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To: All Providers

**Subject: Coverage Determinations for the New 2005 Healthcare
Common Procedure Coding System Codes**

Overview

The purpose of this bulletin is to notify providers of the coverage determinations for the new 2005 annual Healthcare Common Procedure Coding System (HCPCS) codes. Indiana Health Coverage Programs (IHCP) provider bulletin *BT200430*, published November 15, 2004, provided a list of new alphanumeric and Current Procedural Terminology (CPT) codes and modifier updates. Since that publication, the Office of Medicaid Policy and Planning (OMPP) has reviewed these codes to determine coverage and billing guidelines, which are listed in Table 1, and the new modifiers are listed in Table 2. Please direct questions about this bulletin to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

New HCPCS 2005 Codes

The new HCPCS codes are identified in Table 1 by code, description, and coverage. The IHCP is advising providers of these determinations so that the appropriate codes can be billed beginning January 1, 2005.

These codes will be added to the IndianaAIM claims processing system, effective January 1, 2005, and fees will be posted on the IHCP Web site. After January 1, 2005, appropriate 2005 alphanumeric and CPT codes will be available in IndianaAIM and may be billed. Codes that have been deleted will be denied if billed for services on or after January 1, 2005. The standard global billing procedures and edits will apply when using the new codes.

Note: As used in the following table, non-covered indicates that the IHCP does not cover the service described in the code; non-reimbursable indicates that the service described in the code is included in a global reimbursement or billable under another code.

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period - LMP)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period – LMP (Note: If reporting 0501F prenatal flow sheet, it is not necessary to report 0500F initial prenatal care visit)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0502F	Subsequent prenatal care visit	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0503F	Postpartum care visit	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
1000F	Tobacco use, smoking, assessed	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
1001F	Tobacco use, non-smoking, assessed	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
1002F	Anginal symptoms and level of activity, assessed	Not applicable for all programs, Not applicable for Package C		Non-covered for All Programs, Non-covered for Package C
2000F	Blood pressure, measured	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
4000F	Tobacco use cessation intervention, counseling	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
4001F	Tobacco use cessation intervention, pharmacologic therapy	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
4002F	Statin therapy, prescribed	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
4006F	Beta-blocker therapy, prescribed	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
4009F	Angiotensin converting enzyme (ACE) inhibitor therapy, prescribed	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
4011F	Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or combination of aspirin and dipyridamole/aggrenox)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C

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Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
0062T	Percutaneous intradiscal annuloplasty, any method, unilateral or bilateral including fluoroscopic guidance; single level	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0063T	Percutaneous intradiscal annuloplasty, any method, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (list separately in addition to 0062T for primary procedure)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0064T	Spectroscopy, expired gas analysis (eg, nitric oxide/carbon dioxide test)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0065T	Ocular photoscreening, with interpretation and report, bilateral	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0066T	Computed tomographic (CT) colonography (ie, virtual colonoscopy); screening	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0067T	Computed tomographic (CT) colonography (ie, virtual colonoscopy); diagnostic	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0068T	Acoustic heart sound recording and computer analysis; with interpretation and report (list separately in addition to codes for electrocardiography)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0069T	Acoustic heart sound recording and computer analysis; acoustic heart sound recording and computer analysis only (list separately in addition to codes for electrocardiography)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0070T	Acoustic heart sound recording and computer analysis; interpretation and report only (list separately in addition to codes for electrocardiography)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	No for all programs, No for Package C		Covered for all programs, Covered for Package C

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Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0074T	Online evaluation and management service, per encounter, provided by a physician, using the internet or similar electronic communications network, in response to a patient's request, established patient	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (list separately in addition to code for primary procedure)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0077T	Implanting and securing cerebral thermal perfusion probe, including twist drill or burr hole, to measure absolute cerebral tissue perfusion	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0078T	Endovascular repair of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac or renal), using fenestrated modular bifurcated prosthesis (two docking limbs)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0079T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch (list separately in addition to code for primary procedure)	No for all programs, No for Package C		Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
0080T	Endovascular repair of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac or renal), using fenestrated modular bifurcated prosthesis (two docking limbs), radiological supervision and interpretation	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0081T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation (list separately in addition to code for primary procedure)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0082T	Stereotactic body radiation therapy, treatment delivery, one or more treatment areas, per day	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0083T	Stereotactic body radiation therapy, treatment management, per day	No for all programs, No for Package C		Covered for all programs, Covered for Package C
0084T	Insertion of a temporary prostatic urethral stent	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0085T	Breath test for heart transplant rejection	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0086T	Left ventricular filling pressure indirect measurement by computerized calibration of the arterial waveform response to valsalva maneuver	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0087T	Sperm evaluation, hyaluronan binding assay	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
0088T	Submucosal radiofrequency tissue volume reduction of tongue base, one or more sites, per session (ie, for treatment of obstructive sleep apnea syndrome)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
00561	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, under one year of age	No for all programs, No for Package C	P1, P2, P3, P4, P5, QK, QS, QX, QZ	Covered for all programs, Covered for Package C
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	No for all programs, No for Package C	51, 80, 81, 82, AS, A1, A2, A3, A4, A5, A6, A7, A8, A9, G8, G9	Covered for all programs, Covered for Package C

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Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	No for all programs, No for Package C	A1, A2, A3, A4, A5, A6, A7, A8, A9, G8, G9	Covered for all programs, Covered for Package C
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	No for all programs, No for Package C	51, 80, 81, 82, AS, A1, A2, A3, A4, A5, A6, A7, A8, A9, G8, G9	Covered for all programs, Covered for Package C
11008	Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection (list separately in addition to code for primary procedure)	No for all programs, No for Package C	A1, A2, A3, A4, A5, A6, A7, A8, A9, G8, G9	Covered for all programs, Covered for Package C
19296	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	No for all programs, No for Package C	50, 51, G8, G9, LT, RT	Covered for all programs, Covered for Package C
19297	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (list separately in addition to code for primary procedure)	No for all programs, No for Package C	50, G8, G9, LT, RT	Covered for all programs, Covered for Package C
19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	No for all programs, No for Package C	50, 51, G8, G9, LT, RT	Covered for all programs, Covered for Package C
27412	Autologous chondrocyte implantation, knee	No for all programs, No for Package C	50, 51, 54, 55, 57, 58, 62, 76, 77, 78, 79, G8, G9, LT, RT	Covered for all programs, Covered for Package C
27415	Osteochondral allograft, knee, open	No for all programs, No for Package C	50, 51, 54, 55, 57, 58, 62, 76, 77, 78, 79, G8, G9, LT, RT	Covered for all programs, Covered for Package C
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)	No for all programs, No for Package C	50, 54, 55, 57, 58, 76, 77, 78, 79, G8, G9, LT, RT	Covered for all programs, Covered for Package C

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Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	No for all programs, No for Package C	50, 54, 55, 57, 58, 76, 77, 78, 79, G8, G9, LT, RT	Covered for all programs, Covered for Package C
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	No for all programs, No for Package C	50, 54, 55, 57, 58, 76, 77, 78, 79, G8, G9, LT, RT	Covered for all programs, Covered for Package C
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	No for all programs, No for Package C	51, 80, 81, 82, AS, G8, G9	Covered for all programs, Covered for Package C
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	No for all programs, No for Package C	51, 80, 81, 82, AS, G8, G9	Covered for all programs, Covered for Package C
31620	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (list separately in addition to code for primary procedure(s))	No for all programs, No for Package C	80, 81, 82, AS, G8, G9	Covered for all programs, Covered for Package C
31636	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	No for all programs, No for Package C	51, 80, 81, 82, AS, G8, G9	Covered for all programs, Covered for Package C
31637	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; each additional major bronchus stented (list separately in addition to code for primary procedure)	No for all programs, No for Package C	80, 81, 82, AS, G8, G9	Covered for all programs, Covered for Package C
31638	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	No for all programs, No for Package C	51, 80, 81, 82, AS, G8, G9	Covered for all programs, Covered for Package C
32019	Insertion of indwelling tunneled pleural catheter with cuff	No for all programs, No for Package C	80, 81, 82, AS, G8, G9	Covered for all programs, Covered for Package C

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Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)	No for all programs, No for Package C	51, 54, 55, 57, 58, 62, 76, 77, 78, 79, G8, G9	Covered for all programs, Covered for Package C
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	No for all programs, No for Package C	50, 51, 80, 81, 82, AS, LT, RT	Covered for all programs, Covered for Package C
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	No for all programs, No for Package C	50, 51, 80, 81, 82, AS, LT, RT	Covered for all programs, Covered for Package C

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Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	No for all programs, No for Package C	50, 51, 80, 81, 82, AS, LT, RT	Covered for all programs, Covered for Package C
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	No for all programs, No for Package C	50, 51, 80, 81, 82, AS, LT, RT	Covered for all programs, Covered for Package C
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	No for all programs, No for Package C	51, 54, 55, 57, 58, 62, 76, 77, 78, 79, G8, G9	Covered for all programs, Covered for Package C
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	No for all programs, No for Package C	51, 80, 81, 82, AS, G8, G9	Covered for all programs, Covered for Package C
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and roux-en-y gastroenterostomy (roux limb 150 cm or less)	Yes for all programs, Not applicable for Package C	51, 54, 55, 57, 58, 62, 76, 77, 78, 79, G8, G9	Covered for all programs, Non-covered for Package C
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Yes for all programs, Not applicable for Package C	51, 54, 55, 57, 58, 62, 76, 77, 78, 79, G8, G9	Covered for all programs, Non-covered for Package C
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Yes for all programs, Not applicable for Package C	51, 54, 55, 57, 58, 62, 76, 77, 78, 79, G8, G9	Covered for all programs, Non-covered for Package C

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Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
44137	Removal of transplanted intestinal allograft, complete	No for all programs, Not applicable for Package C	51, 62, G8, G9	Covered for all programs, Non-covered for Package C
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	No for all programs, No for Package C	51, 80, 81, 82, AS, G8, G9	Covered for all programs, Covered for Package C
45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	No for all programs, No for Package C	51, 80, 81, 82, AS, G8, G9	Covered for all programs, Covered for Package C
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	No for all programs, No for Package C	51, 54, 55, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs, Covered for Package C
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into two partial liver grafts (ie, left lateral segment (segments II and III) and right trisegment (segments I and IV through VIII))	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into two partial liver grafts (ie, left lobe segments II, III, and IV) and right lobe (segments I and V through VIII)	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C

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Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	Yes for all programs, Not applicable for Package C	51, 62	Covered for all programs, Non-covered for Package C
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	No for all programs, No for Package C	51, 80, 81, 82, AS	Covered for all programs, Covered for Package C
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	No for all programs, No for Package C	51	Covered for all programs, Covered for Package C
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (list separately in addition to code for primary procedure)	No for All all programs, No for Package C	50, 62, LT, RT	Covered for all programs, Covered for Package C
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	No for all programs, No for Package C	51, 54, 55, 57, 58, 62, 76, 77, 78, 79	Covered for all programs, Covered for Package C
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	No for all programs, No for Package C	50, 51, 54, 55, 57, 58, 62, 76, 77, 78, 79, LT, RT	Covered for all programs, Covered for Package C
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	No for all programs, Not applicable for Package C	51, 54, 55, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs, Non-covered for Package C
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	No for all programs, No for Package C	51, 54, 55, 57, 58, 62, 76, 77, 78, 79	Covered for all programs, Covered for Package C

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Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
63050	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;	No for all programs, No for Package C	51, 54, 55, 57, 58, 62, 76, 77, 78, 79	Covered for all programs, Covered for Package C
63051	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)	No for all programs, No for Package C	51, 54, 55, 57, 58, 62, 76, 77, 78, 79	Covered for all programs, Covered for Package C
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (list separately in addition to code for primary procedure)	No for all programs, No for Package C	62	Covered for all programs, Covered for Package C
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic	No for all programs, No for Package C	50, 51, 54, 55, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS, G8, G9, LT, RT	Covered for all programs, Covered for Package C
76077	Dual energy x-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
76510	Ophthalmic ultrasound, diagnostic; b-scan and quantitative a-scan performed during the same patient encounter	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
76820	Doppler velocimetry, fetal; umbilical artery	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
76821	Doppler velocimetry, fetal; middle cerebral artery	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)	Not applicable for all programs, Not applicable for Package C	26, TC	Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under the appropriate HCPCS G code
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh	Not applicable for all programs, Not applicable for Package C	26, TC	Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under the appropriate HCPCS G code

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
78813	Tumor imaging, positron emission tomography (PET); whole body	Not applicable for all programs, Not applicable for Package C	26, TC	Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under the appropriate HCPCS G code
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)	Not applicable for all programs, Not applicable for Package C	26, TC	Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under the appropriate HCPCS G code for the PET scan and under the appropriate CPT code for the CT scan
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh	Not applicable for all programs, Not applicable for Package C	26, TC	Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under the appropriate HCPCS G code for the PET scan and under the appropriate CPT code for the CT scan
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body	Not applicable for all programs, Not applicable for Package C	26, TC	Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under the appropriate HCPCS G code for the PET scan and under the appropriate CPT code for the CT scan
79005	Radiopharmaceutical therapy, by oral administration	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
79101	Radiopharmaceutical therapy, by intravenous administration	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
82045	Albumin; ischemia modified	No for all programs, No for Package C	91	Covered for all programs, Covered for Package C
82656	Elastase, pancreatic (el-1), fecal, qualitative or semi-quantitative	No for all programs, No for Package C	91	Covered for all programs, Covered for Package C
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	No for all programs, No for Package C	91	Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
83630	Lactoferrin, fecal, qualitative	No for all programs, No for Package C	91	Covered for all programs, Covered for Package C
84163	Pregnancy-associated plasma protein-A (PAPP-A)	No for all programs, No for Package C	91	Covered for all programs, Covered for Package C
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	No for all programs, No for Package C	26, 91	Covered for all programs, Covered for Package C
86064	B cells, total count	No for all programs, No for Package C	91	Covered for all programs, Covered for Package C
86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	No for all programs, No for Package C	26, 91	Covered for all programs, Covered for Package C
86379	Natural killer (NK) cells, total count	No for all programs, No for Package C	91	Covered for all programs, Covered for Package C
86587	Stem cells (ie, CD34), total count	No for all programs, No for Package C	91	Covered for all programs, Covered for Package C
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	No for all programs, No for Package C		Covered for all programs, Covered for Package C
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	No for all programs, No for Package C		Covered for all programs, Covered for Package C
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (list separately in addition to code for first marker)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
88187	Flow cytometry, interpretation; 2 to 8 markers	No for all programs, No for Package C		Covered for all programs, Covered for Package C
88188	Flow cytometry, interpretation; 9 to 15 markers	No for all programs, No for Package C		Covered for all programs, Covered for Package C
88189	Flow cytometry, interpretation; 16 or more markers	No for all programs, No for Package C		Covered for all programs, Covered for Package C
88360	Morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	No for all programs, No for Package C	26, 91, TC	Covered for all programs, Covered for Package C
88367	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology	No for all programs, No for Package C	26, 91, TC	Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
88368	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; manual	No for all programs, No for Package C	26, 91, TC	Covered for all programs, Covered for Package C
90465	Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code Refer to IHCP Provider Bulletin <i>BT200151</i>
90466	Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/ toxoid), per day (list separately in addition to code for primary procedure)	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs Non-reimbursable for Package C Service is billable under appropriate CPT code Refer to IHCP Provider Bulletin <i>BT200151</i>
90467	Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code Refer to IHCP Provider Bulletin <i>BT200151</i>
90468	Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/ toxoid), per day (list separately in addition to code for primary procedure)	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code Refer to IHCP Provider Bulletin <i>BT200151</i>
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use	No for all programs, No for Package C		Covered for all programs, Covered for Package C
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	No for all programs, No for Package C	26, TC	Covered for All Programs all programs C
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
91040	Esophageal balloon distension provocation study	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
92620	Evaluation of central auditory function, with report; initial 60 minutes	No for all programs, No for Package C		Covered for all programs, Covered for Package C
92621	Evaluation of central auditory function, with report; each additional 15 minutes	No for all programs, No for Package C		Covered for all programs, Covered for Package C
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
93745	Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
93890	Transcranial doppler study of the intracranial arteries; vasoreactivity study	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
93892	Transcranial doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
93893	Transcranial doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
94452	High altitude simulation test (HAST), with physician interpretation and report;	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
94453	High altitude simulation test (HAST), with physician interpretation and report; with supplemental oxygen titration	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour	No for all programs, No for Package C		Covered for all programs, Covered for Package C
95979	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (list separately in addition to code for primary procedure)	No for all programs, No for Package C		Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	No for all programs, No for Package C		Covered for all programs, Covered for Package C
97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters	No for all programs, No for Package C		Covered for all programs, Covered for Package C
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	No for all programs, No for Package C		Covered for all programs, Covered for Package C
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	No for all programs, No for Package C		Covered for all programs, Covered for Package C
97810	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
97811	Acupuncture, one or more needles; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
97813	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
97814	Acupuncture, one or more needles; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
A4349	Male external catheter, with or without adhesive, disposable, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
A4520	Incontinence garment, any type, (e.g. brief, diaper), each	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate HCPCS T code
A4605	Tracheal suction catheter, closed system, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
A7040	One way chest drain valve	No for all programs, No for Package C		Covered for all programs, Covered for Package C
A7041	Water seal drainage container and tubing for use with implanted chest tube	No for all programs, No for Package C		Covered for all programs, Covered for Package C
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	No for all programs, No for Package C		Covered for all programs, Covered for Package C
A7527	Tracheostomy/laryngectomy tube plug/stop, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable on a pharmacy claim form under the appropriate NDC
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	Not applicable for all programs, Not applicable for Package C		Non-Reimbursable for all programs, Non-Reimbursable for Package C Service is billable on a pharmacy claim form under the appropriate NDC

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs Non-reimbursable for Package C Service is billable on a pharmacy claim form under the appropriate NDC
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. Clear liquids), 500 ml = 1 unit	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. Clear liquids), 500 ml = 1 unit	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
B4104	Additive for enteral formula (e.g. Fiber)	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable on a pharmacy claim form under the appropriate NDC
B4149	Enteral formula, blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
D0416	Viral culture	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D0421	Genetic test for susceptibility to oral diseases	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D0475	Decalcification procedure	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D0476	Special stains for microorganisms	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D0477	Special stains, not for microorganisms	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D0478	Immunohistochemical stains	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
D0479	Tissue in-situ hybridization, including interpretation	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D0481	Electron microscopy - diagnostic	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D0482	Direct immunofluorescence	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D0483	Indirect immunofluorescence	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D0484	Consultation on slides prepared elsewhere	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D2712	Crown - 3/4 resin-based composite (indirect)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D2794	Crown-titanium	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D2915	Recement cast or prefabricated post and core	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D2971	Additional procedures to construct new crown under existing partial denture framework	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D2975	Coping	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
D6094	Abutment supported crown - (titanium)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D6190	Radiographic/surgical implant index, by report	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D6194	Abutment supported retainer crown for FPD - (titanium)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D6205	Pontic - indirect resin based composite	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D6214	Pontic - titanium	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D6624	Inlay - titanium	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
D6634	Onlay - titanium	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D6710	Crown - indirect resin based composite	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D6794	Crown - titanium	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
D7283	Placement of device to facilitate eruption of impacted tooth	No for all programs, No for Package C		Covered for all programs, Covered for Package C
D7288	Brush biopsy - transepithelial sample collection	No for all programs, No for Package C		Covered for all programs, Covered for Package C
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No for all programs, No for Package C		Covered for all programs, Covered for Package C
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No for all programs, No for Package C		Covered for all programs, Covered for Package C
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
D7953	Bone replacement graft for ridge preservation - per site	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
D7963	Frenuloplasty	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
D9942	Repair and/or reline of occlusal guard	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
E0463	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)	Yes for all programs, Yes for Package C	RR	Covered for all programs, Covered for Package C
E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	Yes for all programs, Yes for Package C	RR	Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Yes for all programs, Yes for Package C	NU, RR	Covered for all programs, Covered for Package C
E0640	Patient lift, fixed system, includes all components/accessories	Yes for all programs, Yes for Package C	NU, RR	Covered for all programs, Covered for Package C
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	No for all programs, No for Package C	NU, RR	Covered for all programs, Covered for Package C
E1039	Transport chair, adult size, heavy duty, patient weight capacity 250 pounds or greater	Yes for all programs, Yes for Package C	NU, RR	Covered for all programs, Covered for Package C
E1229	Wheelchair, pediatric size, not otherwise specified	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
E1239	Power wheelchair, pediatric size, not otherwise specified	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
E1841	Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs	Yes for all programs, Yes for Package C	NU	Covered for all programs Covered for Package C
E2205	Manual wheelchair accessory, handrim without projections, any type, replacement only, each	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	Yes for all programs, Yes for Package C	NU, RR	Covered for all programs, Covered for Package C
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	Yes for all programs, Yes for Package C	NU, RR	Covered for all programs, Covered for Package C
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes for all programs, Yes for Package C	NU, RR	Covered for all programs, Covered for Package C
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes for all programs Yes for Package C	NU, RR	Covered for all programs, Covered for Package C
E2368	Power wheelchair component, motor, replacement only	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2369	Power wheelchair component, gear box, replacement only	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E2370	Power wheelchair component, motor and gear box combination, replacement only	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	No for all programs, No for Package C	NU	Covered for all programs, Covered for Package C
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2609	Custom fabricated wheelchair seat cushion, any size	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2610	Powered wheelchair seat cushion	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	No for all programs, No for Package C	NU	Covered for all programs, Covered for Package C
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2618	Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Yes for all programs, Yes for Package C	NU	Covered for all programs, Covered for Package C
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Yes for all programs, Yes for Package C	NU, RR	Covered for all programs, Covered for Package C
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Yes for all programs, Yes for Package C	NU, RR	Covered for all programs, Covered for Package C
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	Yes for all programs, Yes for Package C	NU, RR	Covered for all programs, Covered for Package C
G0336	PET imaging, brain imaging for the differential diagnosis of Alzheimer's disease with aberrant features vs fronto-temporal dementia	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0337	Hospice evaluation and counseling services, pre-election	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is not separately billable
G0344	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first six months of Medicare enrollment	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under CPT code 99201
G0345	Intravenous infusion, hydration; initial, up to one hour	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
G0346	Each additional hour, up to eight (8) hours (list separately in addition to code for primary procedure)	Not applicable for all programs Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
G0347	Intravenous infusion, for therapeutic/diagnostic (specify substance or drug); initial, up to one hour	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
G0348	Each additional hour, up to eight (8) hours (list separately in addition to code for primary procedure and report in conjunction with G0347)	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
G0349	Additional sequential infusion, up to one hour (list separately in addition to code for primary procedure)	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
G0350	Concurrent infusion (list separately in addition to code for primary procedure) report only once per substance/drug regardless of duration, report G0350 in conjunction with G0345	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0351	Therapeutic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs Non-reimbursable for Package C Service is billable under appropriate CPT code
G0353	Intravenous push, single or initial substance/drug	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs Non-reimbursable for Package C Service is billable under appropriate CPT code
G0354	Each additional sequential intravenous push (list separately in addition to code for primary procedure)	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
G0355	Chemotherapy administration, subcutaneous or intramuscular non-hormonal antineoplastic	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs Non-reimbursable for Package C Service is billable under appropriate CPT code
G0356	Hormonal antineoplastic	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
G0357	Intravenous, push technique, single or initial substance/drug	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
G0358	Intravenous, push technique, each additional substance/drug (list separately in addition to code for primary procedure)	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
G0359	Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0360	Each additional hour, one to eight (8) hours (list separately in addition to code for primary procedure) use G0360 in conjunction with G0359	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs Non-reimbursable for Package C Service is billable under appropriate CPT code
G0361	Initiation of prolonged chemotherapy infusion (more than eight hours), requiring use of a portable or implantable pump	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
G0362	Each additional sequential infusion (different substance/drug), up to one hour (use with G0359)	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C Service is billable under appropriate CPT code
G0363	Irrigation of implanted venous access device for drug delivery systems (do not report G0363 if an injection or infusion is provided on the same day)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	No for all programs, No for Package C		Covered for all programs, Covered for Package C
G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	No for all programs, No for Package C	26, TC	Covered for all programs, Covered for Package C
G0366	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report, performed as a component of the initial preventive physical examination	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under CPT code 93000
G0367	Tracing only, without interpretation and report, performed as a component of the initial preventive physical examination	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under CPT code 93005

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0368	Interepretation and report only, performed as a component of the initial preventive physical examination	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under CPT code 93010
G9013	ESRD demo basic bundle level I	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
G9014	ESRD demo expanded bundle including venous access and related services	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
G9017	Amantadine hydrochloride, oral, per 100 mg (for use as a Medicare approved demonstration project)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
G9018	Zanamivir, inhalation powder administered through inhaler, per 10 mg (for use as a Medicare approved demonstration project)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
G9019	Oseltamivir phosphate, oral, per 75 mg (for use as a Medicare approved demonstration project)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
G9020	Rimantadine hydrochloride, oral, per 100 mg (for use as a Medicare approved demonstration project)	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
J0128	Injection, abarelix, 10 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J0135	Injection, adalimumab, 20 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J0180	Injection, agalsidase beta, 1 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J0878	Injection, daptomycin, 1 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J1457	Injection, gallium nitrate, 1 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J1931	Injection, laronidase, 0.1 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J2357	Injection, omalizumab, 5 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J2469	Injection, palonosetron HCL, 25 mcg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J2794	Injection, risperidone, long acting, 0.5 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J3110	Injection, teriparatide, 10 mcg	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
J3246	Injection, tirofiban HCL, 0.25mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
J3396	Injection, verteporfin, 0.1 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J7304	Contraceptive supply, hormone containing patch, each	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable on a pharmacy claim form under the appropriate NDC
J7343	Dermal and epidermal, tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J7344	Dermal tissue, of human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J7518	Mycophenolic acid, oral, 180 mg	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable on a pharmacy claim form under the appropriate NDC
J7611	Albuterol, inhalation solution, administered through DME, concentrated form, 1 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J7612	Levalbuterol, inhalation solution, administered through DME, concentrated form, 0.5 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J7613	Albuterol, inhalation solution, administered through DME, unit dose, 1 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J7614	Levalbuterol, inhalation solution, administered through DME, unit dose, 0.5 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J7616	Albuterol, up to 5 mg and ipratropium bromide, up to 1 mg, compounded inhalation solution, administered through DME	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
J7617	Levalbuterol, up to 2.5 mg and ipratropium bromide, up to 1 mg, compounded inhalation solution, administered through DME	No for all programs, No for Package C		Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J8501	Aprepitant, oral, 5 mg	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable on a pharmacy claim form under the appropriate NDC
J8565	Gefitinib, oral, 250 mg	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable on a pharmacy claim form under the appropriate NDC
J9035	Injection, bevacizumab, 10 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J9041	Injection, bortezomib, 0.1 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J9055	Injection, cetuximab, 10 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
J9305	Injection, pemetrexed, 10 mg	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L4002	Replacement strap, any orthosis, includes all components, any length, any type	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	No for all programs, No for Package C		Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L8615	Headset/headpiece for use with cochlear implant device, replacement	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
L8616	Microphone for use with cochlear implant device, replacement	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
L8617	Transmitting coil for use with cochlear implant device, replacement	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
L8618	Transmitter cable for use with cochlear implant device, replacement	Yes for all programs, Yes for Package C		Covered for all programs, Covered for Package C
L8620	Lithium ion battery for use with cochlear implant device, replacement, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L8621	Zinc air battery for use with cochlear implant device, replacement, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
S0196	Injectable poly-L-lactic acid, restorative implant, 1 ml, face (deep dermis, subcutaneous layers)	Not Applicable for all programs, Not Applicable for Package C		Non-covered for all programs, Non-Covered for Package C
S0257	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is not separately billable
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	No for all programs, No for Package C		Covered for all programs, Covered for Package C
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
S9482	Family stabilization services, per 15 minutes	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is not separately billable

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
T2049	Non-emergency transportation; stretcher van, mileage; per mile	Not applicable for all programs, Not applicable for Package C		Non-reimbursable for all programs, Non-reimbursable for Package C Service is billable under the appropriate non-emergency transportation code for level of service provided
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4533	Youth sized disposable incontinence product, brief/diaper, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C

(Continued)

Table 1 – New HCPCS 2005 Codes, Reimbursable January 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4537	Incontinence product, protective underpad, reusable, bed size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4538	Diaper service, reusable diaper, each diaper	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C
T4539	Incontinence product, diaper/brief, reusable, any size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4540	Incontinence product, protective underpad, reusable, chair size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4541	Incontinence product, disposable underpad, large, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
T4542	Incontinence product, disposable underpad, small size, each	No for all programs, No for Package C		Covered for all programs, Covered for Package C
V2702	Deluxe lens feature	Not applicable for all programs, Not applicable for Package C		Non-covered for all programs, Non-covered for Package C

Permanent Sterilization Code Change

The IHCP has revised billing procedures for Essure, the non-incisional implant device manufactured by Conceptus, Inc., as stated in IHCP provider newsletter *NL200403*. Effective January 1, 2005, CPT code 58579 - *Unlisted hysteroscopy procedure, uterus*, will be replaced by CPT code 58565, *Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants*. Providers will continue to report HCPCS code A9900 for the device and follow all other billing procedures and criteria as stated in *NL200403*.

HCPCS C Codes

HCPCS C codes are used for services paid by the Medicare Outpatient Prospective Payment System and are not listed on this bulletin. The IHCP does not reimburse HCPCS C codes with the exception of C1300 - *Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval*; and C1080, C1081, C1082, and C1083 for the supply of radiopharmaceutical therapeutic and diagnostic imaging agents for Zevalin and Bexxar treatments.

PET Scans

The IHCP will continue to provide reimbursement for PET scans using the HCPCS G codes. The following CPT codes are non-reimbursable by the IHCP: 78811, 78812, 78813, 78814, 78815, and 78816, and providers will bill for these services using the appropriate HCPCS G code. For CPT codes

78814, 78815, and 78816, which represent a combination of PET scans and CT scans, providers will bill the appropriate HCPCS G code for the PET scan and the appropriate CPT code for the CT scan.

New HCPCS 2005 Modifiers

Table 2 – New HCPCS 2005 Modifiers, Effective January 1, 2005

Modifier	Description	Program Coverage
AE	Registered dietician	Informational
AF	Specialty physician	Informational
AG	Primary physician	Informational
AK	Non participating physician	Informational
AR	Physician provider services in a physician scarcity area	Informational
CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable	Informational
CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity	Informational
CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable	Informational
CG	Innovator drug dispensed	Informational
KC	Replacement of special power wheelchair interface	Informational
KD	Drug or biological infused through DME	Informational
KF	Item designated by FDA as Class III device	Informational
RD	Drug provided to beneficiary, but not administered incident-to	Informational
SW	Services provided by a certified diabetic educator	Informational
SY	Persons who are in close contact with member of high-risk population (use only with codes for immunization)	Informational

Changed 2005 HCPCS Codes

The Centers for Medicare and Medicaid Services (CMS) issued description changes in the 2005 HCPCS update that will be added to the IndianaAIM claims processing system effective January 1, 2005. Based on the IHCP review of these codes, the description changes will not affect claims adjudication.

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