MONTANA
Department of Public Health & Human Services

February 1, 2005

Montana Medicaid Notice

Hospital Outpatient, RHCs, FQHCs, IHS, Physicians, Mid-Level Practitioners, Optometrists, ASCs, Public Health Clinics, and Lab and X-Ray Providers

New HCPCs/CPT codes

Montana Medicaid has added many codes from the 2005 edition of the Current Procedural Terminology (CPT-4) and HCPCS Level II manuals. Please refer to the fee schedules posted on our website, www.mtmedicaid.org. If you do not have web access you can request a diskette from the ACS Provider Relations Unit by calling (406)-442-1837 or toll free 1-800-624-3958.

New HCPCS "J" codes

The following J codes are effective January 1, 2005:

New HCPCS J Codes					
J0128	J1931	J3246	J7518	J7616	J9035
J0135	J2357	J3396	J7611	J7617	J9041
J0180	J2469	J7304	J7612	J7674	J9055
J0878	J2794	J7343	J7613	J8501	J9305
J1457	J3110	J7344	J7614	J8565	

If you are billing unlisted J codes (for example J3490), please verify that a new J code does not exist. For example, if you are providing one of the following drugs, bill the appropriate new code for the drugs listed below:

J2469 - Injection, palonosetron HCl, 25 mcg
J7304 - Contraceptive supply, hormone containing patch, each
J9035 - Injection, bevacizumab, 10 mg
J9055 - Injection, cetuximab, 10 mg

Please pay careful attention to the HCPCS description of the unit amounts for each code when billing units on your claims.

Deleted CPT and HCPCS codes

In compliance with HIPAA standards and CMS regulations, Montana Medicaid will no longer allow 90-day grace periods for providers to use discontinued codes. For dates of service on or after January 1, 2005, claims must be submitted with 2005 CPT and HCPCS codes. Claims with dates of service on or after January 1, 2005 submitted with discontinued codes will be denied.

2005 Deleted Codes						
G0001	35161	35162	35582	50559	50578	50959
50978	52347	78810	78990	79000	79001	79020
79030	79035	79100	79400	79420	79900	88180
91032	91033	92589	97601	97780	97781	0002F
0003F	0004F	0005F	0005T	0006F	0006T	0007F
0007T	0008F	0009F	0009T	0010F	0011F	0012T
0013T	0014T	0057T	A4324	A4325	A4347	A4521
A4522	A4523	A4524	A4525	A4526	A4527	A4528
A4529	A4530	A4531	A4532	A4533	A4535	A4536
A4537	A4538	A4609	A4610	B4151	B4156	C9109
C9124	C9125	C9207	C9208	C9209	C9210	C9213
C9214	C9215	C9216	C9217	C9219	C9412	C9701
C9703	C9712	C9714	C9715	C9717	D2970	D6020
D7281	E0177	E0178	E0179	E0192	E0454	E0962
E0963	E0964	E0965	E1012	E1013	G0292	J3245
J3395	J7618	J7619	J7621	K0023	K0024	K0059
K0060	K0061	K0081	K0114	K0115	K0116	K0627
K0650	K0651	K0652	K0653	K0654	K0655	K0656
K0657	K0658	K0659	K0660	K0661	K0662	K0663
K0664	K0665	K0666	K0667	K0668	L0476	L0478
L0510	L0515	L0560	L0561	L0565	L0610	L2435
L5674	L5675	L5846	L5847	L5989	L8490	Q0182
Q0183	S0115	S0163	S0165	S0830	S2085	S2113
S2130	S2131	S2211	S2255	S8182	S8183	T1500

Botox

Medicaid now covers Botox for hyperhidrosis. Please refer to the *Physician Related Servcies* manual replacement pages dated January, 2005. Details are available on the website under *Other Resources, Criteria for Botox* on the Physcian page.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837
In-state toll-free: 1-800-624-3958

Visit the Provider Information website:

http://www.mtmedicaid.org