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Attention: Crosswalk Developed for Alaska State Unique Codes

To meet standardized format deadlines in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Department of Health and Social Services (DHSS) is ending all state unique codes. DHSS has developed a contingency plan which allows state unique codes to be billed through January 31, 2004 dates of service.

Some of the state unique/local codes have already ended and the information regarding these codes was sent out with your weekly remittance advice messages. However, codes that have currently been crosswalked are attached to this letter. This crosswalk contains all of the information needed to complete your claim form.

Important: The new codes are effective beginning with January 1, 2004 dates of service. Please review the attached crosswalk to identify the new codes.

If you have any questions, please contact First Health Services Corporation at (907) 561-5650 or 1-800-770-5650 (toll-free in Alaska) and choose option #82 (Provider Inquiry).

Physician/Advanced Nurse Practitioner Crosswalk

Phys	ANP	Current code through 1/31/04 dates of service	Description	Maximum allowable through 1/31/04 dates of service	Approved new code for dates of service on or after 1/1/04	Description	Maximum allowable for new codes used on or after 1/1/04 dates of service
x	x	0006S	DIAPHRAGM FOR CONTRACEPTIVE USE	\$28.00	A4266	Diaphragm for contraceptive use	\$28.00
x		0010A	ANESTHESIA TIME UNITS	\$36.00	01999	Unlisted anesthesia procedure	\$36.00
x	x	0137J	HEPATITIS A VACCINE PEDIATRIC 25U = 1 UNIT	\$28.00	90471*	Immunization administration	\$12.26
x	x	0141J	HEPATITIS B PED/ADOLESCENT IM 1 UNIT = 0.5 ML	\$25.25	90471*	Immunization administration	\$12.26
x	x	0148J	HEPATITIS B IMMUNE GLOBULIN 200 U	\$148.43	90371	Hepatitis B Immune Globulin 200 U	\$134.90
x	x	0153J	RHO (D) IMMUNE GLOBULIN, HUMAN FULL DOSE, INTRAMUSC 1 UNIT = 5CC	\$113.05	J2790	Injection, Rho d immune globulin, human, full dose, 300 mcg	\$119.83
x	x	0154J	RHO (D) IMMUNE GLOBULIN, HUMAN, MINIDOSE, INTRAMUSC 1 UNIT = 5 CC	\$41.33	J2788	Injection, Rho d immune globulin, human, minidose, 50 mcg	\$51.20
x	x	0155J	TETANUS IMMUNE GLOBULIN 250 U/1 ML = 1 UNIT	\$95.00	J1670	Tetanus Immune Globulin 250U/ 1 ml = 1 unit	\$124.68
x	x	0156J	VARICELLA ZOSTER IMMUNE GLOBULIN 125 U/1.25ML = 1 UNIT	\$118.75	90396	Varicella Zoster Immune Globulin 125 U/1.25ML = 1 Unit	\$118.75
x	x	0157J	HEPATITIS B FOR DIALYSIS OR IMMUNOSUPRESSED	\$172.25	90740	Hepatitis B vaccine, dialysis or immunosupressed patient dosage (3 dose Schedule), for intramuscular use	\$172.25

* Obtain vaccination from DPH and bill Medicaid appropriate CPT code for administration [90471 and 90472 (where applicable)].

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x	x	0158J	HEPATITIS B AND HEMOPHILUS INFLU B	\$47.00	90748	Hepatitis B and Hemophilus influenza b vaccine (HipB-Hib), for intramuscular use	\$50.65
	x	0159J	UNLISTED IMMUNE GLOBULIN PRODUCT	50% of billed	90399	Unlisted immune globulin	50% of billed
	x	0160J	UNLISTED TOXOID/VACCINE PRODUCT	50% of billed	90749	Unlisted vaccine/toxoid	50% of billed
x		0670J	BUPIVICAINE 0.5% 1 CC	\$0.51	S0020	Injection, bupivacaine HCl, 30ml	\$0.51
x	x	0777S	IV BAG, STERILE EMPTY, 250CC OR 500CC	\$9.50	A4217	Sterile water/saline, 500 ml	\$9.50
x	x	1951J	LEUPROLIDE DEPOT-3 MONTH 11.25MG=1 UNIT	\$1,382.71	J1950	3.75 mg	\$538.87
x		2020V	DISPENSING NEW EYEGLASSES	\$25.00	92340	Fitting of spectacles, except for aphakia; monofocal	\$30.00
					92341	Fitting of spectacles, except for aphakia; bifocal	\$30.00
					92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	\$30.00
					92352	Fitting of spectacle prosthesis for aphakia; monofocal	\$30.00
					92353	Fitting of spectacle prosthesis for aphakia; multifocal	\$30.00
x	x	2117L	LL ORTHOSIS, FOAM WALKER (AIRCRAFT)	\$67.00	L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, includes fitting and adjustment	\$50.00
x	x	3741L	TENNIS ELBOW SUPPORT	\$24.50	L3701	Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	\$18.20

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x	x	3801L	THUMB SPICA SPLINT, ALIMED	\$37.00	S8450	Splint, prefabricated, digit	\$37.00
x		4088B	MIC-KEY GASTROSTOMY SET, ENTERAL FEEDING	\$135.70	B4086	Gastrostomy/jejunostomy tube, any material, any type (standard or low profile), each	\$41.28
x	x	4260A	CONTRACEPTIVE PROPHYLACTIC CONDOM, MALE	\$0.42	A4267	Contraceptive Prophylactic condom, male	\$0.42
x	x	4261A	CONTRACEPTIVE PROPHYLACTIC CONDOM, FEMALE	\$2.55	A4268	Contraceptive Prophylactic condom, female	\$2.55
x	x	4275A	PROGESTERONE IUD	\$112.89	J7302	Progesterone, IUD	\$112.89
x	x	4566S	SLING WITH COLLAR	\$4.50	A4565	Slings	\$13.28
x	x	4582A	CAST SUPPLIES; PLASTER 2" X 3YD ROLL	\$2.10	A4580	Cast supplies (e.g., plaster)	Approved amount
x	x	4583A	CAST SUPPLIES; PLASTER 3" X 3YD ROLL	\$2.50	A4580	Cast supplies (e.g., plaster)	Approved amount
x	x	4584A	CAST SUPPLIES; PLASTER 4" X 5YD ROLL	\$3.50	A4580	Cast supplies (e.g., plaster)	Approved amount
x	x	4585A	CAST SUPPLIES; PLASTER 5" X 5YD ROLL	\$5.00	A4580	Cast supplies (e.g., plaster)	Approved amount
x	x	4586A	CAST SUPPLIES; PLASTER 6" X 5YD ROLL	\$5.50	A4580	Cast supplies (e.g., plaster)	Approved amount
x	x	4587A	CAST SUPPLIES; PLASTER 8" X 5YD ROLL	\$6.00	A4580	Cast supplies (e.g., plaster)	Approved amount
x	x	4591A	CAST SUPPLIES; FIBERGLASS 2" X 4YD ROLL	\$9.00	A4590	Special casting material (e.g., fiberglass)	Approved amount
x	x	4592A	CAST SUPPLIES; FIBERGLASS 3" X 4YD ROLL	\$12.00	A4590	Special casting material (e.g., fiberglass)	Approved amount

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x	x	4593A	CAST SUPPLIES; FIBERGLASS 4" X 4YD ROLL	\$16.00	A4590	Special casting material (e.g., fiberglass)	Approved amount
x	x	4594A	CAST SUPPLIES; FIBERGLASS 5" X 4YD ROLL	\$18.00	A4590	Special casting material (e.g., fiberglass)	Approved amount
x	x	4596A	CAST SUPPLIES; FIBERGLASS 1" X 2YD ROLL	\$1.00	A4590	Special casting material (e.g., fiberglass)	Approved amount
x	x	9401J	GEMCITABINE HCL, 1GM=1 UNIT	\$375.73	J9201	Gemcitabine, HCl, 200 mg	\$129.49
x	x	9402J	DOXORUBICIN HCL LIPOSOME 2MG/CC 1 UNIT=1CC	\$57.60	J9000	Doxorubicin 10 mg	\$57.60
x		9406J	TRASTUZUMAB 1 UNIT = 1 MG	\$4.89	J9355	Trastuzumab, 10 mg	\$51.30
x		9407J	VALRUBICIN 40 MG/CC 1 UNIT = 1 ML	\$74.10	J9357	Valrubicin, intravesical, 200 mg	\$423.25
x	x	9408M	LABOR MANAGEMENT	\$475.00	59899	Unlisted procedure, maternity care and delivery	Manually priced by FHSC
x	x	9409M	ADD-ON CHARGES FOR DELIVERY OF MULTIPLE BIRTHS (2ND, 3RD BABY, ETC)	\$675.00	59899	Unlisted procedure, maternity care and delivery	Manually priced by FHSC

Physician/Advanced Nurse Practitioner Crosswalk

The following codes are no longer covered by Alaska Medicaid.

Phys	ANP	Current Code through 1/31/04 dates of service	Description
x	x	0138J	HEPATITIS A VACCINE PEDIATIC 360U = 1 UNIT
x	x	0147J	PALIVIZUMAB RSV PREVENTION 1 UNIT= 1 MG
x	x	1991L	ANKLE BRACE, MALLEOLOC
x		3461J	ANTIGEN, NOS, 1 UNIT = 1 DOSE
x	x	4290A	ANESTHETIC CMPD: PONT, EPI,COC 1CC=1 UNIT
x	x	4567S	CRYO CUFF, COMPLETE WITH VACUUM BOTTLE, EACH
x	x	4574A	CAST PADDING SYNTHETIC OR STOCKINET; 2" PER FT
x	x	4576A	CAST PADDING SYNTHETIC OR STOCKINET; 3" PER FT
x	x	4577A	CAST PADDING SYNTHETIC OR STOCKINET; 4" PER FT
x	x	4578A	CAST PADDING SYNTHETIC OR STOCKINET; 6" PER FT
x	x	4579A	CAST PADDING SYNTHETIC OR STOCKINET; 8" PER FT
x	x	4631S	CANE, ICE TIPS, EA (OR CRUTCHES)
x	x	5075J	METHOHEXITAL 500 MG
x	x	5475J	BUTORPHANOL 1 MG, INJ
x	x	7250J	EMLA, ANESTHETIC CR UP TO 2.5GM=1 UNIT
x	x	7450J	ESTRING, ESTRADIOL DELIVERY SYSTEM
x	x	9022S	ELASTOMERIC IV INFUSION DEVICE FOR ANTIBIOTIC
x	x	9023S	ELASTOMERIC IV INFUSION DEVICE-CHEMO 1 DAY
x	x	9030S	LOW OSMOLAR CONTRAST MATERIAL, TOTAL IODINE CONTENT 6-12 GM/VIAL
x	x	9031S	LOW OSMOLAR CONTRAST MATERIAL, TOTAL IODINE CONTENT 13-18-GM/VIAL
x	x	9032S	LOW OSMOLAR CONTRAST MATERIAL, TOTAL IODINE CONTENT 19-32 GM/VIAL
x	x	9033S	LOW OSMOLAR CONTRAST MATERIAL, TOTAL IODINE CONTENT 33-48-GM/VIAL
x		9406M	CHEMOTHERAPY SET-LARGE
x		9407M	CHEMOTHERAPY SET-MEDIUM