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**To:           All Indiana Medicaid Providers**

**Subject:    New 1999 HCPCS Codes**

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## Overview

The purpose of this bulletin is to introduce the new 1999 HCPCS codes that have been added to the IndianaAIM claims processing system. The HCPCS (HCFA's Common Procedure Coding System) codes are identified in the following chart by code, description, prior authorization requirements, coverage status, and allowed modifiers. However, please be aware that some of the HCPCS codes listed in this bulletin do not contain a complete list of allowed modifiers. Please refer to Indiana Medicaid Update E96-31 *IndianaAIM Medicaid Modifiers*, E97-02 *New 1997 HCPCS Codes*, and E98-15 *New 1998 HCPCS Codes* for information on modifiers recognized by IndianaAIM.

If you have any questions regarding the contents of this bulletin, please contact EDS Provider Assistance at 1-800-577-1278 or (317) 655-3240.

## New 1999 HCPC Codes

Please note that the following codes are effective for dates of service on or after January 1, 1999. Additionally, it should be noted that the standard global billing procedures and edits apply when using the new codes. EDS recognizes the same deleted HCPCS codes as Medicare. A list of deleted codes is included at the end of this bulletin. Providers will have 45 days from the date of this bulletin to use deleted codes and modifiers. Claims submitted using the deleted codes and modifiers, listed at the end of the bulletin, with dates of service on or after May 17, 1999, will be denied.

*Note: Noncovered codes are recognized by the IndianaAIM system for crossover claims.*

Table 1.1 HCPCS for 1999

<b>CPT/HCPC Code</b>	<b>Description</b>	<b>PA Required</b>	<b>Coverage</b>	<b>Modifiers</b>	<b>Rate</b>
A4261	Cervical Cap For Contraceptive Use	N	Y	N	Manual Pricing
A4483	Moisture Exchanger, Disposable, For use With the Invasive Mechanical Ventilation	N	Y	N	Manual Pricing
A4614	Peak Expiratory Flow Rate Meter, Hand Held	N	Y	N	Manual Pricing
A5200	Percutaneous Catheter/Tube Anchoring Device, Adhesive Skin Attachment	N	Y	N	Manual Pricing
A6200	Composite Dressing, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	N	Y	N	Manual Pricing
A6201	Composite Dressing, Pad Size More Than 16 Sq. In. But Less Than Or Equal to 48 SQ. In., Without Adhesive Border, Each Dressing	N	Y	N	Manual Pricing
A6202	Composite Dressing, Pad Size More Than 48 Sq In., Without Adhesive Border, Each Dressing	N	Y	N	Manual Pricing
A9507	Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Indium IN 111 Capromab Pendetide, Per Dose	N	Y	N	Manual Pricing
A9605	Supply of Therapeutic Radiopharmaceutical, Samarium SM 153 Lexidronamm, 50 MCI	N	Y	N	Manual Pricing
E0785	Implantable Intraspinal (Epidural/Intrathecal) Catheter Used With Implantable Infusion Pump, Replacement	N	Y	N	Manual Pricing
G0108	Diabetes Outpatient Self-Management Training Services, Individual, Per Session	NA	N - Use code Z5021	NA	NA
G0109	Diabetes Self-Management Training Services, Group Session, Per Individual	NA	N - Use code Z5021	NA	NA

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
G0123	Screening Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, Screening By Cytotechnologist Under Physician Supervision	N	Y	N	Manual Pricing
G0124	Screening Cytopathology, Cervical or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, Requiring Interpretation By Physician	N	Y	Global 26 80,81,82	16.10 16.10
G0125	PET Lung Imaging Of Solitary Pulmonary Nodules, Using 2-(Fluorine-18)-Fluoro-2-Deoxy-D-Glucose(FDG), Following CT (71250/71260 or 71270)	N	Y	Global 26 TC 80,81,82	1,527.78 56.26 1,471.52
G0126	PET Lung Imaging of Solitary Pulmonary Nodules, Using 2-(Fluorine-18)-Fluoro-2-Deoxy-D-Glucose (FDG), Following CT (71250/71260 or 71270); Initial Staging of Pathologically Diagnosed Non-Small Cell Lung Cancer	N	Y	Global 26 TC 80,81,82	1,543.26 71.74 1,471.52
G0127	Trimming of Dystrophic Nails, Any Number	N	Y	N	19.88
G0128	Direct (Face-To-Face With Patient) Skilled Nursing Services of a Registered Nurse Provided In A Comprehensive Outpatient Rehabilitation Facility, Each 10 Minutes Beyond The First 5 Minutes	N	Y	80,81,82	7.05
G0130	Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripherhal) (Eg, Radius, Wrist, Heel)	N	Y	Global 26TC 80,81,82	30.36 9.31 21.02
G0131	Computerized Tomography Bone Mineral Density Study, One Or More Sites; Axial Skeleton (Eg, Hips, Pelvis, Spine)	N	Y	26 TC 80,81,82	91.75 10.67 81.04

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
G0132	Computerized Tomography Bone Mineral Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (Eg, Radius, Wrist, Heel)	N	Y	Global 26 TC 80,81,82	30.36 9.31 21.05
G0141	Screening Cytopathology Smears, Cervical Or Vaginal, Performed By Automated System, With Manual Rescreening, Requiring Interpretation by Physician	N	Y	80,81,82	16.10
G0143	Screening Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, With Manual Screening And Rescreening By Cytotechnologist Under Physician Supervision	N	Y	N	Manual Pricing
G0144	Screening Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, With Manual Screening and Computer-Assisted Rescreening By Cytotechnologist Under Physician Supervision	N	Y	N	Manual Pricing
G0145	Screening Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, With Manual Screening And Computer-Assisted Rescreening By Using Cell Selection And Review Under Physician Supervision	N	Y	N	Manual Pricing
G0147	Screening Cytopathology Smears, Cervical Or Vaginal, Performed By Automated System Under Physician Supervision	N	Y	N	Manual Pricing
G0148	Screening Cytopathology Smears, Cervical Or Vaginal, Performed By Automated System With Manual Rescreening	N	Y	N	Manual Pricing

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
J codes are priced on a per-dose basis and include a \$2.90 administration fee.					
J0130	Injection, Abciximab, 10 Mg	N	Y	N	542.92
J0151	Injection, Adenosine, 90 Mg (Not To Be Used To Report Any Adenosine Phosphate Compounds, Instead Use A9270)	N	Y	N	226.65
J0275	Alprostadil Urethral Suppository, Administered Under Direct Physician Supervision, Excludes Self Administration	N	Y	N	25.03
J0285	Injection, Amphotericin B, 50 Mg	N	Y	N	23.15
J0286	Injection, Amphotericin B, Any Lipid Formulation, 50 Mg	N	Y	N	96.23
J0395	Injection, Arbutamine HCL, 1 Mg	N	Y	N	194.90
J0476	Injection, Baclofen, 50 Mcg For Intrathecal Trial	N	Y	N	80.90
J1260	Injection, Dolasetron Mesylate, 1 Mg	N	Y	N	4.40
J1956	Injection, Levofloxacin, 250 Mg	N	Y	N	22.70
J2271	Injection, Morphine Sulfate, 100 Mg	N	Y	N	11.51
J2355	Injection, Oprelvekin, 5 Mg	N	Y	N	228.50
J2792	Injection, RHO D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 IU	N	Y	N	25.23
J2994	Injection, Reteplase, 37.6 Mg (Two Single Use Vials)	N	Y	N	2752.90
J7315	Sodium Hyaluronate, 20 Mg, For Intra Articular Injection	N	Y	N	130.02
J7320	Hylan G-F 20, 16 Mg, For Intra Articular Injection	N	Y	N	209.46
J7513	Daclizumab, Parenteral, 25 Mg	N	Y	N	421.10
J9151	Daunorubicin Citrate, Liposomal Formulation, 10 Mg	N	Y	N	56.65
J9212	Injection, Interferon Alfacon-1 Recombinant, 1Mcg	N	Y	N	6.82
J9310	Rituximab, 100 Mg	N	Y	N	424.25

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
K codes are billable for crossover claims only. Use a corresponding HCPCS code.					
K0456	Hospital Bed, Heavy Duty, Extra Wide, With Any Type Side Rails, With Mattress	N/A	N	N/A	N/A
K0457	Extra Wide/Heavy Duty Commode Chair, Each	N/A	N	N/A	N/A
K0458	Heavy Duty Walker, Without Wheels, Each	N/A	N	N/A	N/A
K0459	Heavy Duty Wheeled Walker, Each	N/A	N	N/A	N/A
K0460	Power Add-On, To Convert Manual Wheelchair To Motorized Wheelchair, Joystick Control	N/A	N	N/A	N/A
K0461	Power Add-On, To Convert Manual Wheelchair To Power Operated Vehicle, Tiller Control	N/A	N	N/A	N/A
L1690	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction And Internal Rotation Control	N	Y	N	Manual Pricing
L1847	Knee Orthosis, Double Upright With Adjustable Joint, With Inflatable Air Support Chamber(s)	N	Y	N	Manual Pricing
L3675	SO, Vest Type Abduction Restrainer, Canvas Webbing Type, Or Equal	N	Y	N	Manual Pricing
L5968	All Lower Extremity Prosthesis, Ankle, Multiaxial Shock Absorbing System	N	Y	N	Manual Pricing
L5975	All Lower Extremity Prosthesis, Combination Single Axis Ankle And Flexible Keel	N	Y	N	Manual Pricing
L5988	All Lower Extremity Prosthesis, Combination Vertical Shock And Multiaxial Rotation/Torsional Force Reducing Pylon	N	Y	N	Manual Pricing
L6693	Upper Extremity Addition, Eternal Locking Elbow, Forearm Counterbalance	N	Y	N	Manual Pricing
L8015	External breast Prosthesis Garment, With Mastectomy Form, Post Mastectomy	N	Y	N	Manual Pricing
L8035	Custom Breast Prosthesis, Post mastectomy, Molded To Patient Model	N	Y	N	Manual Pricing
L8195	Gradient Compression Stocking, Waist Length, 30-40 MMHG, Each	N	Y	N	Manual Pricing

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
P9612	Catheterization For Collection Of Specimen, Single Patient, All Places Of Service	N	Y	N	3.00
Q0160	Factor IX (Antihemophilic Factor, Purified, Non-Recombinant) Per I.U.	N	Y	N	4.04
Q0161	Factor IX (Antihemophilic Factor, Recombinant) Per I.U.	N	Y	N	4.08
Q0163	Diphenhydramine Hydrochloride, 50 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At Time Of Chemotherapy Treatment Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	0.07
Q0164	Prochlorperazine Maleate, 5 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	1.57
Q0165	Prochlorperazine Maleate 10 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	2.40
Q0166	Granisetron hydrochloride, 1 Mg, Oral, FDA Approved prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 24 Hour Dosage Regimen	N	Y	N	42.75
Q0167	Dronabinol, 2.5 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	3.39

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
Q0168	Dronabinol, 5 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	6.77
Q0169	Promethazine Hydrochloride, 12.5 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	0.07
Q0170	Promethazine Hydrochloride, 25 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	0.04
Q0171	Chlorpromazine Hydrochloride, 10 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	0.28
Q0172	Chlorpromazine Hydrochloride, 25 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	0.43
Q0173	Trimethobenzamide Hydrochloride, 250 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	0.46



CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
Q0174	Thiethylperazine Maleate, 10 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	0.54
Q0175	Perphenzaine, 4 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	0.65
Q0176	Perphenzaine, 8 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	0.78
Q0177	Hydroxyzine Pamoate, 25 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	0.21
Q0178	Hydroxyzine Pamoate, 50 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	0.20
Q0179	Ondansetron Hydrochloride, 8 Mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	23.92

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
Q0181	Unspecified Oral Dosage Form, FDA Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An IV Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	N	Y	N	Manual Pricing
Q0183	Dermal Tissue, Of Human Origin, With And Without Other Bioengineered Or Processed Elements, But Without Metabolically Active Elements, Per Square Centimeter	N	Y	N	Manual Pricing
Q0184	Dermal Tissue, Of Human Origin, With Or Without Other Bioengineered Or Processed Elements, With Metabolically Active Elements, Per Square Centimeter	N	Y	N	Manual Pricing
Q0185	Dermal And Epidermal Tissue, Of Human Origin, With Or Without Other Bioengineered Or Processed Elements, With Metabolically Active Elements, Per Square Centimeter	N	Y	N	Manual Pricing
15001	Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Wounds, Burn Eschar, Or Scar (Including Subcutaneous Tissues); Each Additional 100 Sq CM Or Each Additional 1 % of Body Area Of Infants And Children (List Separately In Addition To Code For Primary Procedure)	N	Y	51, 80,81,82	46.78
15351	Application of Allograft, skin;each additional100sq cm(list separately in addition to code for primary procedure.)	N	Y	N	42.49
15401	Application of Xenograft, skin;100 sq cm (list separately in addition to code for primary procedure.)	N	y	N	42.49
27347	Excision Of Lesion of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee	N	Y	50,51,62, 80,81,82, LT, RT	236.16

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
28289	Hallux Rigidus Correction With Cheilectomy, Debridement And Capsular Release Of The First Metatarsophalangeal Joint	N	Y	50,51,62,80,81,82,LT,RT	275.57
15351	Application of Allograft,skin;each additional100sq cm(list separately in addition to code for primary procedure.)	N	Y	N	42.49
15401	Application of Xenograft,skin;100 sq cm (list separately in addition to code for primary procedure.)	N	y	N	42.49
27347	Excision Of Lesion of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee	N	Y	50,51,62,80,81,82,LT,RT	236.16
28289	Hallux Rigidus Correction With Cheilectomy, Debridement And Capsular Release Of The First Metatarsophalangeal Joint	N	Y	50,51,62,80,81,82,LT,RT	275.57
31623	Bronchoscopy; With Brushing Or Protected Brushings	N	Y	51	176.28
31624	Bronchoscopy; With Bronchial Alveolar Lavage	N	Y	51	177.92
31643	Bronchoscopy; With Placement Of Catheter(s) For Intracavitary Radioelement Application	N	Y	51	152.67
32001	Total Lung Lavage (Unilateral)	N	Y	51	218.71
35500	Harvest Of Upper Extremity Vein, One Segment, For Lower Extremity Bypass Procedure (List Separately In Addition To Code For Primary Procedure)	N	Y	50,62,80,81,82,LT,RT	Manual Pricing
35682	Bypass Graft; Autogenous Composite; Two Segments Of Veins From Two Locations (List Separately In Addition To Code For Primary Procedure)	N	Y	50, 62, 80,81,82,LT, RT	315.23
35683	Bypass Graft; Autogenous Composite; Three Or More Segments Of Veins From Two or more Locations (List Separately In Addition To Code For Primary Procedure)	N	Y	50, 62, 80,81,82,LT, RT	364.88

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
36823	Insertion Of Arterial And Venous Cannula(s) For Isolated Extracorporeal Circulation And Regional Chemotherapy Perfusion To An Extremity With Or Without Hyperthermia, With Removal Of Cannula(s) And Repair Of Arteriotomy And Venotomy sites	N	Y	80,81,82	Manual Pricing
36831	Thrombectomy Arteriovenous Fistula Without Revision, Autogenous Or Nonautogenous Dialysis Graft (Separate Procedure)	N	Y	51, 62, 80,81,82	304.97
36833	Revision, Arteriovenous Fistula; with thrombectomy, Autogenous Or Nonautogenous Dialysis Graft (Separate Procedure)	N	Y	51, 62, 80,81,82	471.13
38792	Injection Procedure; for Identification Of Sentinel Node	N	Y	50,51,LT, RT	Manual Pricing
45126	Pelvic Exenteration For Colorectal Malignancy With Proctectomy (With Or Without Colostomy), With Removal Of Bladder and Ureteral Transplantations, And/Or Hysterectomy, Or Cervicectomy, With Or Without Removal Of tube(s),with or without removal of ovary(s), Or any Combination Thereof	N	Y	51,62, 80,81,82	1,507.28
56321	Laparoscopy, Surgical; With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal	N	Y	80,81,82	Manual Pricing
57106	Vaginectomy, Partial Removal Of Vaginal Wall;	N	Y	51,62, 80,81,82	254.45
57107	Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy)	N	Y	51,62, 80,81,82	883.09

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
57109	Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling (Biopsy)	N	Y	51,62, 80,81,82	1,055.49
57111	Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy)	N	Y	51,62, 80,81,82	1,045.91
57112	Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling (Biopsy)	N	Y	51,62, 80,81,82	1,116.75
67220	Destruction Of Localized Lesion Of Choroid (Eg, Choroidal Neovascularization), One Or More Session, Photocoagulation (Laser)	N	Y	50,51,LT, RT	544.74
69990	Use Of Operating Microscope (List Separately In Addition To Code For Primary Procedure)	N	Y	N	155.17
76006	Radiologic Examination, Stress View(s), Any Joint, Stress Applied By A Physician (Includes Comparison Views)	N	Y	80,81,82	14.79
76977	Ultrasound Bone Density Measurement And Interpretation, Peripheral Site(s), Any Method	N	Y	Global 26 TC 80,81,82	31.39 8.53 22.86
77380	Proton Beam Delivery To A Single Treatment Area, Single Port, Custom Block, With Or Without Compensation, With Treatment Set-Up And Verification Images	N	Y	Global 26 TC 80,81,82	Manual Pricing
77381	Proton Beam treatment To One Or two Treatment Areas, Two Or More Ports, Two Or More Custom Blocks,and two or more compensators, With Treatment Set-Up And Verification Images	N	Y	Global 26 TC 80,81,82	Manual Pricing

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
78020	Thyroid Carcinoma Metastases Uptake (List Separately In Addition To Code For Primary Procedure)	N	Y	80,81,82	22.41
78206	Liver Imaging (Spect); With Vascular Flow	N	Y	Global 26 TC 80,81,82	194.66 34.61 160.05
78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection Fraction, With Or Without Quantitative Processing	N	Y	Global 26 TC 80,81,82	195.25 43.42 151.83
78496	Cardiac Blood Pool Imaging, Gated Equilibrium, Single Study, At Rest, With Right Ventricular Ejection Fraction By First Pass Technique (List Separately In Addition To Code For Primary Procedure)	N	Y	Global 26 TC 80,81,82	65.35 19.68 45.67
78588	Pulmonary Perfusion Imaging, Particulate, With Ventilation Imaging, Aerosol, One Or Multiple Projections	N	Y	Global 26 TC 80,81,82	133.46 38.92 94.54
82016	Acylcarnitines; Qualitative, Each Specimen	N	Y	N	19.16
82017	Acylcarnitines; Quantative, Each Specimen	N	Y	N	20.15
82127	Amino Acids; Single, Qualitative, Each Specimen	N	Y	N	19.16
82136	Amino Acids, 2 To 5 Amino Acids, Quantitative, Each Specimen	N	Y	N	20.15
82139	Amino Acids, 6 Or More Amino Acids, Quantitative, Each Specimen	N	Y	N	20.15
82247	Bilirubin; Total	N	Y	N	6.94
82248	Bilirubin; Direct	N	Y	N	6.94
82261	Biotinidase, Each Specimen	N	Y	N	20.15
82379	Carnitine (Total And Free), Quantitative, Each Specimen	N	Y	N	20.15

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
82492	Chromatography, Quantitative, Column ( Eg, Gas Liquid Or HPLC); Multiple Analytes, Single Stationary And Mobile Phase	N	Y	N	24.08
82541	Column Chromatography/Mass Spectrometry (Eg, GC/MS, Or HPLC/MS), Analyte Not Elsewhere Specified; Qualitative, Single Stationary And Mobile Phase	N	Y	N	24.08
82542	Column Chromatography/Mass Spectrometry (Eg, GC/MS, Or HPLC/MS), Analyte Not Elsewhere Specified; Quantitative, Single Stationary And Mobile Phase	N	Y	N	24.08
82543	Column Chromatography/Mass Spectrometry (Eg, GC/MS, Or HPLC/MS),analyte not elsewhere specified; stable isotope dilution,single analyte,quantitative,single stationary and mobile phase	N	Y	N	24.08
82544	Column Chromatography/Mass Spectrometry (Eg, GC/MS, Or HPLC/MS),analyte not elsewhere specified; stable Isotope Dilution, Multiple Analytes, Quantitative, Single Stationary And Mobile Phase	N	Y	N	24.08
82657	Enzyme Activity In Blood Cells, Cultured Cells, Or Tissue, Not Elsewhere Specified; Nonradioactive Substrate, Each Specimen	N	Y	N	24.08
82658	Enzyme Activity In Blood Cells, Cultured Cells, Or Tissue, Not Elsewhere Specified; Radioactive Substrate, Each Specimen	N	Y	N	24.08
82726	Very Long Chain Fatty Acids	N	Y	N	24.08
82731	Fetal Fibronectin, Cervicovaginal Secretions, Semi-Quantitative	N	Y	N	20.83
83013	Helicobacter Pylori, Breath Test Analysis;	N	Y	N	88.80
83014	Helicobacter Pylori, Breath Test Analysis; Drug Administration And Sample Collection	N	Y	N	10.86

<b>CPT/HCPC Code</b>	<b>Description</b>	<b>PA Required</b>	<b>Coverage</b>	<b>Modifiers</b>	<b>Rate</b>
83021	Hemoglobin Fractionation And Quantitation; Chromotography (Eg, A2, S, C, And/Or F)	N	Y	N	24.08
83080	B-Hexosaminidase, Each Assay	N	Y	N	20.15
83716	Lipoprotein, Blood; High Resolution Fractionation And Quantitation Of Lipoprotein Cholesterols (Eg, Electrophoresis, Nuclear Magnetic Resonance, Ultracentrifugation)	N	Y	N	22.38
83788	Mass Spectrometry And Tandem Mass Spectrometry (MS, MS/MS), Analyte Not Elsewhere Specified; Qualitative, Each Specimen	N	Y	N	24.08
83789	Mass Spectrometry And Tandem Mass Spectrometry (MS, MS/MS), Analyte Not Elsewhere Specified; Quantitative, Each Specimen	N	Y	N	24.08
83891	Molecular Diagnostics; Isolation Or Extraction Of Highly Purified Nucleic Acid	N	Y	N	5.54
83893	Molecular Diagnostics; Dot/Slot blot Production	N	Y	N	5.54
83897	Molecular Diagnostics; Nucleic Acid Transfer ( Eg, Southern, Northern)	N	Y	N	5.54
83901	Molecular Diagnostics; Amplification Of Patient Nucleic Acid, Multiplex, Each Multiplex Reaction	N	Y	N	23.17
83903	Molecular Diagnostics; Mutation Scanning, By Physical Properties ( Eg, Single Strand Conformational Polymorphisms (SSCP), Heteroduplex, Denaturing Gradient Gel Electrophoresis (DGGE), RNA +ASE A), Single Segment, Each	N	Y	N	23.17
83904	Molecular Diagnostics; Mutation Identification By Sequencing, Single Segment, Each Segment	N	Y	N	23.17
83905	Molecular Diagnostics; Mutation Identification By Allele Specific Transcription, Single Segment, Each Segment	N	Y	N	23.17



<b>CPT/HCPC Code</b>	<b>Description</b>	<b>PA Required</b>	<b>Coverage</b>	<b>Modifiers</b>	<b>Rate</b>
83906	Molecular Diagnostics; Mutation Identification By Allele Specific Translation, Single Segment, Each Segment	N	Y	N	23.17
83919	Organic Acids; Qualitative, Each Specimen	N	Y	N	22.75
84154	Prostate Specific Antigen (PSA); Free	N	Y	N	25.42
84376	Sugars (Mon-, DI, And Oligosaccharides); Single Qualitative, Each Specimen	N	Y	N	3.24
84377	Sugars (Mon-, DI, And Oligosaccharides); Multiple Qualitative, Each Specimen	N	Y	N	3.24
84378	Sugars (Mon-, DI, And Oligosaccharides); Single Quantitative, Each Specimen	N	Y	N	8.24
84379	Sugars (Mon-, DI, And Oligosaccharides); Multiple Quantitative, Each Specimen	N	Y	N	8.24
85046	Blood Count; Reticulocytes, Hemoglobin Concentration	N	Y	N	7.72
88143	Cytopathology, Cervical Or Vaginal (Any Reporting System) Collected In Preservative Fluid, Automated Thin Layer Preparation; With Manual Screening And Rescreening Under Physician Supervision	N	Y	N	Manual Pricing
88144	Cytopathology, Cervical Or Vaginal (Any Reporting System) Collected In Preservative Fluid, Automated Thin Layer Preparation; With Manual Screening And Computer-Assisted Rescreening Under Physician Supervision	N	Y	N	Manual Pricing
88145	Cytopathology, Cervical Or Vaginal (Any Reporting System) Collected In Preservative Fluid, Automated Thin Layer Preparation; With Manual Screening And Computer-Assisted Rescreening Using Cell Selection And Review Under Physician Supervision	N	Y	N	Manual Pricing

<b>CPT/HCPC Code</b>	<b>Description</b>	<b>PA Required</b>	<b>Coverage</b>	<b>Modifiers</b>	<b>Rate</b>
88147	Cystopathology, Smears, Cervical Or Vaginal; Screening By Automated System Under Physician Supervision	N	Y	N	Manual Pricing
88148	Cytopathology Smears, Cervical Or Vaginal; Screening By Automated System With Manual Rescreening	N	Y	N	Manual Pricing
88153	Cytopathology Slides, Cervical Or Vaginal; With Manual Screening And Rescreening Under Physician Supervision	N	Y	N	7.15
88154	Cytopathology Slides, Cervical Or Vaginal; With Manual Screening And Computer Assisted Rescreening Using Cell Selection And Review Under Physician Supervision	N	Y	N	7.15
88164	Cytopathology Slides, Cervical Or Vaginal; (The Bethesda System); Manual Screening Under Physician Supervision	N	Y	N	7.15
88165	Cytopathology Slides, Cervical Or Vaginal (the Bethesda system); With Manual Screening And Rescreening Under Physician Supervision	N	Y	N	7.15
88166	Cytopathology Slides, Cervical Or Vaginal (the Bethesda system); With Manual Screening And Computer Assisted Rescreening Under Physician Supervision	N	Y	N	7.15
88167	Cytopathology Slides, Cervical Or Vaginal(the Bethesda system); With Manual Screening And Computer - Assisted Rescreening Using Cell Selection And Review Under Physician Supervision	N	Y	N	7.15
88240	Cryopreservation, Freezing And Storage Of Cells, Each Cell Line	N	Y	N	13.96
88241	Thawing And Expansion Of Frozen Cells, Each Aliquot	N	Y	N	13.96
88249	Chromosome Analysis For Breakage Syndrome; Score 100 Cells Clastogen Stress (Eg, Diepoxybutane, Mitomycin C, Ionizing Radiation, UV Radiation)	N	Y	N	239.32

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
88264	Chromosome Analysis; Analyze 20-25 Cells	N	Y	N	172.25
88271	Molecular Cytogenetics; DNA Probe, Each ( Eg, Fish)	N	Y	N	Manual Pricing
88272	Molecular Cytogenetics; Chromosomal In Situ Hybridization, Analyze 3-5 Cells (Eg, For Derivatives And Markers)	N	Y	N	Manual Pricing
88273	Molecular Cytogenetics; Chromosomal In Situ Hybridization, Analyze 10-30 Cells (Eg, For Microdeletions)	N	Y	N	Manual Pricing
88274	Molecular Cytogenetics; Interphase In Situ Hybridization, Analyze 25-99 Cells	N	Y	N	Manual Pricing
88275	Molecular Cytogenetics; Interphase In Situ Hybridization, Analyze 100-300 Cells	N	Y	N	Manual Pricing
88291	Cytogenetics And Molecular Cytogenetics, Interpretation And Report	N	Y	80,81,82	20.16
89264	Sperm Identification From Testis Tissue, Fresh Or Cryopreserved	N	N	N	Manual Pricing
Immunization codes are priced on a per dose basis and include the \$2.90 administration fee; however, codes 90291 and 90379 do not include an administration fee.					
90281	Immune Globulin (IG), Human, For Intramuscular Use	N	Y	N	NA*
90283	Immune Globulin (IGIV), Human, For Intravenous Use	N	Y	N*	NA*
90287	Botulism Antitoxin, Equine, Any Route. Currently distributed by the CDC at no charge to the provider. (Not a VFC vaccine).	N	Y	N	2.90
90288	Botulism Immune Globulin, Human, For Intravenous Use	N	Y	N	Manual Pricing
90291	Cytomegalovirus Immune Globulin (CMV-IGIV), Human, For Intravenous Use. This agent is to be administered by infusion. Bill 1 unit for each ml. This code does not include an administration fee. Code 90780 may also be billed for IV infusion.	N	Y	N	10.23 per ml dose

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
90296	Diphtheria Antitoxin, Equine, Any Route	N	N – Not FDA approved	N	N/A
90371	Hepatitis B Immune Globulin (HBIG), Human, For Intramuscular Use	N	Y	N	133.30 per ml dose
90375	Rabies Immune Globulin (RIG), Human, For Intramuscular And/Or Subcutaneous Use	N	Y	N	77.12 per ml dose
90376	Rabies Immune Globulin, Heat Treated(RIG-HT), Human, For Intramuscular And/Or Subcutaneous Use	N	Y	N	73.53 per ml dose
90379	Respiratory Syncytial Virus Immune Globulin (RSV-IGIV), Human, For Intravenous Use  This agent is to be administered by infusion. Bill 1 unit for each ml. This code does not include an administration fee. Code 90780 may also be billed for IV infusion.	N	Y	N	14.35 per ml dose
90384	RHO(D) Immune Globulin(RHIG), Human Full-Dose, For Intramuscular Use	N	Y	N	88.90 per single use vial
90385	RHO(D) Immune Globulin(RHIG), Human, Mini-Dose, For Intramuscular Use	N	Y	N	39.90 per single use vial
90386	RHO(D) Immune Globulin (RHIGIV), Human, For Intravenous Use	N	Y	N	64.10 per 300 IU's dose
90389	Tetanus Immune Globulin (TIG), Human, For Intramuscular Use	N	Y	N	102.90 per 250 units dose
90393	Vaccinia Immune Globulin, Human, For Intramuscular Use	N	Y	N	2.90

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
90396	Varicella-Zoster Immune Globulin, Human, For Intramuscular Use	N	Y	N	127.90 per 125 units dose
90399	Unlisted Immune Globulin	N	Y	N	Manual Pricing
90471	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Intramuscular And Jet Injections And/Or Intranasal Or Oral Administration); Single Or Combination Vaccine/Toxoid	N	<b>N - The administration fee is included in the reimbursement rate for the injection</b>	N	N/A
90472	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Intramuscular And Jet Injections And/Or Intranasal Or Oral Administration); Two Or More Single Or Combination Vaccines/Toxoids	N	<b>N - The administration fee is included in the reimbursement rate for the injection</b>	N	N/A
90476	Adenovirus Vaccine, Type 4, Live, For Oral Use	N	<b>N - manufactured for military use only</b>	N	N/A
90477	Adenovirus Vaccine, Type 7, Live, For Oral Use	N	<b>N - manufactured for military use only</b>	N	N/A
90581	Anthrax Vaccine, For Subcutaneous Use	N	Y	N	81.90 per 0.5 ml dose
90585	Bacillus Calmette-Guerin Vaccine (BCG) For Tuberculosis, Live, For Percutaneous Use	N	Y	N	157.04 per single dose vial

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
90586	Bacillus Calmette-Guerin Vaccine (BCG) For Bladder Cancer, Live, For Intravesical Use	N	Y	N	178.15 per single dose vial
90592	Cholera Vaccine, Live, For Oral Use	N	Y	N	NA*
90632	Hepatitis A Vaccine, Adult Dosage, For Intramuscular Use	N	Y	N	62.35 per 1440 unit single dose vial
90633	Hepatitis A Vaccine, Pediatric/Adolescent Dosage-2 Dose Schedule, For Intramuscular Use	N	Y	N	32.65 per 720 unit single dose vial
90634	Hepatitis A Vaccine, Pediatric/Adolescent Dosage-3 Dose Schedule, For Intramuscular Use	N	Y	N	23.30 per 360 unit single dose vial
90636	Hepatitis A And Hepatitis B Vaccine (HEPA-HEPB), Adult Dosage, For Intramuscular Use	N	Y	N	NA*
90645	Hemophilus Influenza b Vaccine(HIB), HBOC Conjugate (4 Dose Schedule), For Intramuscular Use	N	Y	N	25.84 per 0.5 ml dose
90646	Hemophilus Influenza B Vaccine (HIB), PRP-D Conjugate, For Booster Use Only, Intramuscular Use	N	Y	N	26.95 per 0.5 ml single dose vial
90647	Hemophilus Influenza B Vaccine(HIB), PRP-OManual Pricing Conjugate (3 Dose Schedule), For Intramuscular Use	N	Y	N	47.44 per 0.5 ml dose

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
90648	Hemophilus Influenza B Vaccine(HIB), PRP-T Conjugate (4 Dose Schedule), For Intramuscular Use	N	Y	N	20.71 per single dose
90657	Influenza Virus Vaccine, Split Virus, 6-35 Months Dosage, For Intramuscular Or Jet Injection Use	N	Y	N	4.65 per 0.25 ml dose
90658	Influenza Virus Vaccine, Split Virus, 3 Years And Above Dosage, For Intramuscular Or Jet Injection Use	N	Y	N	6.40 per 0.5 ml dose
90659	Influenza Virus Vaccine, Whole Virus, For Intramuscular Or Jet Injection Use	N	Y	N	6.29 per 0.5 ml dose
90660	Influenza Virus Vaccine, Live, For Intranasal Use	N	Y	N	NA*
90665	Lyme Disease Vaccine, Adult Dosage, For Intramuscular Use	N	Y	N	NA*
90669	Pneumococcal Conjugate Vaccine, Polyvalent, For Intramuscular Use	N	Y	N	14.31 per 0.5 ml dose
90675	Rabies Vaccine, For Intramuscular Use	N	Y	N	148.40 per 2.5 unit single dose vial
90676	Rabies Vaccine, For Intradermal Use	N	Y	N	74.90 per 0.25 IU's dose
90680	Rotavirus Vaccine, Tetravalent, Live, For Oral Use	N	Y	N	48.25 per single dose vial

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
90690	Typhoid Vaccine, Live, Oral	N	Y	N	37.70 per 4 pak foil blister
90691	Typhoid Vaccine, VI Capsular Polysaccharide (VICPS), For Intramuscular Use	N	Y	N	38.66 per 0.5 ml dose
90692	Typhoid Vaccine, Heat-And Phenol-Inactivated (H-P), For Subcutaneous Or Intradermal Use	N	Y	N	3.38 per 0.25 ml dose
90693	Typhoid Vaccine, Acetone-Killed, Dried (AKD), For Subcutaneous Or Jet Injection Use (U.S. Military)	N	Y	N	NA*
92135	Scanning Computerized Ophthalmic Diagnostic Imaging (Eg, Scanning Laser) With Interpretation And Report, Unilateral	N	Y	Global TC 26	22.94 8.17 14.77
93571	Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress; Initial Vessel (List Separately In Addition To Code For Primary Procedure)	N	Y	Global TC 26 80,81,82	194.68 68.96 125.72
93572	Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress; Each Additional Vessel (List Separately In Addition To Code For Primary Procedure)	N	Y	Global TC 26 80,81,82	179.45 55.35 124.09
94014	Patient Initiated Spirometric Recording, Per 30 Day Period Of Time; Includes Reinforced Education Transmission Of Spirometric Tracing, Data Capture, Analysis Of Transmitted Data, Periodic Recalibration And Physician Review And Interpretation	N	Y	Global TC 26 80,81,82	31.48 20.05 11.43



CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
94015	Patient Initiated Spirometric Recording, Per 30 Day Period Of Time; Recording (Includes Hook-Up, Reinforced Education, Data Transmission, Data Capture, Trend Analysis, and Periodic Recalibration)	N	Y	Global TC 26	Manual Pricing
94016	Patient Initiated Spirometric Recording Per 30 Day Period Of Time; Physician Review And Interpretation Only	N	Y	80,81,82	20.35
94621	Pulmonary Stress Testing; Complex (Including Measurements Of CO2 Production, O2 Uptake, And Electrocardiographic Recordings)	N	Y	Global TC 26 80,81,82	71.50 32.25 39.24
95970	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability Output Modulation, Cycling, Impedance And Patient Compliance Measurements); Simple Or Complex Neurostimulator Pulse Generator, Without Reprogramming	N	Y	80,81,82	17.05
95971	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability Output Modulation, Cycling, Impedance And Patient Compliance Measurements); Simple Neurostimulator Pulse Generator, With Intraoperative Or Subsequent Programming	N	Y	80,81,82	28.64

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
95972	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability Output Modulation, Cycling, Impedance And Patient Compliance Measurements); Complex Brain Or Spinal Cord Neurostimulator Pulse Generator/Transmitter, With Intraoperative Subsequent Programming, First Hour	N	Y	80,81,82	53.74
95973	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability Output Modulation, Cycling, Impedance And Patient Compliance Measurements); Complex Brain Or Spinal Cord Neurostimulator Pulse Generator/Transmitter, With Intraoperative Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure)	N	Y	80,81,82	33.60
95974	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability Output Modulation, Cycling, Impedance And Patient Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, with Or Without Nerve Interface Testing, First Hour	N	Y	80,81,82	110.30

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
95975	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability Output Modulation, Cycling, Impedance And Patient Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure)	N	Y	80,81,82	65.05
97140	Manual Therapy Techniques (Eg, Mobilization/Manipulation, Manual Lymphatic Drainage, Manual Traction), One Or More Regions, Each 15 Minutes	N	Y	80,81,82	17.01
99298	Subsequent Neonatal Intensive Care, Per Day For The Evaluation And Management Of The Recovering Very Low Birth Weight Infant (Less Than 1500 Grams) Very Low Birth Neonates Who Are No Longer Critically Ill Continue To Require Intensive Cardiac And Respiratory Monitoring, Continuous And/Or Frequent Vital Sign Monitoring, Heat Maintenance, Enteral And/Or Parenteral Nutritional Adjustments, Laboratory And Oxygen Monitoring And Constant Observation By The Health Care Team Under Direct Physician Supervision, Neonates Of This Level Of Care Would Be Expected To Require Infrequent Changes In Respiratory, Cardiovascular And/Or Fluid And Electrolyte Therapy As Those Induced Under 99296 Or 99297. This Code Encompasses Intensive Care Provided On Days Subsequent To The Admission Date	N	Y	80,81,82	105.87

\*NA The vaccine for these codes is not yet available. When the vaccine is available and pricing information becomes available, rates for these codes will be established and the provider community will be notified via the banner message sent with remittance advice notices.

## 1999 MODIFIERS

Table 1.2 Modifiers for 1999

MODIFIER	DESCRIPTION
G6	ESRD patient For Whom Less Than Six Dialysis Sessions Have Been Provided In A Month
GH	Diagnostic Mammogram Converted From Screening Mammogram On Same Day
GJ	"OPT OUT" Physician Or Practitioner Emergency Or Urgent Service
GN	Service Delivered Personally By A Speech-Language Pathologist Or Under An Outpatient Speech-Language Pathology Plan Of Care
GO	Service Delivered Personally By An Occupational Therapist Or Under An Outpatient Occupational Therapy Plan Of Care
GP	Service Delivered Personally by A Physical Therapist Or Under An Outpatient Physical Therapy Plan Of Care
GT	Via Interactive Audio And Video Telecommunication Systems
GX	Service Not Covered By Medicare
KS	Glucose Monitor Supply For Diabetic Beneficiary Not Treated With Insulin
QL	Patient Pronounced Dead After Ambulance Called
QY	Anesthesiologist Medically Directs One CRNA
73	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior To The Administration Of Anesthesia: Due To Extenuating Circumstances Or Those That Threaten The Well Being Of The Patient, The Physician May Cancel A Surgical Or Diagnostic Procedure Subsequent To The Patient's Surgical Preparation (Including Sedation When provided, And Being Taken To The Room Where The Procedure Is To Be Performed), But Prior To The Administration Of Anesthesia (Local, Regional Block(s), Or General). Under These Circumstances, The Intended Service That Is Prepared For But Cancelled Can Be Reported by Its Usual Procedure Number And The Addition Of the Modifier -73 Or By Use Of The Service Prior To The Administration Of Anesthesia And/Or Surgical Preparation Of The patient Should Not Be Reported. For Physician Reporting A Discontinued Procedure, See Modifier -53.

MODIFIER	DESCRIPTION
74	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration Of Anesthesia: Due To Extenuating Circumstances Or Those That Threaten The Well Being Of The Patient, The Physician May Terminate A Surgical Or Diagnostic Procedure, After The Administration Of Anesthesia (Local, Regional Block(s), General) Or After The Procedure Was Started (Incision Made, Intubation Started, Scope Inserted, ETC). Under These Circumstances, The Procedure Started But Terminated Can Be Reported By Its usual Procedure Number And The Addition Of The Modifier - 74 Or By Use Of the Separate Five Digit Modifier Code 09974. Note: The Elective Cancellation Of A Service Prior To The Administration Of Anesthesia And/Or Surgical Preparation Of The Patient Should Not Be Reported. For Physician Reporting Of A Discontinued Procedure, See Modifier -53.

## 1999 DELETED CODES/MODIFIERS

Providers will have 45 days from the date of this bulletin to use deleted codes and modifiers. Claims submitted with dates of service on or after May 17, 1999, with deleted codes and modifiers will be denied.

Table 1.3 Deleted Codes and Modifiers for 1999

DELETED CODE	TO REPORT, USE
AK	
AL	
AN	
AU	
AV	
AW	
AY	
20	Use the appropriate microsurgery code.
G0133	
K0453	
L4310	
L4320	
L4390	
M0101	
P9014	
P9015	
P9610	
Q0159	
Q0162	
Q0182	
11731	
16040	
16041	
16042	
57108	57106
61106	
61130	
61712	69990

DELETED CODE	TO REPORT, USE
63690	
63691	
64830	69990
71038	31628
74405	74400,74410 or 74415
78017	78018
82130	82131,82136 or 82139
82250	82248 (direct)+ or 82247(total)
83019	83013,83014
83717	83716
85029	85021-85027
85030	85021-85027
88156	88164
88157	88141
88158	88166
88250	88248
88260	88261
90711	90710
90714	90690-90693
90724	90657-90660
90726	90675,90676
90728	90585,90586
90730	90632-90634
90737	90645-90648
90741	90281-90283
90742	90287-90399
97122	97140
97250	97140
97260	97140
97261	97140
97265	97140