

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201247

NOVEMBER 20, 2012



CPT[®] codes 92071/92072 linked to provider specialty 180 – optometrist

Effective December 20, 2012, for dates of service on or after November 1, 2012, Current Procedural Terminology (CPT[®]) codes 92071 – *Fitting of contact lens for treatment of ocular surface disease* and 92072 – *Fitting of contact lens for management of keratoconus, initial fitting* will be linked to provider specialty 180 – optometrist. Beginning December 20, 2012, If you are enrolled as provider specialty 180, you may bill CPT codes 92071 and 92072 for dates of service on or after November 1, 2012. Claims for these codes and service dates submitted before December 20, 2012, that deny may be resubmitted for reimbursement consideration. The provider [Code Sets](#) on indianamedicaid.com

have been updated to reflect this provider type and procedure code linkage.

¹ CPT copyright 2010 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

MORE IN THIS ISSUE

- [Changes to CRNA coding and billing](#)

IHCP publications go green!

The Indiana Health Coverage Programs (IHCP) now offers a printer-friendly option for printing copies of publications. In response to requests from the provider community, at the end of all publications, you will find [a link to a PDF](#) that will print in black and white without graphics – saving you ink and money.

The IHCP announces changes to CRNA coding and billing

The Indiana Health Coverage Programs (IHCP) has reviewed and updated the Current Procedural Terminology (CPT) codes for which certified registered nurse anesthetists (CRNAs) can bill. CRNAs are allowed to bill using the CPT anesthesia codes 00100-01999, as well as the other CPT codes identified in the following tables. The CPT codes in Table 1 indicate procedure codes that CRNAs are allowed to bill beginning with dates of service on or after January 1, 2013. The CPT codes in Table 2 indicate procedure codes currently billable by CRNAs that will continue as billable codes. Procedure codes that do not appear on one of these two tables are no longer billable by CRNAs, effective for dates of service on or after January 1, 2013. Please refer to [Chapter 8](#) of the *IHCP Provider Manual* for complete CRNA billing instructions.

Table 1 – Procedure codes billable by CRNAs for dates of service on or after January 1, 2013

CPT code	Description
00211	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma
00326	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age
00529	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation
00539	Anesthesia for tracheobronchial reconstruction
00561	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age
00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator
00625	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation
00626	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral
01173	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum
01710	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified
01744	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus
01829	Anesthesia for diagnostic arthroscopic procedures on the wrist
01935	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic

[Continue](#)

Table 1 – Procedure codes billable by CRNAs for dates of service on or after January 1, 2013

CPT code	Description
01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic
01958	Anesthesia for external cephalic version procedure
01965	Anesthesia for incomplete or missed abortion procedures
01966	Anesthesia for induced abortion procedures
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); prone position
01996	Daily hospital management of epidural or subarachnoid continuous drug administration
20551	Injection(s): single tendon origin/insertion
20552	Injection(s): single or multiple trigger point(s), 1 or 2 muscle(s)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
36555 AA	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
36556 AA	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
62263	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

[Continue](#)

Table 1 – Procedure codes billable by CRNAs for dates of service on or after January 1, 2013

CPT code	Description
62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)
64447	Injection, anesthetic agent; femoral nerve, single
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level)
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64517	Injection, anesthetic agent; superior hypogastric plexus
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93503	Insertion and placement of flow directed catheter (e.g., Swan-Ganz) for monitoring purposes
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)

[Continue](#)

Table 2 – Procedure codes currently billable by CRNAs that continue to be billable

CPT code	Description
00100-01999	Anesthesia Codes (except for individual codes within this code range that are listed on Table 1)
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (e.g., fingers, toes)
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)
31500	Intubation, endotracheal, emergency procedure
36000	Introduction of needle or intracatheter into a vein
36010	Introduction of catheter, superior or inferior of vena cava
36011	Selective catheter placement, venous system; first order branch (e.g., renal vein, jugular vein)
36012	Selective catheter placement, venous system; second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)
36013	Introduction of catheter, right heart or main pulmonary artery
36014	Selective catheter placement left right pulmonary artery
36015	Selective catheter placement, segmental or subsegmental pulmonary artery
36400	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein
36405	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein
36406	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein
36410	Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415	Collection of venous blood by venipuncture
36420	Venipuncture, cutdown; younger than age 1 year
36425	Venipuncture, cutdown; age 1 and over
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn
36600	Arterial puncture, withdrawal of blood for diagnosis

[Continue](#)

Table 2 – Procedure codes currently billable by CRNAs that continue to be billable

CPT code	Description
36620 AA	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36625 AA	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown
36660	Catheterization of umbilical artery, newborn, for diagnosis or therapy
36680	Placement of needle for intraosseous infusion
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); gasserian ganglion
62273	Injection, epidural, of blood or clot patch
62280	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch
64402	Injection, anesthetic agent; facial nerve
64405	Injection, anesthetic agent; greater occipital nerve
64408	Injection, anesthetic agent; vagus nerve
64410	Injection, anesthetic agent; phrenic nerve
64412	Injection, anesthetic agent; spinal accessory nerve
64413	Injection, anesthetic agent; cervical plexus
64415	Injection, anesthetic agent; brachial plexus, single
64417	Injection, anesthetic agent, axillary nerve
64418	Injection, anesthetic agent; suprascapular nerve
64420	Injection, anesthetic agent; intercostals nerve, single
64421	Injection, anesthetic agent; intercostals nerves, multiple, regional block

[Continue](#)

Table 2 – Procedure codes currently billable by CRNAs that continue to be billable

CPT code	Description
64425	Injection, anesthetic agent, ilioinguinal, iliohypogastric nerves
64430	Injection, anesthetic agent, pudendal nerve
64435	Injection, anesthetic agent; paracervical (uterine) nerve
64445	Injection, anesthetic agent, sciatic nerve; single
64450	Injection, anesthetic agent, other peripheral nerve or branch
64505	Injection, anesthetic agent; sphenopalatine ganglion
64508	Injection, anesthetic agent; carotid sinus (separate procedure)
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)
64613	Chemodenervation of muscle(s); neck muscle(s) (e.g., for spasmodic torticollis, spasmodic dysphonia)
64620	Destruction by neurolytic agent; intercostals nerve
64630	Destruction by neurolytic agent; pudendal nerve
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com. To receive email notices of future IHCP publications, [subscribe](#) to IHCP E-mail Notifications.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.