

EXHIBIT E

Summary of Changes
Official Notices 005-11 & 006-11 – 5010/D.0 Implementation

Due to comments received during the 30 day public comment period changes were made to official notice 006-11 to remove two procedure codes (64.94 and 68.19) that were listed in error and to repeat the Family Planning/Sterilization codes in the paper billing requirement for provider clarity.

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The following institutional, inpatient ICD-9-CM procedure codes require paper billing and clinical documentation supporting the service billed.

ICD-9-CM PCS

61.19	61.99	63.09	63.99	64.94	64.99	65.73	65.76	66.71	66.72
66.73	66.74	66.79	66.97	66.99	68.49	69.6	71.9	73.8	73.99
75.99									

Non-payable ICD-9-CM procedure codes

The following institutional, inpatient ICD-9-CM procedure codes are non-payable.

ICD-9-CM PCS

44.95	44.96	52.6	52.85	52.86	64.5	64.94
64.97	69.92	71.4	86.02	86.64	99.69	99.99

The following institutional, inpatient ICD-9-CM procedure codes are not payable because these services are covered by another ICD-9-CM procedure code, another CPT procedure code, another HCPCS procedure code or a Revenue code.

ICD-9-CM PCS

52.80	52.81	52.82	52.83	63.70	69.01	69.51
69.93	69.99	74.91	75.0	89.04	89.05	96.49

IV. Physicians

Effective for claims submitted on or after January 1, 2012, the following CPT procedure codes require paper billing. The claim attachments, such as consent for sterilization form DMS-615, hysterectomy acknowledgement statement form DMS-2606, operative reports, pathology reports, etc., are requirements to approve payment.

45126	51925	58943	58952	59130	59136	59140	59866	64580
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Effective for claims submitted on or after January 1, 2012, the following CPT codes may be billed electronically.

11981	11982	11983	19296	19298	33975	33976	39377	33978
33979	33980	43752	63650					