

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201515    MARCH 17, 2015

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## Updates to the 2015 annual Healthcare Common Procedure Coding System code information

This bulletin updates information published in *Indiana Health Coverage Programs (IHCP) Bulletin BT201501*, dated January 6, 2015, regarding the 2015 Annual Healthcare Common Procedure Coding System (HCPCS) codes. The updates included are as follows:

■ **Table 1** provides revisions to the IHCP coverage and billing information originally published in *BT201501*. The prior authorization (PA) requirement for code 81519 is effective immediately. The coverage change for code 90651 is retroactive to dates of service (DOS) on or after **January 1, 2015**. Claims filed beyond the original one-year filing limit must include a copy of this bulletin as an attachment and must be filed within one year of the publication date.

■ **Table 2** provides coverage and billing information for additional codes included in the 2015 annual HCPCS update that were not included in *BT201501*, showing:

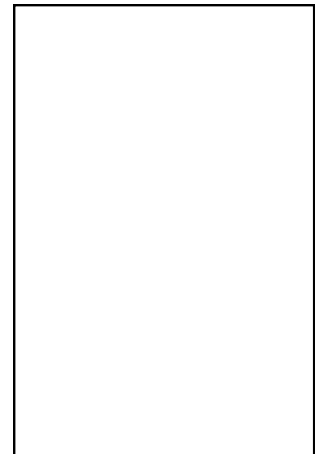
- Procedure code
- Description
- Program coverage determination
- PA requirements
- National Drug Code (NDC) requirements

Coverage and billing information for these codes applies retroactively to DOS on or after **February 1, 2015**. Claims filed beyond the original one-year filing limit must include a copy of this bulletin as an attachment and must be filed within one year of the publication date.

■ **Table 3** provides a list of deleted codes included in the 2015 annual HCPCS update, along with any alternate code considerations. Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the [Fee Schedule](#) at indianamedicaid.com for coverage information.

Changes will be reflected in the next monthly updates to the provider [Code Sets](#) and [Fee Schedule](#) at indianamedicaid.com. Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to ADVANTAGE Health Solutions<sup>SM</sup> at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the risk-based managed care (RBMC) delivery system. Questions about RBMC PA should be directed to the MCE with which the member is enrolled.

Revenue codes linked to covered codes in the 2015 annual HCPCS update were not immediately available to enter into the IHCP claims processing system. Therefore, claims submitted for covered codes with DOS on or after January 1, 2015, that denied for explanation of benefits (EOB) code 0520 – *Invalid revenue code and procedure code combination – please verify and resubmit* will be reprocessed. Adjustments will begin appearing on Remittance Advices (RAs) on or after April 1, 2015, and will be identified with internal control numbers (ICNs) that begin with region code 80.



*Table 1 – Revised information for 2015 HCPCS codes effective for DOS on or after January 1, 2015*

| <b>Procedure code</b> | <b>Description</b>  | <b>Information published in BT201501</b>                    | <b>Revised coverage and billing information*</b>   |
|-----------------------|---|---|--|
| 81519                 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score | Covered for all programs; PA not required; NDC not required | Covered for all programs; <b>PA required</b> ; NDC not required  |
| 90651                 | Nonavalent HPV vaccine  | Noncovered for all programs                                 | Covered for all programs; PA not required; NDC not required; separate reimbursement allowed under revenue code 636 |

\* “Covered” indicates the service described for the code is covered, subject to limitations established for certain benefit packages.

“Noncovered” indicates that the IHCP does not cover the service described for the code.

*Table 2 – New 2015 HCPCS codes, effective for DOS on or after February 1, 2015*

| <b>Procedure code</b> | <b>Description</b>  | <b>Program Coverage*</b> | <b>Prior Authorization Requirements</b> | <b>NDC Required</b> | <b>Special billing instructions</b>                   |
|-----------------------|---|--------------------------|---|---------------------|---|
| 90620                 | Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular | Covered for all programs | No                                      | No                  | Separate reimbursement allowed under revenue code 636 |
| 90621                 | Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use               | Covered for all programs | No                                      | No                  | Separate reimbursement allowed under revenue code 636 |

\* “Covered” indicates the service described for the code is covered, subject to limitations established for certain benefit packages.

*Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations*

| <b>Procedure code</b> | <b>Description</b>   | <b>Alternate code considerations</b> |
|-----------------------|--|--------------------------------------|
| 3125F                 | Esophageal biopsy report with statement about dysplasia (present, absent, or indefinite) (PATH)  | NA                                   |
| 0059T                 | Cryopreservation; oocyte(s)  | 89337, 0357T                         |
| 0073T                 | Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session | 77385                                |

*Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)*

| <b>Procedure code</b> | <b>Description</b>   | <b>Alternate code considerations</b> |
|-----------------------|--|--------------------------------------|
| 0092T                 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), each additional interspace, cervical (List separately in addition to code for primary procedure) | 0375T                                |
| 0101T                 | Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy   | NA                                   |
| 0181T                 | Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report  | 92145                                |
| 0197T                 | Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3D positional tracking, gating, 3D surface tracking), each fraction of treatment  | 77387                                |
| 0199T                 | Physiologic recording of tremor using accelerometer(s) and/or gyroscope(s) (including frequency and amplitude), including interpretation and report  | 95999                                |
| 0226T                 | Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed   | 46601                                |
| 0227T                 | Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)  | 46607                                |
| 0239T                 | Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs   | 93702                                |
| 0245T                 | Open treatment of rib fracture requiring internal fixation, unilateral; 1-2 ribs   | 21811                                |
| 0246T                 | Open treatment of rib fracture requiring internal fixation, unilateral; 3-4 ribs   | 21811, 21812                         |
| 0247T                 | Open treatment of rib fracture requiring internal fixation, unilateral; 5-6 ribs   | 21812                                |
| 0248T                 | Open treatment of rib fracture requiring internal fixation, unilateral; 7 or more ribs   | 21813                                |
| 0319T                 | Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode  | 33270                                |
| 0320T                 | Insertion of subcutaneous defibrillator electrode  | 33271                                |
| 0321T                 | Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode  | 33240                                |
| 0322T                 | Removal of subcutaneous implantable defibrillator pulse generator only   | 33241                                |
| 0323T                 | Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only  | 33262-33264                          |
| 0324T                 | Removal of subcutaneous defibrillator electrode  | 33272                                |
| 0325T                 | Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator   | 33273                                |

Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)

| Procedure code | Description   | Alternate code considerations                      |
|----------------|---|--|
| 0326T          | Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)  | 33270  |
| 0327T          | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system  | 93261  |
| 0328T          | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis; implantable subcutaneous lead defibrillator system   | 93260  |
| 0343T          | Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)   | 33418  |
| 0344T          | Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; additional prosthesis (es) during same session (List separately in addition to code for primary procedure)   | 33419  |
| 00452          | Anesthesia for procedures on clavicle and scapula; radical surgery  | NA   |
| 00622          | Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy   | NA   |
| 00634          | Anesthesia for procedures in lumbar region; chemonucleolysis  | NA   |
| 21800          | Closed treatment of rib fracture, uncomplicated, each   | Use the appropriate Evaluation and Management code |
| 21810          | Treatment of rib fracture requiring external fixation (flail chest)   | 21899  |
| 22520          | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic  | 22510  |
| 22521          | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar  | 22511  |
| 22522          | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)   | 22512  |
| 22523          | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic  | 22513  |
| 22524          | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar  | 22514  |
| 22525          | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) | 22515  |

Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)

| Procedure code | Description   | Alternate code considerations |
|----------------|---|-------------------------------|
| 29020          | Application of turnbuckle jacket, body; only  | NA                            |
| 29025          | Application of turnbuckle jacket, body; including head  | NA                            |
| 29715          | Removal or bivalving; turnbuckle jacket   | NA                            |
| 33332          | Insertion of graft, aorta or great vessels; with shunt bypass   | NA                            |
| 33472          | Valvotomy, pulmonary valve, open heart; with inflow occlusion   | NA                            |
| 33960          | Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day   | 33946-33949                   |
| 33961          | Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day   | 33948, 33949                  |
| 36469          | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face  | NA                            |
| 36822          | Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)  | 33951-33956                   |
| 42508          | Parotid duct diversion, bilateral (Wilke type procedure); with excision of 1 submandibular gland  | NA                            |
| 43350          | Esophagostomy, fistulization of esophagus, external; abdominal approach   | NA                            |
| 44383          | Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)   | 44384                         |
| 44393          | Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique                          | 44401                         |
| 44397          | Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)  | 44402                         |
| 45339          | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique                            | 45346                         |
| 45345          | Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)  | 45347                         |
| 45355          | Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple   | 45399                         |
| 45383          | Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 45388                         |
| 45387          | Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)   | 45389                         |
| 61334          | Exploration of orbit (transcranial approach); with removal of foreign body  | NA                            |
| 61440          | Craniotomy for section of tentorium cerebelli (separate procedure)  | NA                            |
| 61470          | Craniectomy, suboccipital; for medullary tractotomy   | NA                            |
| 61490          | Craniotomy for lobotomy, including cingulotomy  | NA                            |
| 61542          | Craniotomy with elevation of bone flap; for total hemispherectomy   | NA                            |
| 61609          | Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)  | NA                            |
| 61875          | Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical   | NA                            |
| 62116          | Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty  | NA                            |

Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)

| <b>Procedure code</b> | <b>Description</b>   | <b>Alternate code considerations</b>   |
|-----------------------|--|--|
| 64752                 | Transection or avulsion of; vagus nerve (vagotomy), transthoracic  | NA   |
| 64761                 | Transection or avulsion of; pudendal nerve   | NA   |
| 64870                 | Anastomosis; facial-phrenic  | NA   |
| 66165                 | Fistulization of sclera for glaucoma; iridencleisis or iridotasis  | NA   |
| 69400                 | Eustachian tube inflation, transnasal; with catheterization  | 69799  |
| 69401                 | Eustachian tube inflation, transnasal; without catheterization   | Use the appropriate Evaluation and Management code: 99201-99205, 99211-99215 |
| 69405                 | Eustachian tube catheterization, transtympanic   | 69799  |
| 72291                 | Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance | 22510-22515  |
| 72292                 | Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance           | 22510-22515  |
| 74291                 | Cholecystography, oral contrast; additional or repeat examination or multiple day examination  | NA   |
| 76645                 | Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation  | 76641, 76642   |
| 76950                 | Ultrasonic guidance for placement of radiation therapy fields  | 77387  |
| 77082                 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment   | 77086  |
| 77305                 | Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)   | 77306  |
| 77310                 | Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)  | 77306, 77307   |
| 77315                 | Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)        | 77307  |
| 77326                 | Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)  | 77316  |
| 77327                 | Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)   | 77317  |
| 77328                 | Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)                 | 77318  |
| 77403                 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV   | 77402  |
| 77404                 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV  | 77402  |
| 77406                 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater  | 77402  |

Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)

| <b>Procedure code</b> | <b>Description</b>   | <b>Alternate code considerations</b> |
|-----------------------|--|--------------------------------------|
| 77408                 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV                                       | 77407                                |
| 77409                 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV                                      | 77407                                |
| 77411                 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater                              | 77407                                |
| 77413                 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV          | 77412                                |
| 77414                 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV         | 77412                                |
| 77416                 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater | 77412                                |
| 77418                 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session      | NA                                   |
| 77421                 | Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy  | 77387                                |
| 80100                 | Drug screen, qualitative; multiple drug classes chromatographic method, each procedure   | 80300-80304                          |
| 80101                 | Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class  | 80300-80304                          |
| 80102                 | Drug confirmation, each procedure  | 80300-80304                          |
| 80103                 | Tissue preparation for drug analysis   | 80300-80304                          |
| 80104                 | Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure  | 80300-80304                          |
| 80152                 | Amitriptyline  | 80335-80337                          |
| 80154                 | Benzodiazepines  | 80346, 80347                         |
| 80160                 | Desipramine  | 80335-80337                          |
| 80166                 | Doxepin  | 80335-80337                          |
| 80172                 | Gold   | 80375                                |
| 80174                 | Imipramine   | 80335-80337                          |
| 80182                 | Nortriptyline  | 80335-80337                          |
| 80196                 | Salicylate   | 80329-80331                          |
| 82000                 | Acetaldehyde, blood  | NA                                   |
| 82003                 | Acetaminophen  | 80329-80331                          |
| 82055                 | Acetoacetic Acid   | 80320-80322                          |
| 82101                 | Alkaloids, urine, quantitative   | 80323                                |
| 82145                 | Amphetamine or methamphetamine   | 80324-80326                          |

Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)

| Procedure code | Description   | Alternate code considerations                      |
|----------------|---|--|
| 82205          | Barbiturates, not elsewhere specified   | 80345  |
| 82520          | Cocaine or metabolite   | 80353  |
| 82646          | Dihydrocodeinone  | 80361  |
| 82649          | Dihydromorphinone   | 80361  |
| 82651          | Dihydrotestosterone (DHT)   | 80327, 80328                                       |
| 82654          | Dimethadione  | 80339-80341  |
| 82666          | Epiandrosterone   | 80327, 80328                                       |
| 82690          | Ethchlorvynol   | 80320  |
| 82742          | Flurazepam  | 80346, 80347                                       |
| 82953          | Glucose; tolbutamide tolerance test   | NA   |
| 82975          | Glutamine (glutamic acid amide)   | 82127, 82128, 82131                                |
| 82980          | Glutethimide  | NA   |
| 83005          | Guanase, Blood  | NA   |
| 83008          | Guanosine monophosphate (GMP), cyclic   | NA   |
| 83071          | Hemosiderin; quantitative   | NA   |
| 83634          | Lactose, urine; quantitative  | NA   |
| 83805          | Meprobamate   | 80369, 80370                                       |
| 83840          | Methadone   | 80358  |
| 83858          | Methsuximide  | 80339-80341  |
| 83866          | Mucopolysaccharides, acid; screen   | NA   |
| 83887          | Nicotine  | 80323  |
| 83925          | Opiate(s), drug and metabolites, each procedure   | 80361-80364  |
| 84022          | Phenothiazine   | 80342-80344  |
| 87620          | Papillomavirus, human, direct probe technique   | 87623-87625  |
| 87621          | Papillomavirus, human, amplified probe technique  | 87623-87625  |
| 87622          | Papillomavirus, human, quantification   | 87623-87625  |
| 88343          | Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure) | 88344  |
| 88349          | Electron microscopy; scanning   | 88348  |
| 99481          | Total body systemic hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure)   | 99184  |
| 99482          | Selective head hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure)  | 99184  |
| 99488          | Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month   | Use the appropriate Evaluation and Management code |
| A7042          | Implanted pleural catheter, each  | NA   |



Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)

| <b>Procedure code</b> | <b>Description</b>  | <b>Alternate code considerations</b> |
|-----------------------|---|--------------------------------------|
| A7043                 | Vacuum drainage bottle and tubing for use with implanted catheter   | NA                                   |
| C1300                 | Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval   | NA                                   |
| C9021                 | Injection, obinutuzumab, 10 mg  | NA                                   |
| C9022                 | Injection, elosulfase alfa, 1 mg  | J1322                                |
| C9023                 | Injection, testosterone undecanoate, 1 mg   | J3145                                |
| C9133                 | Factor IX (antihemophilic factor, recombinant), Rixibus, per IU   | NA                                   |
| C9134                 | Factor XIII (antihemophilic factor, recombinant), Tretten, per 10 IU  | J7181                                |
| C9135                 | Factor IX (antihemophilic factor, recombinant), Alprolix, per IU  | J7201                                |
| C9441                 | Injection, ferric carboxymaltose, 1 mg  | NA                                   |
| C9735                 | Anoscopy; with directed submucosal injection(s), any substance  | NA                                   |
| D6053                 | Implant/abutment supported removable denture for completely edentulous arch   | D6110-D6111                          |
| D6054                 | Implant/abutment supported removable denture for partially edentulous arch  | D6112-D6113                          |
| D6078                 | Implant/abutment supported fixed denture for completely edentulous arch   | D6114-D6115                          |
| D6079                 | Implant/abutment supported fixed denture for partially edentulous arch  | D6116-D6117                          |
| D6975                 | Coping  | NA                                   |
| G0173                 | Linear accelerator based stereotactic radiosurgery, complete course of therapy in one session   | NA                                   |
| G0251                 | Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum 5 sessions per course of treatment   | NA                                   |
| G0417                 | Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 21-40 specimens  | NA                                   |
| G0418                 | Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 41-60 specimens  | NA                                   |
| G0419                 | Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, >60 specimens  | NA                                   |
| G0456                 | Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 sq cm | 97607                                |
| G0457                 | Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 sq cm          | 97608                                |
| G0461                 | Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain   | 88342                                |
| G0462                 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (list separately in addition to code for primary procedure)   | 88341                                |

Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)

| Procedure code | Description   | Alternate code considerations |
|----------------|---|-------------------------------|
| G0908          | Most recent hemoglobin (Hgb) level > 12.0 g/dl  | NA                            |
| G0909          | Hemoglobin level measurement not documented, reason not given   | NA                            |
| G0910          | Most recent hemoglobin level <= 12.0 g/dl   | NA                            |
| G0919          | Influenza immunization ordered or recommended (to be given at alternate location or alternate provider); vaccine not available at time of visit   | NA                            |
| G0920          | Type, anatomic location, and activity all documented  | NA                            |
| G0921          | Documentation of patient reason(s) for not being able to assess (e.g., patient refuses endoscopic and/or radiologic assessment)   | NA                            |
| G0922          | No documentation of disease type, anatomic location, and activity, reason not given   | NA                            |
| G8126          | Patient with a diagnosis of major depression documented as being treated with antidepressant medication during the entire 84 day (12 week) acute treatment phase                          | NA                            |
| G8127          | Patient with a diagnosis of major depression not documented as being treated with antidepressant medication during the entire 84 day (12 week) acute treatment phase                      | NA                            |
| G8128          | Clinician documented that patient was not an eligible candidate for antidepressant medication during the entire 12 week acute treatment phase measure                                     | NA                            |
| G8406          | Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure   | NA                            |
| G8464          | Clinician documented that prostate cancer patient is not an eligible candidate for adjuvant hormonal therapy; low or intermediate risk of recurrence or risk of recurrence not determined | NA                            |
| G8492          | I intend to report the perioperative care measures group  | NA                            |
| G8493          | I intend to report the back pain measures group   | NA                            |
| G8501          | All quality actions for the applicable measures in the perioperative care measures group have been performed for this patient   | NA                            |
| G8502          | All quality actions for the applicable measures in the back pain measures group have been performed for this patient  | NA                            |
| G8547          | I intend to report the ischemic vascular disease (IVD) measures group   | NA                            |
| G8552          | All quality actions for the applicable measures in the ischemic vascular disease (IVD) measures group have been performed for this patient  | NA                            |
| G8579          | Antiplatelet medication at discharge  | NA                            |
| G8580          | Antiplatelet medication contraindicated   | NA                            |
| G8581          | No antiplatelet medication at discharge   | NA                            |
| G8582          | Beta-blocker at discharge   | NA                            |
| G8583          | Beta-blocker contraindicated  | NA                            |
| G8584          | No beta-blocker at discharge  | NA                            |
| G8585          | Antilipid treatment at discharge  | NA                            |
| G8586          | Antilipid treatment contraindicated   | NA                            |
| G8587          | No antilipid treatment at discharge   | NA                            |

*Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)*

| <b>Procedure code</b> | <b>Description</b>   | <b>Alternate code considerations</b> |
|-----------------------|--|--------------------------------------|
| G8593                 | Lipid profile results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C)  | NA                                   |
| G8594                 | Lipid profile not performed, reason not given  | NA                                   |
| G8595                 | Most recent LDL-C < 100 mg/dL  | NA                                   |
| G8597                 | Most recent LDL-C >= 100 mg/dL   | NA                                   |
| G8629                 | Patient treated for swallowing but not scored on the swallowing functional communication measure at admission or at discharge  | NA                                   |
| G8630                 | Documentation that administration of prophylactic parenteral antibiotics was initiated within one hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required), as ordered   | NA                                   |
| G8631                 | Clinician documented that patient was not an eligible candidate for ordering prophylactic parenteral antibiotics to be given within one hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required)                       | NA                                   |
| G8632                 | Prophylactic parenteral antibiotics were not ordered to be given or given within one hour (if fluoroquinolone or vancomycin, 2 hours) prior to the surgical incision (or start of procedure when no incision is required), reason not given  | NA                                   |
| G8682                 | LVF testing documented as being performed prior to discharge or in the previous 12 months  | NA                                   |
| G8683                 | LVF testing not performed prior to discharge or in the previous 12 months for a medical or patient documented reason   | NA                                   |
| G8685                 | LVF testing not documented as being performed prior to discharge or in the previous 12 months, reason not given  | NA                                   |
| G8699                 | Rehabilitation services (occupational, physical or speech) ordered at or prior to discharge  | NA                                   |
| G8700                 | Rehabilitation services (occupational, physical or speech) not indicated at or prior to discharge  | NA                                   |
| G8701                 | Rehabilitation services were not ordered, reason not otherwise specified   | NA                                   |
| G8702                 | Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or intraoperatively   | NA                                   |
| G8703                 | Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor intraoperatively  | NA                                   |
| G8704                 | 12-lead electrocardiogram (ECG) performed  | NA                                   |
| G8705                 | Documentation of medical reason(s) for not performing a 12-lead electrocardiogram (ECG)  | NA                                   |
| G8706                 | Documentation of patient reason(s) for not performing a 12-lead electrocardiogram (ECG)  | NA                                   |
| G8707                 | 12-lead electrocardiogram (ECG) not performed, reason not given  | NA                                   |
| G8736                 | Most current ldl-c <100mg/dl   | NA                                   |
| G8737                 | Most current ldl-c >=100mg/dl  | NA                                   |
| G8738                 | Left ventricular ejection fraction (LVEF) < 40% or documentation of severely or moderately depressed left ventricular systolic function or documentation of left ventricular ejection fraction (LVEF) >= 40% or documentation as normal or mildly depressed left ventricular systolic function | NA                                   |

*Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)*

| <b>Procedure code</b> | <b>Description</b>  | <b>Alternate code considerations</b> |
|-----------------------|---|--------------------------------------|
| G8739                 | Left ventricular ejection fraction (LVEF) $\geq$ 40% or documentation as normal or mildly depressed left ventricular systolic function  | NA                                   |
| G8740                 | Left ventricular ejection fraction (LVEF) not performed or assessed, reason not given   | NA                                   |
| G8751                 | Smoking status and exposure to second hand smoke in the home not assessed, reason not given   | NA                                   |
| G8763                 | All quality actions for the applicable measures in the hypertension (HTN) measures group have been performed for this patient   | NA                                   |
| G8764                 | All quality actions for the applicable measures in the cardiovascular prevention measures group have been performed for this patient  | NA                                   |
| G8767                 | Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C)   | NA                                   |
| G8768                 | Documentation of medical reason(s) for not performing lipid profile (e.g., patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)  | NA                                   |
| G8769                 | Lipid profile not performed, reason not given   | NA                                   |
| G8770                 | Urine protein test result documented and reviewed   | NA                                   |
| G8771                 | Documentation of diagnosis of chronic kidney disease  | NA                                   |
| G8772                 | Documentation of medical reason(s) for not performing urine protein test (e.g., patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)                                       | NA                                   |
| G8773                 | Urine protein test was not performed, reason not given  | NA                                   |
| G8774                 | Serum creatinine test result documented and reviewed  | NA                                   |
| G8775                 | Documentation of medical reason(s) for not performing serum creatinine test (e.g., patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)                                    | NA                                   |
| G8776                 | Serum creatinine test not performed, reason not given   | NA                                   |
| G8777                 | Diabetes screening test performed   | NA                                   |
| G8778                 | Documentation of medical reason(s) for not performing diabetes screening test (e.g., patients with a diagnosis of diabetes, or with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate) | NA                                   |
| G8779                 | Diabetes screening test not performed, reason not given   | NA                                   |
| G8780                 | Counseling for diet and physical activity performed   | NA                                   |
| G8781                 | Documentation of medical reason(s) for patient not receiving counseling for diet and physical activity (e.g., patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)         | NA                                   |
| G8782                 | Counseling for diet and physical activity not performed, reason not given   | NA                                   |
| G8859                 | Patient receiving corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days   | NA                                   |
| G8860                 | Patients who have received dose of corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days  | NA                                   |
| G8862                 | Patients not receiving corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days  | NA                                   |

*Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)*

| <b>Procedure code</b> | <b>Description</b>  | <b>Alternate code considerations</b> |
|-----------------------|---|--------------------------------------|
| G8886                 | Most recent blood pressure under control  | NA                                   |
| G8887                 | Documentation of medical reason(s) for most recent blood pressure not being under control (e.g., patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)  | NA                                   |
| G8889                 | No documentation of blood pressure measurement, reason not given  | NA                                   |
| G8890                 | Most recent LDL-C under control, results documented and reviewed  | NA                                   |
| G8891                 | Documentation of medical reason(s) for most recent LDL-C not under control (e.g., patients with palliative goals for whom treatment of hypertension with standard treatment goals is not clinically appropriate)  | NA                                   |
| G8892                 | Documentation of medical reason(s) for not performing LDL-C test (e.g., patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)   | NA                                   |
| G8893                 | Most recent LDL-C not under control, results documented and reviewed  | NA                                   |
| G8894                 | LDL-C not performed, reason not given   | NA                                   |
| G8895                 | Oral aspirin or other antithrombotic therapy prescribed   | NA                                   |
| G8896                 | Documentation of medical reason(s) for not prescribing oral aspirin or other antithrombotic therapy (e.g., patient documented to be low risk or patient with terminal illness or treatment of hypertension with standard treatment goals is not clinically appropriate, or for whom risk of aspirin or other antithrombotic therapy exceeds potential benefits such as for individuals whose blood pressure is poorly controlled) | NA                                   |
| G8897                 | Oral aspirin or other antithrombotic therapy was not prescribed, reason not given   | NA                                   |
| G8904                 | I intend to report the hypertension (HTN) measures group  | NA                                   |
| G8905                 | I intend to report the cardiovascular prevention measures group   | NA                                   |
| G8930                 | Assessment of depression severity at the initial evaluation   | NA                                   |
| G8931                 | Assessment of depression severity not documented, reason not given  | NA                                   |
| G8932                 | Suicide risk assessed at the initial evaluation   | NA                                   |
| G8933                 | Suicide risk not assessed at the initial evaluation, reason not given   | NA                                   |
| G8943                 | LDL-C result not present or not within 12 months prior  | NA                                   |
| G8949                 | Documentation of patient reason(s) for patient not receiving counseling for diet and physical activity (e.g., patient is not willing to discuss diet or exercise interventions to help control blood pressure, or the patient said he/she refused to make these changes)  | NA                                   |
| G8957                 | Patient not receiving maintenance hemodialysis in an outpatient dialysis facility   | NA                                   |
| G9193                 | Clinician documented that patient with a diagnosis of major depression was not an eligible candidate for antidepressant medication treatment or patient did not have a diagnosis of major depression  | NA                                   |
| G9194                 | Patient with a diagnosis of major depression documented as being treated with antidepressant medication during the entire 180 day (6 month) continuation treatment phase  | NA                                   |
| G9195                 | Patient with a diagnosis of major depression not documented as being treated with antidepressant medication during the entire 180 day (6 months) continuation treatment phase   | NA                                   |

*Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)*

| <b>Procedure code</b> | <b>Description</b>  | <b>Alternate code considerations</b> |
|-----------------------|---|--------------------------------------|
| G9199                 | Venous thromboembolism (VTE) prophylaxis not administered the day of or the day after hospital admission for documented reasons (e.g., patient is ambulatory, patient expired during inpatient stay, patient already on warfarin or another anticoagulant, other medical reason(s) or e.g., patient left against medical advice, other patient reason(s))   | NA                                   |
| G9200                 | Venous thromboembolism (VTE) prophylaxis was not administered the day of or the day after hospital admission, reason not given  | NA                                   |
| G9201                 | Venous thromboembolism (VTE) prophylaxis administered the day of or the day after hospital admission  | NA                                   |
| G9202                 | Patients with a positive hepatitis C antibody test  | NA                                   |
| G9214                 | CD4+ cell count or CD4+ cell percentage results documented  | NA                                   |
| G9215                 | CD4+ cell count or percentage not documented as performed, reason not given   | NA                                   |
| G9216                 | PCP prophylaxis was not prescribed at time of diagnosis of HIV, reason not given  | NA                                   |
| G9218                 | PCP prophylaxis was not prescribed within 3 months of low CD4+ cell count below 500 cells/mm <sup>3</sup> or a CD4 percentage below 15%, reason not given   | NA                                   |
| G9220                 | Pneumocystis jiroveci pneumonia prophylaxis not prescribed within 3 months of low CD4+ cell count below 500 cells/mm <sup>3</sup> or a CD4 percentage below 15% for medical reason (i.e., patient's CD4+ cell count above threshold within 3 months after CD4+ cell count below threshold, indicating that the patient's CD4+ levels are within an acceptable range and the patient does not require PCP prophylaxis) | NA                                   |
| G9221                 | Pneumocystis jiroveci pneumonia prophylaxis prescribed  | NA                                   |
| G9224                 | Documentation of medical reason for not performing foot exam (e.g., patient with bilateral foot/leg amputation)   | NA                                   |
| G9248                 | Patient did not have a medical visit in the last 6 months   | NA                                   |
| G9249                 | Patient had a medical visit in the last 6 months  | NA                                   |
| G9252                 | Adenoma(s) or other neoplasm detected during screening colonoscopy  | NA                                   |
| G9253                 | Adenoma(s) or other neoplasm not detected during screening colonoscopy  | NA                                   |
| G9271                 | LDL value < 100   | NA                                   |
| G9272                 | LDL value ≥ 100   | NA                                   |
| J0150                 | Injection, adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)  | NA                                   |
| J0151                 | Injection, adenosine for diagnostic use, 1 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)   | NA                                   |
| J0900                 | Injection, testosterone enanthate and estradiol valerate, up to 1 cc  | NA                                   |
| J1060                 | Injection, testosterone cypionate and estradiol cypionate, up to 1 ml   | NA                                   |
| J1070                 | Injection, testosterone cypionate, up to 100 mg   | NA                                   |
| J1080                 | Injection, testosterone cypionate, 1 cc, 200 mg   | NA                                   |
| J2271                 | Injection, morphine sulfate, 100 mg   | NA                                   |
| J2275                 | Injection, morphine sulfate (preservative-free sterile solution), per 10 mg   | J2274                                |
| J3120                 | Injection, testosterone enanthate, up to 100 mg   | NA                                   |

Table 3 – Deleted CPT and HCPCS codes, effective January 1, 2015, with alternate code considerations  
(Continued)

| Procedure code | Description   | Alternate code considerations |
|----------------|---|-------------------------------|
| J3130          | Injection, testosterone enanthate, up to 200 mg   | NA                            |
| J3140          | Injection, testosterone suspension, up to 50 mg   | NA                            |
| J3150          | Injection, testosterone propionate, up to 100 mg  | NA                            |
| J7335          | Capsaicin 8% patch, per 10 sq cm  | NA                            |
| J9265          | Injection, paclitaxel, 30 mg  | NA                            |
| L6025          | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, 2 batteries, charger, myoelectric control of terminal device | NA                            |
| L7260          | Electronic wrist rotator, Otto Bock or equal  | L7259                         |
| L7261          | Electronic wrist rotator, for Utah arm  | L7259                         |
| M0064          | Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders   | NA                            |
| Q9970          | Injection, ferric carboxymaltose, 1 mg  | NA                            |
| Q9972          | Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)  | J0887                         |
| Q9973          | Injection, epoetin beta, 1 microgram, (non-ESRD use)  | J0888                         |
| Q9974          | Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg   | J2274                         |
| S0144          | Injection, propofol, 10 mg  | J2704                         |
| S3855          | Genetic testing for detection of mutations in the presenilin - 1 gene   | NA                            |

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