or renal dialysis facility providers.

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Procedure Code(s)	Changes
83013, 83014, 86677	Services rendered in the office setting are no longer reimbursed to NP, CNS, PA, or independent laboratory providers.
87338, 87339	Services rendered in the office setting are no longer reimbursed to independent laboratory providers.

Intracranial Pressure Monitoring

The following benefit changes have been applied to the procedure codes indicated:

Procedure Code	Changes
61210	**Surgical component:** Services rendered in the inpatient hospital setting are no longer reimbursed to APRN providers.

Respiratory Syncytial Virus Prophylaxis

The following benefit changes have been applied to the medical procedure code as indicated:

Procedure Code	Changes
90378	Services rendered in the office setting are no longer reimbursed to hospital providers. Services rendered in the home setting are no longer reimbursed. Services rendered in the outpatient hospital setting are no longer reimbursed to APRN and physicians. Services rendered in the outpatient hospital setting may be reimbursed to hospital providers.

Hyperbaric Oxygen Therapy

The following benefit changes have been applied to the procedure codes indicated:

Procedure Code	Changes
99183	Services rendered in the inpatient hospital or outpatient hospital setting are no longer reimbursed to APRN providers. Services rendered in the office setting are no longer reimbursed.

Kidney Transplants

The following benefit changes have been applied to the procedure codes indicated:

Procedure Code(s)	Changes
00868	**Anesthesia component:** Services rendered in the office or outpatient hospital settings are no longer reimbursed. Services rendered in the inpatient hospital setting are no longer reimbursed to APRN providers.
44180	**Surgery and assistant surgery components:** Services rendered in the inpatient hospital or outpatient hospital settings are no longer reimbursed to APRN and hospital providers.
49320	**Surgery and assistant surgery components:** Services rendered in the inpatient hospital or outpatient hospital settings are no longer reimbursed to APRN and CNM providers.
50220, 50225, 50230, 50234, 50236, 50240	**Surgery and assistant surgery components:** Services rendered in the inpatient hospital setting are no longer reimbursed to APRN providers. Services rendered in the outpatient hospital setting are no longer reimbursed.
50400, 50541, 50544, 50546, 50650, 50715, 50780	**Surgery and assistant surgery components:** Services rendered in the inpatient hospital or outpatient hospital settings are no longer reimbursed to APRN providers.
50543	**Surgery and assistant surgery components:** Services rendered in the outpatient hospital setting may be reimbursed to physicians.
50548	**Surgery and assistant surgery components:** Services rendered in the inpatient hospital setting are no longer reimbursed to APRN providers.
58660	**Surgery component:** Services rendered in the inpatient hospital or outpatient hospital settings are no longer reimbursed to APRN providers.

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Procedure Code(s)	Changes
76776	**Total radiology component:** Services rendered in the office setting are no longer reimbursed to APRN and radiation treatment center providers. Services rendered in the outpatient hospital setting are no longer reimbursed to radiation treatment center providers. **Professional interpretation component:** Services rendered in the office or outpatient hospital setting are no longer reimbursed to APRN providers. Services rendered in the inpatient hospital setting are no longer reimbursed to APRN or hospital providers. **Technical component:** Services rendered in the office setting are no longer reimbursed to radiation treatment center providers. Services rendered in the SNF, ICF, outpatient hospital, independent laboratory, or ECF setting are no longer reimbursed.
93975	**Total radiology component:** Services rendered in the office setting are no longer reimbursed to APRN, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers. Services rendered in the SNF, ICF, or ECF setting are no longer reimbursed. Services rendered in the outpatient hospital setting are no longer reimbursed to APRN, physician, CNM, radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, portable X-ray provider, radiological laboratory, physiological laboratory, and hospital-based RHC providers. **Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital settings are no longer reimbursed to APRN, CNM, portable X-ray supplier, radiological laboratory, and physiological laboratory providers. Services rendered in the home, SNF, ICF, or ECF setting are no longer reimbursed. **Technical component:** Services rendered in the office setting are no longer reimbursed to APRN, physician, CNM, and radiation treatment center providers. Services rendered in the home, SNF, ICF, independent laboratory, or ECF setting are no longer reimbursed.
93976	**Total radiology component:** Services rendered in the office setting are no longer reimbursed to APRN, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers. Services rendered in the SNF, ICF, or ECF setting are no longer reimbursed. Services rendered in the outpatient hospital setting are no longer reimbursed to APRN, physician, CNM, radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, portable X-ray supplier, radiological laboratory, physiological laboratory, and hospital-based RHC providers. **Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital settings are no longer reimbursed to APRN, CNM, portable X-ray supplier, radiological laboratory, and physiological laboratory providers. Services rendered in the home, SNF, ICF, or ECF setting are no longer reimbursed. **Technical component:** Services rendered in the office setting are no longer reimbursed to APRN, physician, CNM, and radiation treatment center providers. Services rendered in the home, SNF, ICF, independent laboratory, or ECF setting are no longer reimbursed.

Note: *The estimated cost of the renal transplant over a 1-year period versus the cost of renal dialysis at the client's current facility must be documented. For any client who is 18 years of age or older, the transplant team must also provide a plan of care to be implemented after the client reaches 21 years of age and is no longer eligible for services through the CSHCN Services Program.*

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Radiology – Magnetic Resonance Angiography

The following benefit changes have been applied to the procedure codes indicated:

Procedure Code(s)	Changes
70544, 70545, 70546, 70547, 70548,	**Total radiology component:** Services rendered in the office setting are no longer reimbursed to APRN, radiation treatment center, and hospital providers. Services rendered Services rendered in the outpatient hospital setting are no longer reimbursed to portable X-ray supplier, radiation treatment center, radiological laboratory, and physiological laboratory providers. **Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital settings are no longer reimbursed to APRN providers. **Technical component:** Services rendered in the office setting are no longer be reimbursed to APRN and radiation treatment center providers. Services rendered in the home, SNF, ICF, independent laboratory, or ECF setting are no longer reimbursed.
70549	**Total radiology component:** Services rendered in the office setting are no longer reimbursed to APRN, radiation treatment center, and hospital providers. Services rendered in the outpatient hospital setting are no longer reimbursed to radiation treatment center, portable X-ray supplier, radiological laboratory, and physiological laboratory providers. **Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital settings are no longer reimbursed to APRN providers. **Technical component:** Services rendered in the office setting are no longer reimbursed to APRN and radiation treatment center providers. Services rendered in the independent laboratory setting are no longer reimbursed.
71555	**Total radiology component:** Services rendered in the office setting are no longer reimbursed to APRN, radiation treatment center, and hospital providers. Services rendered in the outpatient hospital setting are no longer reimbursed to radiation treatment center, portable X-ray supplier, radiological laboratory, and physiological laboratory providers. **Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital settings are no longer reimbursed to APRN, portable X-ray supplier, radiological laboratory, and physiological laboratory providers. **Technical component:** Services rendered in the office setting are no longer reimbursed to APRN and radiation treatment center providers. Services rendered in the independent laboratory setting are no longer reimbursed.
74185	**Total radiology component:** Services rendered in the office setting are no longer reimbursed to APRN, radiation treatment center, and hospital providers. Services rendered in the outpatient hospital setting are no longer reimbursed to radiation treatment center, portable X-ray supplier, radiological laboratory, and physiological laboratory providers. **Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting are no longer reimbursed to APRN, portable X-ray supplier, radiological laboratory, or physiological laboratory providers. **Technical component:** Services rendered in the office setting are no longer reimbursed to APRN and radiation treatment center providers. Services rendered in the independent laboratory setting are no longer reimbursed.
72198	**Total radiology component:** Services rendered in the office setting may be reimbursed to physician, portable X-ray supplier, radiological laboratory, and physiological laboratory providers. Services rendered in the outpatient hospital setting are no longer reimbursed to APRN, physician, radiation treatment center, and radiological and physiological laboratory providers. Services rendered in the inpatient hospital or independent laboratory setting are no longer reimbursed.

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Procedure Code(s)	Changes
72198 *(cont.)*	**Professional interpretation component:** Services rendered in the office setting may be reimbursed to physicians. Services rendered in the inpatient hospital or outpatient hospital setting are no longer reimbursed to APRN, radiation treatment center, hospital, portable X-ray supplier, radiological laboratory, and physiological laboratory providers. **Technical component:** Services rendered in the office setting may be reimbursed to physician, portable X-ray supplier, radiological laboratory, and physiological laboratory providers. Services rendered in the inpatient hospital, outpatient hospital, or independent laboratory setting are no longer reimbursed.
73725	**Total radiology component:** Services rendered in the outpatient hospital setting are no longer reimbursed to radiation treatment center, radiological laboratory, and physiological laboratory providers. Services rendered in the office setting are no longer reimbursed to radiation treatment centers or hospitals. **Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital settings are no longer reimbursed to APRN, portable X-ray supplier, radiological laboratory, and physiological laboratory providers. **Technical component:** Services rendered in the office setting are no longer reimbursed to APRN and radiation treatment center providers.

Transportation – Ambulance

The following benefit changes have been applied to the procedure codes indicated:

Procedure Code(s)	Changes
A0382, A0422, A0424, A0428, A0429, A0430, A0431	Services rendered in the independent laboratory setting may be reimbursed to ambulance providers.
A0420	Services rendered in the birthing center setting are no longer reimbursed to ambulance providers.
A0425, A0435, A0436	Services rendered in the independent laboratory setting may be reimbursed to ambulance providers. Services rendered in the SNF, ICF, or ECF setting are no longer reimbursed.

Vaccines/Toxoids

The following benefit changes have been applied to the procedure codes indicated:

Procedure Code(s)	Changes
90465, 90466, 90467, 90468, 90471, 90472, 90473, 90474	Services rendered in the outpatient hospital setting are no longer reimbursed to APRN providers.
90632, 90633, 90636, 90645, 90646, 90647, 90648, 90649, 90655, 90656, 90657, 90658, 90660, 90669, 90680, 90681, 90696, 90698, 90700, 90702, 90703, 90704, 90705, 90706, 90707, 90710, 90713, 90714, 90715, 90716, 90718, 90721, 90723, 90732, 90733, 90740, 90743, 90744, 90746, 90747, 90748, 90749	Services rendered in the home setting are no longer reimbursed. Services rendered in the outpatient hospital setting are no longer reimbursed to APRN and physician providers.
90734	Services rendered in the home setting are no longer reimbursed. Services rendered in the outpatient hospital setting are no longer reimbursed to APRN and physician providers. Prior authorization is no longer required.

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The following procedure codes are benefits of the CSHCN Services Program and may be reimbursed as follows:

Procedure Code	Reimbursement Information	Limitations
90287	Services rendered in the office setting may be reimbursed to APRN, physician, pharmacist, and pharmacy providers. Services rendered in the outpatient hospital setting may be reimbursed to hospital providers. Services rendered in the "other location" setting may be reimbursed to APRN and physician providers.	As medically necessary
90585	Services rendered in the office setting may be reimbursed to APRN, physician, pharmacist, and pharmacy providers. Services rendered in the outpatient hospital setting may be reimbursed to hospital providers. Services rendered in the "other location" setting may be reimbursed to APRN and physician providers. Procedure code 90585 may be reimbursed when billed with diagnosis code V032.	Once per day

Procedure code 90586 will be denied if billed with procedure code 90585. ■

Nerve Block Procedure Codes are Payable with Anesthesia Procedures by the Same Provider for the Same Date of Service

This is a clarification to an article titled "Update to Surgical Codes," which was published as a banner message on the May 23, 2008, R&S Report. The article stated that effective for dates of service on or after May 16, 2008, specified nerve block procedure codes would be reimbursed on the same day as another procedure by the same provider.

The article should have made clear that effective for dates of service on or after May 16, 2008, the following surgical procedure codes may be reimbursed on the same *date of service* as another anesthesia procedure by the same provider:

Procedure Code					
64400	64402	64405	64408	64410	64412
64413	64415	64416	64417	64418	64420
64421	64425	64430	64435	64445	64446
64447	64448	64449	64450	64470	64472
64475	64476	64479	64480	64483	64484

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary. ■

Reimbursement Rate Changes for Some Diagnostic Radiology Procedure Codes

Effective for dates of service on or after July 1, 2010, the CSHCN Services Program reimbursement rates for some diagnostic radiology procedure codes changed. Details of the reimbursement rates were posted on the TMHP website at **www.tmhp.com** and are located on the OFL. ■

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Benefit Criteria Changes for Therapeutic Apheresis

Effective for dates of services on or after August 1, 2010, benefit criteria for therapeutic apheresis will change for the CSHCN Services Program.

Note: *For the purposes of this article, APRN includes NP and CNS providers only.*

Therapeutic apheresis requires personal physician involvement.

Procedure codes 36511, 36512, 36513, 36514, 36515, and 36516 are no longer reimbursed to APRNs.

Procedure codes 36511, 36512, 36513, and 36514 may be reimbursed with diagnosis codes 35801 and 99680. Refer to Section 30.2.37 "Therapeutic Apheresis" on page 30-120 of the 2010 *CSHCN Services Program Provider Manual* for additional diagnosis codes that may be reimbursed for procedure codes 36511, 36512, 36513, and 36514.

The following diagnosis codes are no longer reimbursed for procedure codes 36511, 36512, 36513, and 36514:

Diagnosis Code						
20311	20381	20401	20411	20421	20481	20491
20501	20511	20521	20531	20581	20591	20601
20611	20621	20681	20691	20701	20711	20721
20781	20801	20811	20821	20881	20891	28951
28952	28981	5724				

Procedure codes 36515 and 36516 may be reimbursed with the following diagnosis codes:

Diagnosis Code						
20300	20302	20310	20312	20380	20382	20400
20402	20410	20412	20420	20422	20480	20482
20490	20492	20500	20502	20510	20512	20520
20522	20530	20532	20580	20582	20590	20592
20600	20602	20610	20612	20620	20622	20680
20682	20690	20692	20700	20702	20710	20712
20720	20722	20780	20782	20800	20802	20810
20812	20820	20822	20880	20882	20890	20892
2384	23871	2730	2731	2733	28260	28261
28262	28263	28264	28268	28269	2828	2830
28310	28311	28319	2863	2866	2884	28869
2890	2896	2897	28989	2899	3564	3570
3571	3572	3573	3574	3575	3576	3577
35781	35782	35789	35800	35801	390	3918
44620	44621	44629	4466	4476	4478	570
5718	5731	5732	5733	57431	57441	5800
5804	5810	5811	5812	5813	58181	58189
5819	5820	5821	5822	5824	5830	5831
5832	5834	5836	5837	58381	58389	5839
6944	7010	7100	7101	7103	7104	71430
71431	71432	71433	99680			

Refer to Section 30.2.37 "Therapeutic Apheresis" on page 30-120 of the 2010 *CSHCN Services Program Provider Manual* for additional diagnosis codes that may be reimbursed for procedure codes 36515 and 36516.

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In the following table, the procedure codes in Column A will be denied as part of another procedure code when billed on the same date of service by the same provider as the corresponding procedure codes in Column B:

Denied (Column A)	When billed with (Column B)
36512	36511
36513	36511, 36512, 36514
36514, 36515	36511, 36512, 36513
36516	36511, 36512, 36513, 36514, 36515

August 2010 Procedure Code Updates

Effective for dates of service on or after August 1, 2010, provider type and place-of-service (POS) limitations will change for some CSHCN Services Program services.

Note: *For the purposes of this article, APRN includes NP and CNS only.*

Behavioral Health

This is an update to an article titled "August 2010 CSHCN Services Program Procedure Code Updates," which was published on June 4, 2010, on the Code Updates - CSHCN Services Program Procedure Code Review page of the TMHP website at **www.tmhp.com**. The article originally stated that effective for dates of service on or after August 1, 2010, changes will be applied to behavioral health services. The indicated changes will not be made effective for dates of service on or after August 1, 2010. Providers will be notified in a future message when the changes are to be made effective.

Bone Growth Stimulators

The following procedure codes will be revised as indicated:

Procedure Code(s)	Changes
20974, 20979	**Surgical component:** Services rendered in the home setting may be reimbursed to APRN, physician, and podiatrist providers. Services rendered in the office, inpatient hospital, or outpatient hospital setting may be reimbursed to podiatrist providers.
20975	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting may be reimbursed to podiatrist providers. Assistant surgery component: The assistant surgery component will be made a benefit. Services rendered in the inpatient hospital or outpatient hospital setting may be reimbursed to physician and podiatrist providers.
E0747, E0760	New DME purchase: Services rendered in the office setting may be reimbursed to home health DME providers.

The following procedure codes will be denied when billed with the assistant surgery component of procedure code 20975:

Procedure Code									
36000	36400	36405	36406	36410	36420	36425	36430	36440	36600
36640	37202	51701	51702	51703	62310	62311	62318	62319	64400
64402	64405	64408	64410	64412	64413	64415	64416	64417	64418
64420	64421	64425	64430	64435	64445	64446	64447	64448	64449
64450	64479	64483	64505	64508	64510	64517	64520	64530	93000
93010	93040	93041	93042	94002	94200	94250	94680	94681	94690
94770	94770	94770	95812	95813	95816	95819	95822	95829	95955
96360	96365	96372	96374	96375	96376	97032	99150		

Procedure codes E0749 and 20974 will no longer require prior authorization when billed with an appropriate diagnosis code.

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Procedure codes 20974, 20975, 20979, and E0749 may be reimbursed when billed with one of the following diagnosis codes:

Diagnosis Code				
73381	73382	73396	73397	73398
9052	9053	9054	9055	99640
V454				

Physicians Evaluation and Management (E/M) Services

The following benefit changes apply to the procedure codes as indicated:

Procedure Code(s)	Changes
99050	Services rendered in the home setting will no longer be reimbursed.
99056	Services rendered in the home setting may be reimbursed to podiatrist providers.
99060	Services rendered in the home setting may be reimbursed to APRN, physician, and podiatrist providers.
99221, 99222, 99223, 99231, 99232, 99233	Services rendered in the office or outpatient hospital setting will no longer be reimbursed. Services rendered in the inpatient hospital setting may be reimbursed to optometrist providers.
99238	Services rendered in the office or outpatient hospital setting will no longer be reimbursed.
99234, 99235, 99236	Services rendered in the inpatient hospital setting may be reimbursed to dentist and podiatrist providers. Services rendered in the outpatient hospital setting may be reimbursed to dentist and optometrist providers.
99241, 99242, 99245	Services rendered in the home or inpatient hospital setting will no longer be reimbursed. Services rendered in the office or outpatient hospital setting will no longer be reimbursed to psychologist providers.
99243, 99244	Services rendered in the office or outpatient hospital setting will no longer be reimbursed to psychologist providers. Services rendered in the home setting will no longer be reimbursed.
99251, 99252, 99253, 99254, 99255	Services rendered in the inpatient hospital setting will no longer be reimbursed to psychologist providers. Services rendered in the office or outpatient hospital setting will no longer be reimbursed.
99281, 99282, 99283, 99284, 99285	Services rendered in the office or inpatient hospital setting will no longer be reimbursed.
99341, 99342, 99343	Services rendered in the home setting will no longer be reimbursed to dentist and optometrist providers.
99344, 99345, 99347, 99348, 99349, 99350	Services rendered in the home setting will no longer be reimbursed to optometrist or chiropractor providers.
99354, 99355	Services rendered in the office or outpatient hospital setting may be reimbursed to podiatrist providers.

The following changes will be applied to the E/M and outpatient hospital observation room procedure codes indicated:

Procedure Codes	Changes
99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Services rendered in the inpatient hospital setting will no longer be reimbursed.
99218, 99219, 99220	Services rendered in the office or inpatient hospital setting will no longer be reimbursed.

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Radiology – Magnetic Resonance Imaging

The following benefit changes apply to the procedure codes as indicated:

Procedure Code	Changes
70336	**Technical component:** Services rendered in the home, inpatient hospital, or outpatient hospital setting will no longer be reimbursed.
70336	**Technical component:** Services rendered in the office setting may be reimbursed to radiological laboratory and physiological laboratory providers.
70336	**Total radiology component:** Services rendered in the inpatient hospital setting will no longer be reimbursed.
70336	**Total radiology component:** Services rendered in the outpatient hospital setting may be reimbursed to hospital providers. Services rendered in the office setting may be reimbursed to radiological laboratory and physiological laboratory providers.
70336	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to physician and dentist providers.
70540	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
70540	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
70540	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, and hospital providers.
70540	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, radiological laboratory, and physiological laboratory providers.
70542	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
70542	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
70542	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
70542	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
70542	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
70543	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
70543	**Technical component:** Services rendered in the independent laboratory setting will no longer be reimbursed.
70543	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
70543	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, and hospital providers.
70543	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, radiological laboratory, and physiological laboratory providers.
70551	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
70551	**Technical component:** Services rendered in the independent laboratory setting will no longer be reimbursed.

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Procedure Code	Changes
70551	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
70551	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, and hospital providers.
70551	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, radiological laboratory, and physiological laboratory providers.
70552	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
70552	**Technical component:** Services rendered in the independent laboratory setting will no longer be reimbursed.
70552	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
70552	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, and hospital providers.
70552	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, radiological laboratory, and physiological laboratory providers.
70553	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
70553	**Technical component:** Services rendered in the independent laboratory setting will no longer be reimbursed.
70553	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
70553	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, and hospital providers.
70553	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, radiological laboratory, and physiological laboratory providers.
70554	**Technical component:** Services rendered in the home, outpatient hospital, or independent laboratory setting will no longer be reimbursed.
70554	**Technical component:** Services rendered in the office setting will no longer be reimbursed to radiation treatment center providers.
70555	**Professional interpretation component:** Services rendered in the inpatient hospital setting will no longer be reimbursed to hospital, radiological laboratory, or physiological laboratory providers.
70555	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
70557	**Professional interpretation component:** Services rendered in the office or outpatient hospital setting may be reimbursed to physician providers.
70558	**Professional interpretation component:** Services rendered in the office or outpatient hospital setting may be reimbursed to physician providers.
70559	**Professional interpretation component:** Services rendered in the office or outpatient hospital setting may be reimbursed to physician providers.
71550	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
71550	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
71550	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.

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Procedure Code	Changes
71550	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, and hospital providers.
71550	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, radiation treatment center, radiological laboratory, and physiological laboratory providers.
71551	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
71551	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
71551	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
71551	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
71551	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
71552	**Professional interpretation component**: Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
71552	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
71552	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
71552	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, and hospital providers.
71552	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, radiation treatment center, radiological laboratory, and physiological laboratory providers.
72141	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
72141	**Technical component:** Services rendered in the home setting will no longer be reimbursed.
72141	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72141	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
72141	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
72142	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
72142	**Technical component:** Services rendered in the home setting will no longer be reimbursed.
72142	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72142	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.

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Procedure Code	Changes
72142	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
72146	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
72146	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
72146	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72146	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
72146	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
72147	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
72147	**Technical component:** Services rendered in the home setting will no longer be reimbursed.
72147	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72147	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
72147	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
72148	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
72148	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
72148	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72148	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
72148	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
72149	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
72149	**Technical component:** Services rendered in the home setting will no longer be reimbursed.
72149	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72149	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.

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Procedure Code	Changes
72149	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
72156	**Professional interpretation component:** Services rendered in the home, SNF, ICF, or ECF setting will no longer be reimbursed.
72156	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
72156	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
72156	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72156	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
72156	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
72156	**Total radiology component:** Services rendered in the SNF, ICF, or ECF setting will no longer be reimbursed.
72157	**Professional interpretation component:** Services rendered in the home, SNF, ICF, or ECF setting will no longer be reimbursed.
72157	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
72157	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
72157	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72157	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
72157	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
72157	**Total radiology component:** Services rendered in the SNF, ICF, or ECF setting will no longer be reimbursed.
72158	**Professional interpretation component:** Services rendered in the home, SNF, ICF, or ECF setting will no longer be reimbursed.
72158	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
72158	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
72158	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72158	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.

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Procedure Code	Changes
72158	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
72158	**Total radiology component:** Services rendered in the SNF, ICF, or ECF setting will no longer be reimbursed.
72159	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
72195	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
72195	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72195	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
72195	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
72195	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
72196	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, certified nurse midwife (CNM), radiological laboratory, and physiological laboratory providers.
72196	**Technical component:** Services rendered in the home setting will no longer be reimbursed.
72196	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72196	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
72196	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
72197	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
72197	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
72197	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
72197	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
72197	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73218	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
73218	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
73218	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.

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Procedure Code	Changes
73218	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
73218	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73219	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN and CNM providers.
73219	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
73219	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
73219	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
73219	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73220	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, CNM, radiological laboratory, and physiological laboratory providers.
73220	**Technical component:** Services rendered in the home setting will no longer be reimbursed.
73220	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
73220	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
73220	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73221	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, CNM, radiological laboratory, and physiological laboratory providers.
73221	**Technical component:** Services rendered in the home setting will no longer be reimbursed.
73221	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
73221	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
73221	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73222	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
73222	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
73222	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
73222	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.

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Procedure Code	Changes
73222	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73223	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
73223	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
73223	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
73223	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
73223	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73718	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN and CNM providers.
73718	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
73718	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
73718	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73719	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
73719	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
73719	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
73719	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73720	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, CNM, radiological laboratory, and physiological laboratory providers.
73720	**Technical component:** Services rendered in the home setting will no longer be reimbursed.
73720	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
73720	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
73720	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73721	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, CNM, radiological laboratory, and physiological laboratory providers.
73721	**Technical component:** Services rendered in the home setting will no longer be reimbursed.

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Procedure Code	Changes
73721	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
73721	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
73721	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73722	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
73722	**Technical component:** Services rendered in the home setting will no longer be reimbursed.
73722	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
73722	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
73722	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
73723	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
73723	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
73723	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
73723	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, and physiological laboratory providers.
74181	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
74181	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
74181	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
74181	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center. and hospital providers.
74181	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, radiation treatment center, radiological laboratory, and physiological laboratory providers.
74182	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
74182	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
74182	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
74182	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, and hospital providers.

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Procedure Code	Changes
74182	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, radiation treatment center, radiological laboratory, and physiological laboratory providers.
74183	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
74183	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
74183	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
74183	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, and hospital providers.
74183	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, radiation treatment center, radiological laboratory, and physiological laboratory providers.
75557	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
75557	**Technical component:** Services rendered in the independent laboratory setting will no longer be reimbursed.
75557	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
75557	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75557	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75558	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
75558	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
75558	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
75558	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75558	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75559	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
75559	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
75559	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
75559	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.

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Procedure Code	Changes
75559	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75560	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
75560	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
75560	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
75560	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75560	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75561	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
75561	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
75561	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
75561	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75561	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75562	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
75562	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
75562	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
75562	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75562	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75563	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
75563	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
75563	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
75563	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.

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Procedure Code	Changes
75563	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75564	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, and physiological laboratory providers.
75564	**Technical component:** Services rendered in the home or independent laboratory setting will no longer be reimbursed.
75564	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
75564	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
75564	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers.
77058	**Professional interpretation component:** Services rendered in the inpatient hospital setting will no longer be reimbursed to hospital providers.
77058	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
77058	**Technical component:** Services rendered in the home, SNF, ICF, outpatient hospital, independent laboratory, or ECF setting will no longer be reimbursed.
77058	**Technical component:** Services rendered in the independent laboratory setting will no longer be reimbursed.
77058	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
77058	**Total radiology component:** Services rendered in the inpatient hospital or independent laboratory setting will no longer be reimbursed.
77058	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
77058	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center providers.
77059	**Professional interpretation component:** Services rendered in the inpatient hospital setting will no longer be reimbursed to hospital providers.
77059	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
77059	**Technical component:** Services rendered in the home, SNF, ICF, outpatient hospital, independent laboratory, or ECF setting will no longer be reimbursed.
77059	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
77059	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
77059	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center providers.
77084	**Professional interpretation component:** Services rendered in the inpatient hospital setting will no longer be reimbursed to hospital providers.
77084	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN providers.
77084	**Technical component:** Services rendered in the home, outpatient hospital, or independent laboratory setting will no longer be reimbursed.

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Procedure Code	Changes
77084	**Technical component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
77084	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN and radiation treatment center providers.
77084	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center providers.

Radiology – X-ray Ultrasound

This is an update to an article titled "August 2010 CSHCN Services Program Procedure Code Updates," which was published on June 4, 2010, on the Code Updates - CSHCN Services Program Procedure Code Review page of the TMHP website at **www.tmhp.com**. The article originally stated that effective for dates of service on or after August 1, 2010, changes will be applied to radiology X-ray and ultrasound services. The indicated changes will not be made effective for dates of service on or after August 1, 2010. Providers will be notified in a future message when the changes are to be made effective.

Services Incidental to Surgery, Assistant Surgery, and/or Anesthesia

The following benefit changes will be applied to the procedure codes indicated:

Procedure Code	Changes
31500	**Surgical component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to CNM providers.
33970	**Surgical component:** Services rendered in the inpatient hospital setting will no longer be reimbursed to APRN providers.
33970	**Surgical component:** Services rendered in the outpatient hospital setting will no longer be reimbursed.
36010	Services will no longer be reimbursed to ambulatory surgical center (ASC) providers.
36013	Services will no longer be reimbursed to ASC providers.
36014	Services will no longer be reimbursed to ASC providers.
36430	**Surgical component:** Services rendered in the home setting will no longer be reimbursed.
36430	**Surgical component:** Services rendered in the outpatient hospital setting may be reimbursed to physician and hospital providers.
36440	**Surgical component:** Services rendered in the home setting will no longer be reimbursed.
36440	**Surgical component:** Services rendered in the inpatient hospital setting may be reimbursed to physician providers.
36555	**Surgical component:** Services rendered in the office setting will no longer be reimbursed.
36556	**Surgical component:** Services rendered in the office setting may be reimbursed to APRN providers.
36557	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting may be reimbursed to certified registered nurse anesthetist (CRNA) providers.
36557	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN providers.
36557	**Surgical component:** Services rendered in the office setting may be reimbursed to CRNA, APRN, and physician providers.
36558	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting may be reimbursed to CRNA providers.
36558	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN providers.
36558	**Surgical component:** Services rendered in the office setting may be reimbursed to CRNA, APRN, and physician providers.
36560	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting may be reimbursed to CRNA providers.
36560	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN providers.

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Procedure Code	Changes
36560	**Surgical component:** Services rendered in the office setting may be reimbursed to CRNA, APRN, and physician providers.
36561	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting may be reimbursed to CRNA providers.
36561	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN providers.
36561	**Surgical component:** Services rendered in the office setting may be reimbursed to CRNA, APRN, and physician providers.
36563	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting may be reimbursed to CRNA providers.
36563	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN providers.
36563	**Surgical component:** Services rendered in the office setting may be reimbursed to CRNA, APRN, and physician providers.
36565	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting may be reimbursed to CRNA providers.
36565	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN providers.
36565	**Surgical component:** Services rendered in the office setting may be reimbursed to CRNA, APRN, and physician providers.
36566	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting may be reimbursed to CRNA providers.
36566	**Surgical component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN providers.
36566	**Surgical component:** Services rendered in the office setting may be reimbursed to CRNA, APRN, and physician providers.
36568	**Surgical component:** Services rendered in the office, inpatient hospital, or outpatient hospital may be reimbursed to APRN providers.
36569	**Surgical component:** Services rendered in the office, inpatient hospital, or outpatient hospital may be reimbursed to APRN providers.
82800	**Total laboratory component:** Services rendered in the independent laboratory setting will no longer be reimbursed to radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and hospital-based RHC providers.
82800	**Total laboratory component:** Services rendered in the inpatient hospital setting will no longer be reimbursed.
82800	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to independent laboratory, optometrist podiatrist, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
82800	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to independent laboratory, radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
82803	**Total laboratory component:** Services rendered in the independent laboratory setting will no longer be reimbursed to radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and hospital-based RHC providers.
82803	**Total laboratory component:** Services rendered in the inpatient hospital setting will no longer be reimbursed.
82803	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to independent laboratory, optometrist, podiatrist, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.

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Procedure Code	Changes
82803	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to independent laboratory, radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
82805	**Total laboratory component:** Services rendered in the independent laboratory setting will no longer be reimbursed to radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and hospital-based RHC providers.
82805	**Total laboratory component:** Services rendered in the inpatient hospital setting will no longer be reimbursed.
82805	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to independent laboratory, optometrist, podiatrist, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
82805	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to independent laboratory, radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
82810	**Total laboratory component:** Services rendered in the independent laboratory setting will no longer be reimbursed to radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and hospital-based RHC providers.
82810	**Total laboratory component:** Services rendered in the inpatient hospital setting will no longer be reimbursed.
82810	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to independent laboratory, optometrist, podiatrist, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
82810	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to independent laboratory, radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
82820	**Total laboratory component:** Services rendered in the independent laboratory setting will no longer be reimbursed to radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), and hospital-based RHC providers.
82820	**Total laboratory component:** Services rendered in the inpatient hospital setting will no longer be reimbursed.
82820	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to independent laboratory, optometrist, podiatrist, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
82820	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to independent laboratory, radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
93005	**Technical component:** Services rendered in the home, inpatient hospital, SNF, ICF, outpatient hospital, independent laboratory, or ECF setting will no longer be reimbursed.
93005	**Technical component:** Services rendered in the office setting will no longer be reimbursed to independent laboratory, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
93017	**Technical component:** Services rendered in the outpatient hospital or independent laboratory setting will no longer be reimbursed.
93041	**Technical component:** Services rendered in the home, inpatient hospital, SNF, ICF, outpatient hospital, independent laboratory, or ECF setting will no longer be reimbursed.
93041	**Technical component:** Services rendered in the office setting will no longer be reimbursed to independent laboratory, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
93312	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.

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Procedure Code	Changes
93312	**Professional interpretation component:** Professional interpretation services will no longer be reimbursed separately.
93312	**Technical component:** Technical services will no longer be reimbursed separately.
93312	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
93313	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
93313	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
93314	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
93314	**Professional interpretation component:** Professional interpretation services will no longer be reimbursed separately.
93314	**Technical component:** Technical services will no longer be reimbursed separately.
93314	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
93315	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
93315	**Professional interpretation component:** Professional interpretation services will no longer be reimbursed separately.
93315	**Technical component:** Technical services will no longer be reimbursed separately.
93315	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
93316	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis) renal dialysis, and hospital-based RHC providers.
93316	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
93317	**Total radiology component:** Services rendered in the office setting will no longer be reimbursed to APRN, CNM, radiation treatment center, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis, and hospital-based RHC providers.
93317	**Professional interpretation component:** Professional interpretation services will no longer be reimbursed separately.
93317	**Technical component:** Technical services will no longer be reimbursed separately.
93317	**Total radiology component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to radiation treatment center, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
93503	Services will no longer be reimbursed to ASC providers.
93561	**Professional interpretation component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN providers.
93561	**Professional interpretation component:** Services rendered in the office setting may be reimbursed to physician providers.

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Procedure Code	Changes
93561	**Technical component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed.
93561	**Technical component:** Services rendered in the office setting may be reimbursed to physician providers.
93561	**Technical component:** Services rendered in the office setting may be reimbursed to radiological laboratory and physiological laboratory providers.
93561	**Total laboratory component:** Services rendered in the independent laboratory setting will no longer be reimbursed.
93561	**Total laboratory component:** Services rendered in the office or inpatient hospital setting will no longer be reimbursed to APRN, independent laboratory, and hospital providers.
93561	**Total laboratory component:** Services rendered in the office setting may be reimbursed to radiological laboratory and physiological laboratory providers.
93561	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, and independent laboratory providers.
93562	**Professional interpretation component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN providers.
93562	**Professional interpretation component:** Services rendered in the office setting may be reimbursed to physician providers.
93562	**Technical component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed.
93562	**Technical component:** Services rendered in the office setting may be reimbursed to physician providers.
93562	**Technical component:** Services rendered in the office setting may be reimbursed to radiological laboratory and physiological laboratory providers.
93562	**Total laboratory component:** Services rendered in the independent laboratory setting will no longer be reimbursed.
93562	**Total laboratory component:** Services rendered in the office or inpatient hospital setting will no longer be reimbursed to APRN, independent laboratory, and hospital providers.
93562	**Total laboratory component:** Services rendered in the office setting may be reimbursed to radiological laboratory and physiological laboratory providers.
93562	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, and independent laboratory providers.
94002	**Medical service component:** Services rendered in the inpatient hospital setting will no longer be reimbursed to APRN providers.
94002	**Medical service component:** Services rendered in the outpatient hospital setting may be reimbursed to physician providers.
94003	**Medical service component:** Services rendered in the inpatient hospital setting will no longer be reimbursed to APRN providers.
94003	**Medical service component:** Services rendered in the outpatient hospital setting may be reimbursed to physician providers.
94010	**Professional interpretation component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN, CNM, radiological laboratory, and physiological laboratory providers.
94010	**Professional interpretation component:** Services rendered in the office setting may be reimbursed to physician providers.
94010	**Technical component:** Services rendered in the home, SNF, ICF, independent laboratory, or ECF setting will no longer be reimbursed.
94010	**Technical component:** Services rendered in the office setting may be reimbursed to physician providers.
94010	**Total laboratory component:** Services rendered in the inpatient hospital or independent laboratory setting will no longer be reimbursed.

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Procedure Code	Changes
94010	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to APRN, independent laboratory, CNM, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
94010	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, independent laboratory, CNM, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
94060	**Professional interpretation component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN, CNM, radiological laboratory, and physiological laboratory providers.
94060	**Professional interpretation component:** Services rendered in the office setting may be reimbursed to physician providers.
94060	**Technical component:** Services rendered in the office setting may be reimbursed to physician providers.
94060	**Total laboratory component:** Services rendered in the independent laboratory setting will no longer be reimbursed.
94060	**Total laboratory component:** Services rendered in the inpatient hospital or independent laboratory setting will no longer be reimbursed.
94060	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to APRN, independent laboratory, CNM, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
94060	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, independent laboratory, CNM, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
94680	**Professional interpretation component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN, CNM, radiological laboratory, and physiological laboratory providers.
94680	**Professional interpretation component:** Services rendered in the office setting may be reimbursed to physician providers.
94680	**Technical component:** Services rendered in the home, SNF, ICF, independent laboratory, or ECF setting will no longer be reimbursed.
94680	**Technical component:** Services rendered in the office setting may be reimbursed to physician providers.
94680	**Total laboratory component:** Services rendered in the inpatient hospital or independent laboratory setting will no longer be reimbursed.
94680	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to APRN, independent laboratory, CNM, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
94680	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, independent laboratory, CNM, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
94681	**Professional interpretation component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN, CNM, radiological laboratory, and physiological laboratory providers.
94681	**Professional interpretation component:** Services rendered in the office setting may be reimbursed to physician providers.
94681	**Technical component:** Services rendered in the home, SNF, ICF, independent laboratory, or ECF setting will no longer be reimbursed.
94681	**Technical component:** Services rendered in the office setting may be reimbursed to physician providers.
94681	**Total laboratory component:** Services rendered in the inpatient hospital or independent laboratory setting will no longer be reimbursed.

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Procedure Code	Changes
94681	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to APRN, independent laboratory, CNM, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
94681	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, independent laboratory, CNM, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
94690	**Professional interpretation component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN, CNM, radiological laboratory, and physiological laboratory providers.
94690	**Professional interpretation component:** Services rendered in the office setting may be reimbursed to physician providers.
94690	**Technical component:** Services rendered in the home, SNF, ICF, independent laboratory, or ECF setting will no longer be reimbursed.
94690	**Technical component:** Services rendered in the office setting may be reimbursed to physician providers.
94690	**Total laboratory component:** Services rendered in the inpatient hospital or independent laboratory setting will no longer be reimbursed.
94690	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to APRN, independent laboratory, CNM, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
94690	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, independent laboratory, CNM, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.
94760	**Total laboratory component:** Services rendered in the home setting will no longer be reimbursed.
94760	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to radiation treatment center and hospital providers.
94760	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, and radiation treatment center providers.
94761	**Total laboratory component:** Services rendered in the home setting will no longer be reimbursed.
94761	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to radiation treatment center and hospital providers.
94761	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, and radiation treatment center providers.
94770	**Professional interpretation component:** Services rendered in the inpatient hospital or outpatient hospital setting will no longer be reimbursed to APRN, CNM, radiological laboratory, and physiological laboratory providers.
94770	**Professional interpretation component:** Services rendered in the office setting may be reimbursed to physician providers.
94770	**Technical component:** Services rendered in the home, SNF, ICF, independent laboratory, or ECF setting will no longer be reimbursed.
94770	**Technical component:** Services rendered in the office setting may be reimbursed to physician providers.
94770	**Total laboratory component:** Services rendered in the inpatient hospital or independent laboratory setting will no longer be reimbursed.
94770	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to APRN, independent laboratory, CNM, hospital, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and hospital-based RHC providers.
94770	**Total laboratory component:** Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, independent laboratory, CNM, nephrology (hemodialysis, renal dialysis), renal dialysis facility, radiological laboratory, physiological laboratory, and hospital-based RHC providers.

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Procedure Code	Changes
96521	**Medical service component:** Services rendered in the home or inpatient hospital setting will no longer be reimbursed.
96521	**Medical service component:** Services rendered in the office or outpatient hospital setting may be reimbursed to APRN providers.
96522	**Medical service component:** Services rendered in the home or inpatient hospital setting will no longer be reimbursed.
96522	**Medical service component:** Services rendered in the office or outpatient hospital setting may be reimbursed to APRN providers.
96523	**Medical service component:** Services rendered in the home or inpatient hospital setting will no longer be reimbursed.
96523	**Medical service component:** Services rendered in the office or outpatient hospital setting may be reimbursed to APRN providers.
99231	**Medical service component:** Services rendered in the inpatient hospital setting may be reimbursed to optometrists.
99231	**Medical service component:** Services rendered in the office or outpatient hospital setting will no longer be reimbursed.
99232	**Medical service component:** Services rendered in the inpatient hospital setting may be reimbursed to optometrists.
99232	**Medical service component:** Services rendered in the office or outpatient hospital setting will no longer be reimbursed.
99233	**Medical service component:** Services rendered in the inpatient hospital setting may be reimbursed to optometrists.
99233	**Medical service component:** Services rendered in the office or outpatient hospital setting will no longer be reimbursed.

The following procedure codes will be made benefits of the CSHCN Services Program and may be reimbursed as indicated:

Procedure Code	Reimbursement Information
76998	**Total radiology component:** Services rendered in the office setting may be reimbursed to physician providers. Services rendered in the outpatient hospital setting may be reimbursed to physician and hospital providers. Procedure code 76998 must be billed with the most appropriate surgical procedure code.
76998	**Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting may be reimbursed to physician providers. Procedure code 76998 must be billed with the most appropriate surgical procedure code.
76998	**Technical component:** Services rendered in the office setting may be reimbursed to physician, radiological laboratory, and physiological laboratory providers. Procedure code 76998 must be billed with the most appropriate surgical procedure code.
99143	**Medical service component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting may be reimbursed to physician providers. Procedure code 99143 must be billed with the most appropriate surgical procedure code.
99144	**Medical service component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting may be reimbursed to physician providers. Procedure code 99144 must be billed with the most appropriate surgical procedure code.
99145	**Medical service component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting may be reimbursed to physician providers. Procedure code 99145 must be billed with the most appropriate surgical procedure code.

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The procedure codes in Column A of the following table will be denied if they are billed with the same date of service by the same provider as the procedure codes in Column B:

Column A (Denied)	Column B
36000, 36400, 36405, 36406, 36410, 36420, 36425, 93000, 93040, 93041, 93042, 94760, 94761, 96360, 96365, 96372, 96373, 96374, 96375, 96376, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99291, 99292, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99356, 99357, 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, 99480	99143, 99144
99143	99144

Medications – Hemophilia Blood Factor Products

Procedure Code(s)	Changes
J1680	Services may be reimbursed without prior authorization when billed with diagnosis code 2860, 2861, 2862, 2863, 2865, or 2866.
J7185	Services may be reimbursed without prior authorization when billed with diagnosis code 2860, 2861, 2862, 2863, or 2865.
J7186	Services rendered in the office setting may be reimbursed to APRN and hemophilia factor providers. Services rendered in the home or outpatient hospital setting will no longer be reimbursed to physicians. Services may be reimbursed without prior authorization when billed with diagnosis code 2860 or 2864.
J7187	Services rendered in the office setting will no longer be reimbursed to DME medical supplier providers. Services rendered in the home setting will no longer be reimbursed to APRN, physician, radiation treatment center, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers. Services rendered in the home setting may be reimbursed to DME medical supplier providers. Services rendered in the outpatient hospital setting will no longer be reimbursed to physician and DME medical supplier providers. Services may be reimbursed without prior authorization when billed with diagnosis code 2860 or 2864.
J7189	Services rendered in the office setting will no longer be reimbursed to DME medical supplier and hospital providers. Services rendered in the home setting will no longer be reimbursed to physician providers. Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, and DME medical supplier providers. Services may be reimbursed without prior authorization when billed with diagnosis code 2860, 2861, 2863, 2867, 2869, or V8302.
J7190	Services rendered in the office setting will no longer be reimbursed to DME medical supplier and hospital providers. Services rendered in the home setting will no longer be reimbursed to physician and hospital providers. Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, and DME medical supplier providers. Services may be reimbursed without prior authorization when billed with diagnosis code 2860, 2861, 2862, 2863, or 2865.
J7191	Services rendered in the office setting will no longer be reimbursed to DME medical supplier and hospital providers. Services rendered in the home setting will no longer be reimbursed to APRN, physician, and hospital providers. Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, and DME medical supplier providers. Services may be reimbursed without prior authorization when billed with diagnosis code 2860, 2861, 2862, 2863, or 2865.

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Procedure Code(s)	Changes
J7193, J7194, J7195	Services rendered in the office setting will no longer be reimbursed to DME medical supplier and hospital providers. Services rendered in the home setting will no longer be reimbursed to APRN, physician, and hospital providers. Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, and DME medical supplier providers. Services may be reimbursed without prior authorization when billed with diagnosis code 2861.
J7199, J7192	Services rendered in the office setting will no longer be reimbursed to DME medical supplier and hospital providers. Services rendered in the home setting will no longer be reimbursed to APRN, physician, and hospital providers. Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, and DME medical supplier providers. Services may be reimbursed without prior authorization when billed with diagnosis code 2860, 2861, 2862, 2863, or 2865.
J7197	Services rendered in the ECF setting will no longer be reimbursed. Services rendered in the office setting will no longer be reimbursed to DME medical supplier, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers. Services rendered in the home setting will no longer be reimbursed to APRN, physician, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers. Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, DME medical supplier, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers. Services may be reimbursed without prior authorization when billed with diagnosis code 28981.
J7198	Services rendered in the ECF setting will no longer be reimbursed. Services rendered in the office setting will no longer be reimbursed to DME medical supplier, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers. Services rendered in the home setting will no longer be reimbursed to APRN, physician, hospital, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers. Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, DME medical supplier, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers. Services may be reimbursed without prior authorization when billed with diagnosis code 2860, 2861, 2862, 2863, or 2865.

Sleep Studies

The following benefit changes will be applied to sleep study procedure codes 94772, 95805, 95808, 95810, and 95811:

Procedure Code(s)	Changes
94772	**Total laboratory component:** Services rendered in the office setting will no longer be reimbursed to APRN, independent laboratory, or hospital providers. Services rendered in the outpatient hospital setting will no longer be reimbursed to APRN, physician, independent laboratory, radiological laboratory, or physiological laboratory providers. Services rendered in the independent laboratory setting will no longer be reimbursed. **Professional interpretation component:** Services rendered in the office, inpatient hospital, or outpatient hospital setting will no longer be reimbursed to APRN, radiological laboratory, or physiological laboratory providers. **Technical component:** Services rendered in the office setting may be reimbursed to APRN, radiological laboratory, and physiological laboratory providers. Services rendered in the outpatient hospital or independent laboratory setting will no longer be reimbursed.

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Procedure Code(s)	Changes
95805, 95808, 95810, 95811	**Total laboratory component:** Services rendered in the office setting may be reimbursed to physician, radiological laboratory, and physiological laboratory providers. Services rendered in the outpatient hospital setting will no longer be reimbursed to physician, radiological laboratory, or physiological laboratory providers Services rendered in the independent laboratory setting will no longer be reimbursed. **Professional interpretation component:** Services rendered in the office setting may be reimbursed to physician providers. Services rendered in the outpatient hospital setting will no longer be reimbursed to radiological laboratory or physiological laboratory providers. Services rendered in the independent laboratory setting will no longer be reimbursed. **Technical component:** Services rendered in the office setting may be reimbursed to APRN, radiological laboratory, and physiological laboratory providers. Services rendered in the outpatient hospital or independent laboratory setting will no longer be reimbursed.

Note: *Sleep study facilities are enrolled with the CSHCN Services Program as physiological laboratory providers. Physiological laboratory providers may be reimbursed for the total laboratory component or the technical component for sleep study services rendered in the office setting.*

Medical Foods

Effective for dates of service on or after August 1, 2010, vitamins and minerals with a prescription are considered part of the medical foods benefit of the CSHCN Services Program. Unlike the medical foods component of this benefit, there is no diagnosis restriction for vitamins and minerals.

Vitamin and mineral supplements must be requested through the Vendor Drug Program (VDP), and will count toward the $200.00 per month maximum for medical foods. Clients may order up to a three-month supply at one time.

Rhizotomy

The following benefit changes will be applied to rhizotomy procedure codes 63185 and 63190:

Procedure Code	Changes
63185	Assistant surgery component: Services rendered in the inpatient hospital setting will no longer be reimbursed to APRN providers.
63190	Surgery and assistant surgery components: Services rendered in the inpatient hospital setting will no longer be reimbursed to APRN providers.

■

Want to Know More?

You may be eligible for continuing education credits by participating in THSteps Online Provider Education training opportunities. To find out more, visit the THSteps Online Provider Education website at www.txhealthsteps.com.

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CSHCN Services Program Contact Information

CSHCN Services Program Telephone and Fax Communication

Contacts	Telephone Number	FAX Number
TMHP-CSHCN Services Program Contact Center	1-800-568-2413	
Prior Authorization and Authorization		1-512-514-4222
Provider Enrollment	1-800-568-2413	1-512-514-4214
DSHS-CSHCN Services Program Customer Service	1-800-252-8023	
TMHP Electronic Data Interchange (EDI) Help Desk	1-888-863-3638	1-512-514-4228
Third-Party Resource (TPR)	1-800-846-7307	1-512-514-4225
Appeal Submission through AIS Line	1-800-568-2413	

Written Communication with CSHCN Services Program

Correspondence	Address
First-Time Claims and resubmissions of all "zero allowed, zero paid" claims and claims originally denied as an "Incomplete Claim" on an R&S Report	TMHP-CSHCN Services Program PO Box 200855 Austin, Texas 78720-0855
Appeals and Adjustments	TMHP Attn: CSHCN Services Program Appeals, MC-A11 12357-B Riata Trace Parkway, Suite 150 Austin, Texas 78727
Prior Authorization and Authorization	TMHP Attn: CSHCN Services Program Authorizations, MC-A11 12357-B Riata Trace Parkway, Suite 150 Austin, Texas 78727
Provider Enrollment	TMHP-CSHCN Services Program Provider Enrollment PO Box 200795 Austin, Texas 78720-0795
Third-Party Resource (TPR)	TMHP-TPR PO Box 202948 Austin, Texas 78720-2948
Electronic Claims and Rejected Reports (Past the 95-day filing deadline)	TMHP PO Box 200645 Austin, Texas 78720-0645
Authorizations for Family Support Services Only	CSHCN Services Program Purchased Health Services Unit, MC1938 Texas Department of State Health Services PO Box 149347 Austin, Texas 78714-9347
Other Correspondence (Must be addressed and sent to a specific individual or department)	TMHP-CSHCN Services Program Attn: (Individual or Department) 12357-B Riata Trace Parkway, Suite 150 Austin, Texas 78727

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Instructions for Completing the Provider Information Change Form

Signatures

- The provider's signature is required on the Provider Information Change Form for any and all changes requested for individual provider numbers.
- A signature by the authorized representative of a group or facility is acceptable for requested changes to group or facility provider numbers.

Address

- Performing providers (physicians performing services within a group) may *not* change accounting information.
- For Texas Medicaid fee-for-service and the CSHCN Services Program, changes to the accounting or mailing address require a copy of the W-9 form.
- For Texas Medicaid fee-for-service, a change in ZIP Code requires copy of the Medicare letter for Ambulatory Surgical Centers.

Tax Identification Number (TIN)

- TIN changes for individual practitioner provider numbers can only be made by the individual to whom the number is assigned.
- Performing providers *cannot* change the TIN.

Provider Demographic Information

An online provider lookup (OPL) is available, which allows users such as Medicaid clients and providers to view information about Medicaid-enrolled providers. To maintain the accuracy of your demographic information, please visit the OPL at www.tmhp.com. Please review the existing information and add or modify any specific practice limitations accordingly. This will allow clients more detailed information about your practice.

General

- TMHP must have either the nine-digit Texas Provider Identifier (TPI), or the National Provider Identifier (NPI)/Atypical Provider Identifier (API), primary taxonomy code, physical address, and benefit code (if applicable) in order to process the change. Forms will be returned if this information is not indicated on the Provider Information Change Form.
- The W-9 form is required for *all* name and TIN changes.
- Mail or fax the completed form to:

  Texas Medicaid & Healthcare Partnership (TMHP)
  Provider Enrollment
  PO Box 200795
  Austin, TX 78720-0795
  Fax: 512-514-4214

Effective Date_01012009/Revised Date_12172008

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Provider Information Change Form

Texas Medicaid fee-for-service, Children with Special Health Care Needs (CSHCN) Services Program, and Primary Care Case Management (PCCM) providers can complete and submit this form to update their provider enrollment file. Print or type all of the information on this form. Mail or fax the completed form and any additional documentation to the address at the bottom of the page.

Check the box to indicate a PCCM Provider ☐	Date : / /
Nine-Digit Texas Provider Identifier (TPI):	Provider Name:
National Provider Identifier (NPI):	Primary Taxonomy Code:
Atypical Provider Identifier (API):	Benefit Code:

List any additional TPIs that use the same provider information:

TPI:	TPI:	TPI:
TPI:	TPI:	TPI:
TPI:	TPI:	TPI:

Physical Address—The physical address cannot be a PO Box. Ambulatory Surgical Centers enrolled with Texas Medicaid fee-for-service who change their ZIP Code must submit a copy of the Medicare letter along with this form.

Street address	City	County	State	Zip Code

Telephone: ( )	Fax Number: ( )	Email:

Accounting/Mailing Address—All providers who make changes to the Accounting/Mailing address must submit a copy of the W-9 Form along with this form.

Street Address	City	State	Zip Code

Telephone: ( )	Fax Number: ( )	Email:

Secondary Address

Street Address	City	State	Zip Code

Telephone: ( )	Fax Number: ( )	Email:

Type of Change (check the appropriate box)

☐	Change of physical address, telephone, and/or fax number
☐	Change of billing/mailing address, telephone, and/or fax number
☐	Change/add secondary address, telephone, and/or fax number
☐	Change of provider status (e.g., termination from plan, moved out of area, specialist) *Explain in the Comments field*
☐	Other (e.g., panel closing, capacity changes, and age acceptance)

Comments:

Tax Information—Tax Identification (ID) Number and Name for the Internal Revenue Service (IRS)

Tax ID number:	Effective Date:

Exact name reported to the IRS for this Tax ID:

Provider Demographic Information—Note: This information can be updated on www.tmhp.com.

Languages spoken other than English:

Provider office hours by location:

Accepting new clients by program (check one): Accepting new clients ☐ Current clients only ☐ No ☐

Patient age range accepted by provider:	Additional services offered (check one): HIV ☐ High Risk OB ☐
Participation in the Woman's Health Program? Yes ☐ No ☐	Patient gender limitations: Female ☐ Male ☐ Both ☐

Signature and date are *required* or the form will *not* be processed.

Provider signature:	Date: / /

Mail or fax the completed form to: Texas Medicaid & Healthcare Partnership (TMHP)
Provider Enrollment
PO Box 200795
Austin, TX 78720-0795

Fax: 512-514-4214

Effective Date_01012009/Revised Date_12172008

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Electronic Funds Transfer (EFT) Notification

Electronic Funds Transfer (EFT) is a payment method used to deposit funds directly into a provider's bank account. These funds can be credited to either checking or savings accounts, if the provider's bank accepts Automated Clearinghouse (ACH) transactions. EFT also avoids the risks associated with mailing and handling paper checks by ensuring funds are directly deposited into a specified account.

The following items are specific to EFT:

- Pre-notification to your bank occurs on the weekly cycle following the completion of enrollment in EFT.
- Future deposits are received electronically after pre-notification.
- The Remittance and Status (R&S) report furnishes the details of individual credits made to the provider's account during the weekly cycle.
- Specific deposits and associated R&S reports are cross-referenced by both the provider identifiers (i.e., NPI, TPI, API) and R&S number.
- EFT funds are released by TMHP to depository financial institutions each Thursday.
- The availability of R&S reports is unaffected by EFT and they continue to arrive in the same manner and time frame as currently received.

TMHP must provide the following notification according to ACH guidelines:

> Most receiving depository financial institutions receive credit entries on the day before the effective date, and these funds are routinely made available to their depositors as of the opening of business on the effective date. Contact your financial institution regarding posting time if funds are not available on the release date.
>
> However, due to geographic factors, some receiving depository financial institutions do not receive their credit entries until the morning of the effective day and the internal records of these financial institutions will not be updated. As a result, tellers, bookkeepers, or automated teller machines (ATMs) may not be aware of the deposit and the customer's withdrawal request may be refused. When this occurs, the customer or company should discuss the situation with the ACH coordinator of their institution, who in turn should work out the best way to serve their customer's needs.
>
> In all cases, credits received should be posted to the customer's account on the effective date and thus be made available to cover checks or debits that are presented for payment on the effective date.

To enroll in the EFT program, complete the attached Electronic Funds Transfer Authorization Agreement. ***You must return a voided check or signed letter from your bank on bank letterhead with the agreement to the TMHP address indicated on the form.***

Call the **TMHP Contact Center** at **1-800-925-9126** if you need assistance.

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Electronic Funds Transfer (EFT) Notification

NOTE: *Complete all sections below and* **attach a voided check or a signed letter from your bank on bank letterhead.**

Type of authorization: ☐ New ☐ Change			
Provider name:		**Billing TPI:** *(9-digit)*	
National Provider Identifier (NPI)/Atypical Provider Identifier (API):		**Primary taxonomy code:**	
List any additional TPIs that use the same provider information:			
TPI:	**TPI:**	**TPI:**	**TPI:**
TPI:	**TPI:**	**TPI:**	**TPI:**
Provider accounting address: Number Street Suite City State ZIP			
Provider phone number:			
Bank name:		**Bank phone number:**	
ABA/Transit number:		**Account number:**	
Bank address:		**Account type:** *(check one)*	
		☐ Checking ☐ Savings	

I (we) hereby authorize Texas Medicaid & Healthcare Partnership (TMHP) to present credit entries into the bank account referenced above and the depository named above to credit the same to such account. I (we) understand that I (we) am responsible for the validity of the information on this form. If the company erroneously deposits funds into my (our) account, I (we) authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

I (we) agree to comply with all certification requirements of the applicable program regulations, rules, handbooks, bulletins, standards, and guidelines published by the Texas Health and Human Services Commission (HHSC) or its contractor. I (we) understand that payment of claims will be from federal and state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

I (we) will continue to maintain the confidentiality of records and other information relating to clients in accordance with applicable state and federal laws, rules, and regulations.

Authorized signature:	**Date:**
Title:	**E-mail address:** *(if applicable)*
Contact name:	**Contact phone number:**

Return this form to:
Texas Medicaid & Healthcare Partnership
ATTN: Provider Enrollment
PO Box 200795
Austin, TX 78720-0795

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CSHCN Services Program No. 75

PROVIDER BULLETIN

Children with Special Health Care Needs Services Program

August 2010

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
12357 - B RIATA TRACE PARKWAY STE 150
AUSTIN, TX 78727
A STATE MEDICAID CONTRACTOR

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ATTENTION: BUSINESS OFFICE

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