

ATTACHMENT - 1ST AND 2ND QUARTER 2013 HCPCS UPDATES

TOS*	Procedure Code	Long Description	Facility (F)/Non-Facility (NF)	Age Range	CURRENT				PROPOSED			
					Current Medicaid RVU**	Current Medicaid Conversion Factor	Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid RVU***	Proposed Medicaid Conversion Factor	Proposed Medicaid Fee	Proposed Adjusted Fee
1	C9297	injection, omacetaxine mepesuccinate, 0.01 mg		0-999			Not a Benefit	Not a Benefit			\$2.86	\$2.86
1	Q2051	injection, zoledronic acid, not otherwise specified, 1mg		0-999			Not a Benefit	Not a Benefit			\$198.82	\$198.82
1	Q2050	injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10mg		0-999			Not a Benefit	Not a Benefit			\$498.26	\$498.26
1	C9130	injection, immune globulin (bivigam), 500 mg		0-999			Not a Benefit	Not a Benefit			\$64.42	\$63.13
1	C9298	injection, ocriplasmin, 0.125 mg		0-999			Not a Benefit	Not a Benefit			\$1,007.25	\$987.11
1	Q0090	levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg		0-999			Not a Benefit	Not a Benefit			\$698.44	\$649.55
2	C9735	anoscopy; with directed submucosal injection(s), any substance	F	0-20			Not a Benefit	Not a Benefit			\$54.17	\$54.17
2	C9735	anoscopy; with directed submucosal injection(s), any substance	NF	0-20			Not a Benefit	Not a Benefit			\$110.02	\$110.02
2	C9735	anoscopy; with directed submucosal injection(s), any substance	F	21-999			Not a Benefit	Not a Benefit			\$51.59	\$51.59
2	C9735	anoscopy; with directed submucosal injection(s), any substance	NF	21-999			Not a Benefit	Not a Benefit			\$104.78	\$104.78
J	K0008	custom manual wheelchair base		0-999			Not a Benefit	Not a Benefit			Manually Priced	Manually Priced
L	K0008	custom manual wheelchair base		0-999			Not a Benefit	Not a Benefit			Manually Priced	Manually Priced
J	K0013	custom motorized/power wheelchair base		0-999			Not a Benefit	Not a Benefit			Manually Priced	Manually Priced
L	K0013	custom motorized/power wheelchair base		0-999			Not a Benefit	Not a Benefit			Manually Priced	Manually Priced
J	K0900	customized durable medical equipment, other than wheelchair		0-999			Not a Benefit	Not a Benefit			Manually Priced	Manually Priced
L	K0900	customized durable medical equipment, other than wheelchair		0-999			Not a Benefit	Not a Benefit			Manually Priced	Manually Priced

*Type of Service (TOS)	
1	Medical Services
2	Surgery
J	DME Purchase - New
L	DME Rental - Monthly
**RVU	Relative Value Unit