



December 27, 2012

Announcement 547

Rate Set for HCPCS Code A4223 Billed by Provider Types 12, 17 and 33

Attention provider types 12, 17 (specialties 195, 196 and 198) and 33: Effective with dates of service on or after December 1, 2012, claims for HCPCS code A4223 (Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)) will be reimbursed at a set rate; the code will no longer pay at a percentage of the billed charge. For reimbursement rates, contact the DHCFP Rates Unit at (775) 684-3763.