



Medicaid Information Bulletin

for the

Non-Traditional Medicaid Plan



January 2010

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10 - 26 Transportation Codes

The following codes have been added effective January 1, 2010:

- A0435 Fixed wing air mileage, per statute mile
 A0436 Rotary wing air mileage, per statute mile

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10 - 27 NTMP Manual Corrections**2-3**

2. Limitations of physician services
 - e. After-hours . . . billing for after-hours service in an established patient requires the service be provided outside of scheduled staff hours as described in the Medicaid manual.
 - m. Changed phlebotomy code G0001 to correct code 36415
 - p. Occlusive device sterilization (i.e. Essure) is not covered.
3. Non-covered services for physician services
 - d. (6) Occlusive device sterilization (i.e. Essure)
 - f. Spinal neurostimulator
 - g. Both restrictive gastric bariatric surgery and gastric banding

2-16

- b. Immunization codes include:
 - (1) 90470 H1N1 immunization administration (intramuscular, intranasal) including counseling when performed
 - (2) 90663 Influenza virus vaccine, pandemic formulation, H1N1

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10 - 28 Non-Covered CPT Codes

- 33782 Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (i.e. nikaidoh procedure); without coronary ostium reimplantation
- 33783 Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (i.e. nikaidoh procedure); with reimplantation of one or both coronary ostia
- 36147 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection(s) of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)
- 36148 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention
- 43644 Laparoscopic, surgical gastric restrictive procedure, with gastric bypass and Roux-en-Y

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- 43770 Laparoscopic, surgical gastric restrictive procedure, placement adjustable gastric restrictive device (i.e. gastric band and subcutaneous port components)
- 43846 Gastric restrictive procedure with gastric bypass for morbid obesity; with short limb Roux-en-Y
- 58340 Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS)
- 58565 Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
- 63650 Percutaneous implantation of neurostimulator electrode array, epidural
- 63655 Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
- 63660 Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s)
- 63661 Removal of spinal neurostimulator electrode percutaneous array(s) including fluoroscopy, when performed
- 63662 Removal of spinal neurostimulator electrode plate/paddle(s) placed laminotomy or laminectomy, including fluoroscopy, when performed
- 63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
- 63664 Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
- 63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
- 63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver
- 74740 Hysterosalpingography, radiological supervision and interpretation
- 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material
- 75559 Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress
- 75561 Cardiac magnetic resonance imaging for morphology and function without contrast material, followed by contrast material(s) and further sequences imaging
- 75565 Cardiac magnetic resonance imaging for velocity flow mapping
- 90644 Meningococcal conjugate vaccine, serogroups C & Y and hemophilus influenza B vaccine, tetanus toxoid conjugate (HIB-Mency-TT), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use
- 92540 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test with recording
- 92550 Tympanometry and reflex threshold measurements
- 92570 Acoustic immittance testing, includes tympanometry (impedance testing)
- 94011 Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
- 94012 Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age

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