



INDIANA MEDICAID UPDATE

June 19, 1998

TO: All Indiana Medicaid Providers

SUBJECT: New 1998 HCPCS Codes

The purpose of this bulletin is to introduce the new 1998 HCPCS codes that have been added to the IndianaAIM claims processing system. The HCPCS 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 note that the following codes are effective for dates of service on or after January 1, 1998. Additionally, it should be noted that the standard global billing procedures and edits apply when utilizing the new codes. EDS recognizes the same deleted HCPCS codes that Medicare does; 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 with dates of service on or after 08/15/98 with deleted codes and modifiers will be denied.

1998 HCPCS

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

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
A4462	Abdominal Dressing Holder/Binder, Each	N	Y	N/A	3.13
A9502	Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Technetium TC99M Tetrofosmin, Per Unit Dose	N	Y	N/A	Manual
A9600	Supply Of Therapeutic Radiopharmaceutical, Strontium-89 Chloride, Per MCI	N	Y	N/A	Manual
E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress	Y	Y	N/A	423.95

CPT/HCPC Code	Description	Required	Coverage		Rate
E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Y	Y	RR	514.44
E0373	Nonpowered Advanced Pressure Reducing Mattress	Y	Y	RR	586.09
E0855	Cervical Traction Equipment Not Requiring Additional Stand Or Frame	Y	Y	NU; RR	NU 479.42 RR 47.94
G0101	Cervical Or Vaginal Cancer Screening; Pelvic And Clinical Breast Examination (Please use equivalent CPT Evaluation & Management Code.)	N/A	N	N/A	N/A
G0104	Colorectal Cancer Screening; Flexible Sigmoidoscopy (Please use procedure code 45330.)	N/A	N	N/A	N/A
G0105	Colorectal Cancer Screening; Colonoscopy On Individual At High Risk (Please use procedure code 45378.)	N/A	N	N/A	N/A
G0106	Colorectal Cancer Screening; Alternative To G0104, Screening Sigmoidoscopy, Barium Enema (Please use procedure code 74270 or 74280.)	N/A	N	N/A	N/A
G0107	Colorectal Cancer Screening; Fecal-Occult Blood Test, 1-3 Simultaneous Determinations (Please use procedure code 82770.)	N/A	N	N/A	N/A
G0110	Nett Pulm-Rehab; Education/Skills Training, Individual **405 IAC 5-29-1 Section 1. The following services are not covered by Medicaid: 26 (E) Formalized and predesigned rehabilitation programs, including but not limited to the following: (i)Pulmonary (ii) Cardiovascular (iii)Work hardening or strengthening	N/A	N	N/A	N/A
G0111	Nett Pulm-Rehab; Education/Skills Training, Group **405 IAC 5-29-1 Section 1. The following services are not covered by Medicaid: 26 (E) Formalized and predesigned rehabilitation programs, including but not limited to the following: (i)Pulmonary (ii) Cardiovascular (iii)Work hardening or strengthening	N	N	N/A	N/A

CPT/HCPC	Description	PA	Coverage	Modifiers	
G0112	Nett Pulm-Rehab; Nutritional Guidance, Initial **405 IAC 5-29-1 Section 1. The following services are not covered by Medicaid: 26 (E) Formalized and predesigned rehabilitation programs, including but not limited to the following: (i)Pulmonary (ii) Cardiovascular (iii)Work hardening or strengthening	N	N	N/A	N/A
G0113	Nett Pulm-Rehab; Nutritional Guidance, Subsequent **405 IAC 5-29-1 Section 1. The following services are not covered by Medicaid: 26 (E) Formalized and predesigned rehabilitation programs, including but not limited to the following: (i)Pulmonary (ii) Cardiovascular (iii)Work hardening or strengthening	N	N	N/A	N/A
G0114	Nett Pulm-Rehab; Psychosocial Consultation **405 IAC 5-29-1 Section 1. The following services are not covered by Medicaid: 26 (E) Formalized and predesigned rehabilitation programs, including but not limited to the following: (i)Pulmonary (ii) Cardiovascular (iii)Work hardening or strengthening	N	N	N/A	N/A
G0115	Nett Pulm-Rehab; Psychological Testing*405 IAC 5-29-1 Section 1. The following services are not covered by Medicaid: 26 (E) Formalized and predesigned rehabilitation programs, including but not limited to the following: (i)Pulmonary (ii) Cardiovascular (iii)Work hardening or strengthening	N	N	N/A	N/A
G0116	Nett Pulm-Rehab; Psychosocial Counseling **405 IAC 5-29-1 Section 1. The following services are not covered by Medicaid: 26 (E) Formalized and predesigned rehabilitation programs, including but not limited to the following: (i)Pulmonary (ii) Cardiovascular (iii)Work hardening or strengthening	N	N	N/A	N/A
G0120	Colorectal Cancer Screening; Alternative To G0105, Screening Colonoscopy, Barium Enema (Please use procedure code 74270 or 74280.)	N/A	N	N/A	N/A
G0121	Colorectal Cancer Screening; Colonoscopy On Individual Not Meeting Criteria For High Risk (Please use procedure code 45378.)	N/A	N	N/A	N/A
G0122	Colorectal Cancer Screening; Barium Enema (Please use procedure code 74270 or 74280.)	N/A	N	N/A	N/A

Code	Description	Required	Coverage		Rate
J0207	Injection, Amifostine, 500 MG	N	Y	N/A	325.82
J0735	Injection, Clonidine Hydrochloride, 1 MG	N	Y	N/A	53.90
J0740	Injection Cidofovir, 375 MG	N	Y	N/A	729.95
J1325	Injection, Epoprostenol, 0.5MG	N	Y	N/A	19.48
J1565	Injection, Respiratory Syncytial Virus Immune Globulin, Intravenous, 50 MG	N	Y	N/A	16.13
J1626	Injection, Granisetron Hydrochloride, 100 MCG	N	Y	N/A	20.64
J1742	Injection, Ibutilide Fumarate, 1 MG	N	Y	N/A	183.70
J1825	Injection, Interferon Beta-1A, 33 MCG	N	Y	N/A	237.20
J9170	Docetaxel, 20 MG	N	Y	N/A	273.73
J9201	Gemcitabine HCL, 200 MG	N	Y	N/A	82.00
J9206	Irinotecan, 20 MG	N	Y	N/A	105.11
J9350	Topotecan, 4 MG	N	Y	N/A	532.20
J9600	Porfimer Sodium, 75 MG	N	Y	N/A	2473.49
	K Codes are Currently Non-Billable				
K0453	Injection, Amphotericin B, 50 MG	N/A	N*	N/A	N/A
K0455	Infusion Pump Used For Uninterrupted Administration Of Epoprostenol	N/A	N*	N/A	N/A
K0501	Aerosol Compressor, Battery Powered, For Use With Small Volume Nebulizer	N/A	N*	N/A	N/A
K0503	Acetylcysteine, Inhalation solution Administered Through DME, Unit Dose Form, Per Gram	N/A	N*	N/A	N/A
K0504	Albuterol, Inhalation Solution Administered Through DME, Concentrated Form, Per Milligram	N/A	N*	N/A	N/A
K0505	Albuterol, Inhalation Solution Administered Through DME, Unit Dose Form, Per Milligram	N/A	N*	N/A	N/A
K0506	Atropine, Inhalation Solution Administered Through DME,	N/A	N*	N/A	N/A

CPT/HCPC	Description	PA	Coverage	Modifiers	
	Concentrated Form, Per Milligram				
K0507	Atropine, Inhalation Solution Administered Through DME, Unit Dose Form, Per Milligram	N/A	N*	N/A	N/A
K0508	Bitolterol Mesylate, Inhalation Solution Administered Through DME, Concentrated Form, Per Milligram	N/A	N*	N/A	N/A
K0509	Bitolterol Mesylate, Inhalation Solution Administered Through DME, Unit Dose Form, Per Milligram	N/A	N*	N/A	N/A
K0511	Cromolyn Sodium, Inhalation Solution Administered Through DME, Unit Dose Form, Per 10 Milligrams	N/A	N*	N/A	N/A
K0512	Dexamethasone, Inhalation Solution Administered Through DME, Concentrated Form, Per Milligram	N/A	N*	N/A	N/A
K0513	Dexamethasone, Inhalation Solution Administered Through DME, Unit Dose Form, Per Milligram	N/A	N*	N/A	N/A
K0514	Dornase Alpha, Inhalation Solution Administered Through DME, Unit Dose Form, Per Milligram	N/A	N*	N/A	N/A
K0515	Glycopyrrolate, Inhalation Solution Administered Through DME, Concentrated Form, Per Milligram	N/A	N*	N/A	N/A
K0516	Glycopyrrolate, Inhalation Solution Administered Through DME, Unit Dose Form, Per Milligram	N/A	N*	N/A	N/A
K0518	Ipratropium Bromide, Inhalation Solution Administered Through DME, Unit Dose Form, Per Milligram	N/A	N*	N/A	N/A
K0519	Isoetharine HCL, Inhalation Solution Administered Through	N/A	N*	N/A	N/A

Code	Description	Required	Coverage		Rate
	DME, Concentrated Form, Per Milligram				
K0520	Isoetharine HCL, Inhalation Solution Administered Through DME, Unit Dose Form, Per Milligram	N/A	N*	N/A	N/A
K0521	Isoproterenol HCL, Inhalation Solution Administered Through DME, Concentrated Form, Per Milligram	N/A	N*	N/A	N/A
K0522	Isoproterenol HCL, Inhalation Solution Administered Through DME, Unit Dose Form, Per Milligram	N/A	N*	N/A	N/A
K0523	Metaproterenol Sulfate, Inhalation Solution Administered Through DME, Concentrated Form, Per 10 Milligrams	N/A	N*	N/A	N/A
K0524	Metaproterenol Sulfate, Inhalation Solution Administered Through DME, Unit Dose Form, Per 10 Milligrams	N/A	N*	N/A	N/A
K0525	Terbutaline Sulfate, Inhalation Solution Administered Through DME, Concentrated Form, Per Milligram	N/A	N*	N/A	N/A
K0526	Terbutaline Sulfate, Inhalation Solution Administered Through DME, Unit Dose Form, Per Milligram	N/A	N*	N/A	N/A
K0527	Triamcinolone, Inhalation Solution Administered Through DME, Concentrated Form, Per Milligram	N/A	N*	N/A	N/A
K0528	Triamcinolone, Inhalation Solution Administered Through DME, Unit Dose Form, Per Milligram	N/A	N*	N/A	N/A
K0529	Sterile Water Or Sterile Saline, 1000 ML Used With Large Volume Nebulizer	N/A	N*	N/A	N/A

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
K0530	Nebulizer, Durable, Glass, Or Autoclavable Plastic, Bottle Type, Not Used With Oxygen	N/A	N*	N/A	N/A
L0999	Addition To Spinal Orthosis, Not Otherwise Specified	Y	Y	N/A	Manual
L1843	KO, Single Upright, Thigh and Calf, With Adjustable Flexion And Extension Joint, Medial-Lateral And Rotation Control, Custom Fitted	N	Y	N/A	402.46
L2035	KAFO, Full Plastic, Static, Prefabricated (Pediatric Size)	N	Y	N/A	129.11
L5826	Addition, Endoskeletal Knee-Shin System, Single Axis, Hydraulic Swing Phase Control, With Miniature High Activity Frame	N	Y	N/A	2332.05
L8039	Breast Prosthesis, Not Otherwise Specified.	N	Y	N/A	Manual
L8239	Elastic Support, Not Otherwise Specified.	N	Y	N/A	Manual
L8699	Prosthetic Implant, Not Otherwise Specified.	Y	Y	N/A	Manual
11055	Paring Or Cutting Of Benign Hyperkeratotic Lesion (EG, Corn Or Callus); Single Lesion	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	12.64
11056	Paring Or Cutting Of Benign Hyperkeratotic Lesion (EG, Corn Or Callus); Two To Four Lesions	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	17.96
11057	Paring Or Cutting Of Benign Hyperkeratotic Lesion (EG, Corn Or Callus); More Than Four Lesions	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	19.75
11719	Trimming of Nondystrophic Nails, Any Number	N	Y	N/A	6.49

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
17003	Destruction By Any Method, Including Laser, With Or Without Surgical Curettement, All Benign Or Premalignant Lesions (E.G., Actinic Keratoses) Other Than Skin Tags or Cutaneous Vascular Proliferative Lesions, Including Local Anesthesia; Second Through 14 Lesions Each (list Separately In Addition To Code For First Lesion)	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	7.72
17004	Destruction By Any Method, Including Laser, With Or Without Surgical Curettement, All Benign Or Premalignant Lesions (E.G., Actinic Keratoses) Other Than Skin Tags or Cutaneous Vascular Proliferative Lesions, Including Local Anesthesia; 15 Or More Lesions	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	139.44
17111	Destruction by Any Method Of Flat Warts, Molluscum Contagiosum, Or Milia; 15 Or More Lesions	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	42.07
20664	Application Of Halo, Including Removal, Cranial, 6 Or More Pins Placed, For Thin Skull Osteology (E.G., Pediatric Patients, Hydrocephalus, Osteogenesis Imperfecta), Requiring General Anesthesia	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	334.49
22818	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Segment(s) (Including Body And Posterior Elements); Single Or 2 Segments	N	Y	62, 66, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	1695.49

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
22819	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Segment(s) (Including Body and Posterior Elements); 3 Or More Segments	N	Y	62, 66, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	1824.75
29860	Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Procedure)	N	Y	50, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	362.24
29861	Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	N	Y	50, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	524.95
29862	Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of Labrum	N	Y	50, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	572.56
29863	Arthroscopy, Hip, Surgical; With Synovectomy	N	Y	50, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	528.89
29891	Arthroscopy, Ankle, Surgical; Excision Of Osteochondral Defect Of Talus And/Or Tibia, Including Drilling Of The Defect	N	Y	50, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	491.05
29892	Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion, Talar Dome Fracture, Or Tibial Plafond Fracture, With Or Without Internal Fixation (Includes Arthroscopy)	N	Y	50, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	507.87

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
29893	Endoscopic Plantar Fasciotomy	N	Y	50, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	287.79
32201	Pneumonostomy; With Percutaneous Drainage Of Abscess Or Cyst	N	Y	80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	195.77
33496	Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure)	N	Y	62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	1618.96
35400	Angioscopy (Non-Coronary Vessels Or Grafts) During Therapeutic Intervention (List Separately In Addition To Code For Primary Procedure)	N	Y	62, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	146.87
37195	Thrombolysis, Cerebral, By Intravenous Infusion	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	206.82
44626	Closure Of Enterostomy, Large Or Small Intestine; With Resection and Colorectal Anastomosis (E.G., Closure Of Hartmann Type Procedure)	N	Y	62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	963.20
44700	Exclusion Of Small Bowel From Pelvis By Mesh Or Other Prosthesis, Or Native Tissue (E.G., Bladder Or Omentum)	N	Y	62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	732.17
44901	Incision And Drainage Of Appendiceal Abscess; Percutaneous	N	Y	80, 81, 82, AA, AD, P1, P2, P3, P4,	165.48

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
				P5, W5, W6, W7, X6, QX, QZ	
45119	Proctectomy, Combined Abdominoperineal Pull-Through Procedure (E.G., Colo-Anal Proximal Diverting Ostomy Anastomosis), With Creation Of Colonic Reservoir(E.G. J-Pouch), With Or Without Proximal Diverting Ostomy	N	Y	62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	1200.30
47011	Hepatotomy; For Percutaneous Drainage Of Abscess Or Cyst, One Or Two Stages	N	Y	80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	181.11
48511	External Drainage, Pseudocyst Of Pancreas; Percutaneous	N	Y	80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	195.77
49041	Drainage Of Subdiaphragmatic Or Subphrenic Abscess; Percutaneous	N	Y	80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	195.77
49061	Drainage Of Retroperitoneal Abscess; Percutaneous	N	Y	80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	181.11
49062	Drainage Of Extraperitoneal Lymphocele To Peritoneal Cavity, Open	N	Y	62,80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	539.12

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
49423	Exchange Of Previously Placed Abscess Or Cyst Drainage Catheter Under Radiological Guidance (Separate Procedure)	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	71.34
49424	Contrast Injection For Assessment Of Abscess Or Cyst Via Previously Placed Catheter (Separate Procedure)	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	37.10
50021	Drainage Of Perirenal Or Renal Abscess; Percutaneous	N	Y	80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	165.48
52282	Cystourethroscopy, With Insertion Of Urethral Stent	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	304.67
53850	Transurethral Destruction Of Prostate Tissue; By Microwave Thermotherapy	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	448.44
53852	Transurethral Destruction Of Prostate Tissue; By Radiofrequency Thermotherapy	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	468.70
56310	Laparoscopy, Surgical; Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure)	N	Y	62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	645.09
56314	Laparoscopy, Surgical; With Drainage Of Lymphocele To Peritoneal Cavity	N	Y	62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	449.80
56318	Laparoscopy, Surgical; Orchiectomy	N	Y	50, 62, 80, 81, 82, AA,	506.45

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
				AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	
56345	Laparoscopy, Surgical; Splenectomy	N	Y	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	Manual
56346	Laparoscopy, Surgical; Gastrostomy, Temporary (Tube Or Rubber Or Plastic) (Separate Procedure)	N	Y	62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	394.57
56348	Laparoscopy, Surgical; Intestinal Resection, With Anastomosis (Intra Or Extracorporeal)	N	Y	62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	1002.06
56349	Laparoscopy Surgical; Esophagogastric Fundoplasty (E.G., Nissen, Belsey IV, Hill, Toupet Procedures)	N	Y	62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	828.60
57308	Closure Of Rectovaginal Fistula; Transperineal Approach, With Perineal Body Reconstruction, With Or Without Levator Plication	N	Y	62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	486.71
57531	Radical Trachelectomy, With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling Biopsy, With Or Without Removal Of Tube(s), With Or Without Removal Of Ovary(s)	N	Y	62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	1135.19
58823	Drainage Of Pelvic Abscess, Transvaginal Or Transrectal Approach, Percutaneous (E.G., Ovarian, Pericolic)	N	Y	80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	165.48

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
67027	Implantation Or Replacement Of Intravitreal Drug Delivery System (E.G., Ganciclovir Implant), Includes Concomitant Removal Of Vitreous	N	Y	50, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QX, QZ	545.21
76078	Radiographic Absorptiometry (Photodensitometry), One Or More Sites	N	Y	26, TC	Global 27.87 26 8.49 TC 19.38
76390	Magnetic Resonance Spectroscopy	N	Y	26, TC	Global 344.24 26 57.82 TC 286.42
76831	Hysterosonography, With Or Without Color Flow Doppler	N	Y	26, TC	Global 68.23 26 29.21 TC 39.02
76885	Echography Of Infant Hips, Real Time With Imaging Documentation; Dynamic (E.G., Requiring Manipulation)	N	Y	26, TC	Global 68.79 26 29.77 TC 39.02
76886	Echography Of Infant Hips, Real Time With Imaging Documentation; Limited, Static (E.G., Not Requiring Manipulation)	N	Y	26, TC	Global 61.25 26 24.96 TC 36.28
78491	Myocardial Imaging, Positron Emission Tomography (PET), Perfusion; Single Study At Rest Or Stress	N	Y	26, TC	Manual
78492	Myocardial Imaging, Positron Emission Tomography (PET), Perfusion; Multiple Studies At Rest And/Or Stress	N	Y	26, TC	Manual

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
78708	Kidney Imaging With Vascular Flow And Function; Single Study, With Pharmacological Intervention (E.G., Angiotensin Converting Enzyme Inhibitor And/Or Diuretic)	N	Y	26, TC	Global 159.97 26 45.69 TC 114.29
78709	Kidney Imaging With Vascular Flow And Function; Multiple Studies, With And Without Pharmacological Intervention (E.G., Angiotensin Converting Enzyme Inhibitor And/Or Diuretic)	N	Y	26, TC	Global 165.58 26 51.29 TC 114.29
80049	Basic Metabolic Panel	N	Y	N/A	8.83
80051	Electrolyte Panel	N	Y	N/A	8.83
80054	Comprehensive Metabolic Panel	N	Y	N/A	12.48
80201	Topiramate	N	Y	N/A	Manual
83019	Helicobacter Pylori, Breath Test (Including Drug And Breath Sample Collection Kit)	N	Y	N/A	Manual
86148	Anti-Phosphatidylserine (Phospholipid) Antibody	N	Y	N/A	Manual
86361	T Cells; Absolute CD4 Count	N	Y	N/A	Manual
86704	Hepatitis B Core Antibody (HBCAB); IGG And IGM	N	Y	N/A	16.66
86706	Hepatitis B Surface Antibody (HBSAB)	N	Y	N/A	14.84
86707	Hepatitis BE Antibody (HBEAB)	N	Y	N/A	6.43
86708	Hepatitis A Antibody (HAAB); IGG And IGM	N	Y	N/A	17.12
86709	Hepatitis A Antibody (HAAB); IGM Antibody	N	Y	N/A	15.55
86803	Hepatitis C Antibody;	N	Y	N/A	Manual
86804	Hepatitis C Antibody; Confirmatory Test (E.G., Immunoblot)	N	Y	N/A	Manual
87260	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique; Adenovirus	N	Y	N/A	16.58

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
87265	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique; Bordetella Pertussis/Parapertussis	N	Y	N/A	16.58
87270	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique; Chlamydia Trachomatis	N	Y	N/A	16.58
87272	Infectious Agent Antigen Detection by Direct Fluorescent Antibody Technique; Cryptosporidium/Giardia	N	Y	N/A	16.58
87274	Infectious Agent Antigen Detection by Direct Fluorescent Antibody Technique; Herpes Simplex Virus	N	Y	N/A	16.58
87276	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique; Influenza A Virus	N	Y	N/A	16.58
87278	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique; Legionella Pneumophila	N	Y	N/A	16.58
87280	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique; Respiratory Syncytial Virus	N	Y	N/A	16.58
87285	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique; Treponema Pallidum	N	Y	N/A	16.58
87290	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique; Varicella Zoster Virus	N	Y	N/A	16.58

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
87299	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique; Not Otherwise Specified	N	Y	N/A	16.58
87320	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative Or Semiquantitative, Multiple Step Method; Chlamydia Trachomatis	N	Y	N/A	16.58
87324	Infectious Agent Antigen Detection by Enzyme Immunoassay Technique, Qualitative Or Semiquantitative, Multiple Step Method; Clostridium Difficile Toxin A	N	Y	N/A	16.58
87328	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative Or Semiquantitative, Multiple Step Method; Cryptosporidium/Giardia,	N	Y	N/A	16.58
87332	Infectious Agent Antigen Detection by Enzyme Immunoassay Technique, Qualitative Or Semiquantitative, Multiple Step Method; cytomegalovirus	N	Y	N/A	16.58
87340	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative Hepatitis B Surface Antigen (HBSAG) Or Semiquantitative, Multiple Step Method; hepatitis B surface antigen (HBsAg)	N	Y	N/A	8.87
87350	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative Or	N	Y	N/A	15.92

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
	Semiquantitative, Multiple Step Method; Hepatitis BE Antigen (HBeAg)				
87380	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative Or Semiquantitative, Multiple Step Method; hepatitis, delta agent	N	Y	N/A	22.69
87390	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative Or Semiquantitative, Multiple Step Method; HIV-1	N	Y	N/A	24.38
87391	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative Or Semiquantitative, Multiple Step Method; HIV-2	N	Y	N/A	24.38
87420	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative Or Semiquantitative, Multiple Step Method, Respiratory Syncytial Virus	N	Y	N/A	16.58
87425	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative Or Semiquantitative, Multiple Step Method; Rotavirus	N	Y	N/A	16.58
87430	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative Or Semiquantitative, Multiple Step Method; Streptococcus, Group A	N	Y	N/A	16.58
87449	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique,	N	Y	N/A	16.58

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
	Qualitative Or Semiquantitative; Multiple Step Method, Not Otherwise Specified				
87450	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique Qualitative Or Semiquantitative; Single Step Method, Not Otherwise Specified	N	Y	N/A	13.25
87470	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Bartonella Henselae And Bartonella Quintana, Direct Probe Technique	N	Y	N/A	27.71
87471	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Bartonella Henselae And Bartonella Quintana, Amplified Probe Technique	N	Y	N/A	48.50
87475	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Borrelia Burgdorferi, Direct Probe Technique	N	Y	N/A	27.71
87476	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Borrelia Burgdorferi, Amplified Probe Technique	N	Y	N/A	48.50
87477	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Borrelia Burgdorferi, Quantification	N	Y	N/A	Manual
87480	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Candida Species, Direct Probe Technique	N	Y	N/A	27.71
87481	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Candida Species, Amplified Probe Technique	N	Y	N/A	48.50
87482	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Candida Species,	N	Y	N/A	Manual

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
	Quantification				
87485	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Chlamydia Pneumoniae, Direct Probe Technique	N	Y	N/A	27.71
87486	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Chlamydia Pneumoniae, Amplified Probe Technique	N	Y	N/A	48.50
87487	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Chlamydia Pneumoniae, Quantification	N	Y	N/A	Manual
87490	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Chlamydia Trachomatis, Direct Probe Technique	N	Y	N/A	27.71
87491	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Chlamydia Trachomatis, Amplified Probe Technique	N	Y	N/A	48.50
87492	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Chlamydia Trachomatis, Quantification	N	Y	N/A	Manual
87495	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Cytomegalovirus, Direct Probe Technique	N	Y	N/A	27.71
87496	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Cytomegalovirus, Amplified Probe Technique	N	Y	N/A	48.50
87510	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Gardnerella Vaginalis, Direct Probe Technique	N	Y	N/A	27.71
87511	Infectious Agent Detection by Nucleic Acid (DNA Or RNA); Gardnerella Vaginalis, Amplified Probe Technique	N	Y	N/A	48.50

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
87512	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Gardnerella Vaginalis, Quantification	N	Y	N/A	Manual
87515	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis B Virus, Direct Probe Technique	N	Y	N/A	27.71
87516	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis B Virus, Amplified Probe Technique	N	Y	N/A	48.50
87517	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis B Virus, Quantification	N	Y	N/A	Manual
87520	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis C, Direct Probe Technique	N	Y	N/A	27.71
87521	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis C, Amplified Probe Technique	N	Y	N/A	48.50
87522	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis C, Quantification	N	Y	N/A	Manual
87525	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis G, Direct Probe Technique	N	Y	N/A	27.71
87526	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis G, Amplified Probe Technique	N	Y	N/A	48.50
87527	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis G, Quantification	N	Y	N/A	Manual
87528	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Simplex Virus, Direct Probe Technique	N	Y	N/A	27.71

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
87529	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Simplex Virus, Amplified Probe Technique	N	Y	N/A	48.50
87530	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Simplex Virus, Quantification	N	Y	N/A	Manual
87532	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Virus-6, Amplified Probe Technique	N	Y	N/A	48.50
87533	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Virus-6, Quantification	N	Y	N/A	Manual
87534	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); HIV-1, Direct Probe Technique	N	Y	N/A	27.71
87535	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); HIV-1, Amplified Probe Technique	N	Y	N/A	48.50
87536	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); HIV-1, Quantification	N	Y	N/A	Manual
87537	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); HIV-2, Direct Probe Technique	N	Y	N/A	27.71
87538	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); HIV-2, Amplified Probe Technique	N	Y	N/A	48.50
87539	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); HIV-2, Quantification	N	Y	N/A	Manual
87540	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Legionella Pneumophila, Direct Probe Technique	N	Y	N/A	27.71
87541	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Legionella Pneumophila, Amplified Probe Technique	N	Y	N/A	48.50

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
87542	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Legionella Pneumophila, Quantification	N	Y	N/A	Manual
87550	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Species, Direct Probe Technique	N	Y	N/A	27.71
87551	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Species, Amplified Probe Technique	N	Y	N/A	48.50
87552	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Species, Quantification	N	Y	N/A	Manual
87555	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Tuberculosis, Direct Probe Technique	N	Y	N/A	27.71
87556	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Tuberculosis, Amplified Probe Technique	N	Y	N/A	48.50
87557	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Tuberculosis, Quantification	N	Y	N/A	Manual
87560	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Avium-Intracellulare, Direct Probe Technique	N	Y	N/A	27.71
87561	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Avium-Intracellulare, Amplified Probe Technique	N	Y	N/A	48.50
87562	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Avium-Intracellulare, Quantification	N	Y	N/A	Manual

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
87581	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycoplasma Pneumoniae, Amplified Probe Technique	N	Y	N/A	48.50
87582	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycoplasma Pneumoniae, Quantification	N	Y	N/A	Manual
87580	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycoplasma Pneumoniae, Direct Probe Technique	N	Y	N/A	27.71
87590	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Neisseria Gonorrhoeae, Direct Probe Technique	N	Y	N/A	27.71
87591	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Neisseria Gonorrhoeae, Amplified Probe Technique	N	Y	N/A	48.50
87592	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Neisseria Gonorrhoeae, Quantification	N	Y	N/A	Manual
87620	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Papillomavirus, Human, Direct Probe Technique	N	Y	N/A	27.71
87621	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Papillomavirus, Human, Amplified Probe Technique	N	Y	N/A	48.50
87622	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Papillomavirus, Human, Quantification	N	Y	N/A	Manual
87650	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Streptococcus, Group A, Direct Probe Technique	N	Y	N/A	27.71
87651	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Streptococcus, Group A, Amplified Probe Technique	N	Y	N/A	48.50

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
87652	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Streptococcus, Group A, Quantification	N	Y	N/A	Manual
87798	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Not Otherwise Specified, Amplified Probe Technique	N	Y	N/A	48.50
87799	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Not Otherwise Specified, Quantification	N	Y	N/A	Manual
87810	Infectious Agent Detection By Immunoassay With Direct Optical Observation; Chlamydia Trachomatis	N	Y	N/A	16.58
87850	Infectious Agent Detection By Immunoassay With Direct Optical Observation; Neisseria Gonorrhoeae	N	Y	N/A	16.58
87880	Infectious Agent Detection By Immunoassay With Direct Optical Observation; Streptococcus, Group A	N	Y	N/A	16.58
87797	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Not Otherwise Specified, Direct Probe Technique	N	Y	N/A	27.71
87899	Infectious Agent Detection By Immunoassay With Direct Optical Observation; Not Otherwise Specified	N	Y	N/A	16.58
88141	Cytopathology, Cervical Or Vaginal (Any Reporting System); Requiring Interpretation By Physician (List Separately In Addition To Code For Technical Service)	N	Y	N/A	20.65
88142	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, Screening by Cytotechnologist	N	Y	N/A	Manual

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
	Under Physician Supervision				
88152	Cytopathology, Smears, Cervical Or Vaginal, Up To Three Smears; With Manual Cytotechnologist Screening And Automated Rescreening Under Physician Supervision	N	Y	N/A	7.15
88158	Cytopathology, Smears, cervical or vaginal, (The Bethesda System (TBS)), Up To Three Smears; With Manual Cytotechnologist Screening And Automated Rescreening Under Physician Supervision	N	Y	N/A	7.15
89251	Culture And Fertilization Of Oocyte(s); With Co-Culture Of Embryos 405 IAC 5-29-1(1) The following services are not covered by Medicaid: (1)Services that are not medically reasonable or necessary...	N	N	N/A	N/A
89252	Assisted Oocyte Fertilization, Microtechnique (Any Method) 405 IAC 5-29-1(1) The following services are not covered by Medicaid: (1)Services that are not medically reasonable or necessary...	N	N	N/A	N/A
89253	Assisted Embryo Hatching, Microtechniques (Any Method) 405 IAC 5-29-1(1) The following services are not covered by Medicaid: (1)Services that are not medically reasonable or necessary...	N	N	N/A	N/A
89254	Oocyte Identification From Follicular Fluid 405 IAC 5-29-1(1) The following services are not covered by Medicaid: (1)Services that are not medically reasonable or necessary...	N	N	N/A	N/A
89255	Preparation Of Embryo For Transfer (Any Method) 405 IAC 5-29-1(1) The following services are not covered by Medicaid: (1)Services that are not medically reasonable or necessary...	N	N	N/A	N/A
89256	Preparation of Cryopreserved Embryos for Transfer (Includes Thaw) 405 IAC 5-29-1(1) The following services are not covered by Medicaid:	N	N	N/A	N/A

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
	(1)Services that are not medically reasonable or necessary...				
89257	Sperm Identification From Aspiration (Other than Seminal Fluid) 405 IAC 5-29-1(1) The following services are not covered by Medicaid: (1)Services that are not medically reasonable or necessary...	N	N	N/A	N/A
89258	Cryopreservation; Embryo 405 IAC 5-29-1(1) The following services are not covered by Medicaid: (1)Services that are not medically reasonable or necessary...	N	N	N/A	N/A
89259	Cryopreservation; Sperm 405 IAC 5-29-1(1) The following services are not covered by Medicaid: (1)Services that are not medically reasonable or necessary....	N	N	N/A	N/A
89260	Sperm Isolation; Complex Prep (E.G., Per Col Gradient, Albumin Gradient) For Insemination Or Diagnosis With Semen Analysis 405 IAC 5-29-1(1) The following services are not covered by Medicaid: (1)Services that are not medically reasonable or necessary...	N	N	N/A	N/A
89261	Sperm Isolation; Complex Prep (E.G., Per Col Gradient, Albumin Gradient) For Insemination Or Diagnosis With Semen Analysis 405 IAC 5-29-1(1) The following services are not covered by Medicaid: (1)Services that are not medically reasonable or necessary...	N	N	N/A	N/A
90748	Immunization, Active, Hepatitis B And Hemophilus Influenza B(HIB) Vaccine	N	Y	N/A	97.15

CHANGES TO PSYCHIATRIC THERAPEUTIC PROCEDURE CODES

Providers should note that substantial changes were made to procedure codes for psychiatric therapeutic procedures for 1998. According to the 1998 Current Procedural Terminology (CPT) guidelines, "In reporting psychotherapy, the appropriate code is chosen on the basis of the type of psychotherapy (interactive using non-verbal techniques versus insight oriented, behavior modifying and/or supportive using verbal techniques), the place of service (office versus inpatient), the face - to - face time spent with the patient during psychotherapy, and whether evaluation and management services are furnished on the same date of service as psychotherapy." "These evaluation and management services involve a variety of responsibilities unique to the management of psychiatric patients, such as medical diagnostic evaluation (eg, evaluation of comorbid medical conditions, drug interactions, and physical examinations), drug management when indicated, physician orders, interpretation of laboratory or other medical diagnostic studies and observations." As with all procedures billed to Medicaid, services billed must be within the scope of the provider's license.

In all inpatient settings, only direct care physician services may be billed separately to Medicaid. All other supplies and services, are included in the hospital payment. This includes services rendered by mental health service providers, who are not physicians, whether they are salaried, contracted, or independent providers. Psychological evaluations are always included in the hospital payment.

Prior authorization for outpatient services, 90804-90815, 90845-90857, must be obtained once the provider has been paid for 20 visits in any combination in a 12-month period. (Providers should also include payment for any evaluation and management visits when calculating the 20 visits for the recipient.)

Medicaid covers partial hospitalization only under the Medicaid Rehabilitation Option (MRO). Partial hospitalization includes reimbursement for psychiatric therapeutic treatment as one of the services bundled into partial hospitalization. However, there may be instances when partial hospitalization services are interrupted and psychiatric therapeutic treatment is provided. For example, the required psychiatric review may be scheduled during the partial hospitalization. The psychiatric session should be billed separately from partial hospitalization and only the actual time spent in partial hospitalization should be billed to Medicaid.

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
90802	Interactive Psychiatric Diagnostic Interview Examination Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Communication	N	Y		94.97
90804	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Office Or Outpatient Facility, Approximately 20 to 30 minutes Face-To-Face With The Patient;	N	Y	AK, AL, AV, AY, YK, AH, AJ	40.92
90805	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Office Or Outpatient Facility, Approximately 20 to 30 minutes Face-To-Face With The Patient; With Medical Evaluation And Management Services	N	Y	AK, AL, AV, AY, YK	51.02
90806	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Office Or Outpatient Facility, Approximately 45 To 50 Minutes Face-To-Face With The Patient;	N	Y	AK, AL, AV, AY, YK, AH, AJ	63.67
90807	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Office Or Outpatient Facility, Approximately 45 to 50 Minutes Face-To-Face With The Patient; With Medical Evaluation And Management Services	N	Y	AK, AL, AV, AY, YK	71.24

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
90808	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Office Or Outpatient Facility, Approximately 75 To 80 minutes Face-To-Face With The Patient	N	Y	AK, AL, AV, AY, YK, AH, AJ	106.79
90809	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Office Or Outpatient Facility, Approximately 75 To 80 minutes Face-To-Face With The Patient; With Medical Evaluation And Management Services	N	Y	AK, AL, AV, AY, YK	117.72
90810	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Office Or Outpatient Facility, Approximately 20 To 30 Minutes Face To Face With The Patient;	N	Y	AK, AL, AV, AY, YK, AH, AJ	49.97
90811	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Office Or Outpatient Facility, Approximately 20 To 30 Minutes Face to Face With The Patient; With Medical Evaluation And Management Services	N	Y	AK, AL, AV, AY, YK	60.90

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
90812	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Office Or Outpatient Facility, Approximately 45 To 50 Minutes Face to Face With The Patient;	N	Y	AK, AL, AV, AY, YK, AH, AJ	68.76
90813	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Office Or Outpatient Facility, Approximately 45 To 50 Minutes Face to Face With The Patient; With Medical Evaluation And Management Services	N	Y	AK, AL, AV, AY, YK	76.89
90814	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Office Or Outpatient Facility, Approximately 75 to 80 Minutes Face-To-Face With The Patient	N	Y	AK, AL, AV, AY, YK, AH, AJ	99.88
90815	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Office Or Outpatient Facility, Approximately 75 To 80 Minutes Face-To-Face With The Patient; With Medical Evaluation And Management Services	N	Y	AK, AL, AV, AY, YK	111.65
90816	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 20 To 30 minutes Face-To-Face With The Patient	N	Y		44.57

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
90817	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 20 To 30 Minutes Face-To-Face With The Patient; With Medical Evaluation And Management Services	N	Y		56.06
90818	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 45 To 50 Minutes Face-To-Face With The Patient	N	Y		69.56
90819	Individual Psychotherapy, Insight Oriented, Behavior Modifying and/or Supportive, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 45 to 50 Minutes Face-To-Face With The Patient; With Medical Evaluation And Management Services	N	Y		77.97
90821	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 75 To 80 Minutes Face-To-Face With The Patient	N	Y		116.04
90822	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 75 To 80 Minutes Face-To-Face With The Patient; With Medical	N	Y		128.37

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
	Evaluation And Management Services				
90823	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 20 to 30 Minutes Face-To-Face With The Patient	N	Y		53.90
90824	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 20 To 30 Minutes Face-To-Face With The Patient; With Medical Evaluation And Management Services	N	Y		N/A
90826	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 45 To 50 Minutes Face-To-Face With The Patient;	N	Y		N/A

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
90827	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 45 To 50 Minutes Face-To-Face With The Patient; With Medical Evaluation And Management	N	Y		N/A
90828	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 75 To 80 Minutes Face-To-Face With The Patient;	N	Y		109.69
90829	Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devices, Language Interpreter, Or Other Mechanisms Of Non-Verbal Communication, In An Inpatient Hospital, Partial Hospital Or Residential Care Setting, Approximately 75 To 80 Minutes Face-To-Face With The Patient; With Medical Evaluation And Management Services	N	Y		123.15
90865	Narcosynthesis For Psychiatric Diagnostic And Therapeutic Purposes (EG, Sodium Amobarbital (Amytal) Interview 405 IAC 5-29-1(1) The following services are not	N	N		N/A

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
	covered by Medicaid: (1)Services that are not medically reasonable or necessary...				
90885	Psychiatric Evaluation Of Hospital Records, Other Psychiatric Reports, Psychometric And/Or Projective Tests, And Other Accumulated Data For Medical Diagnostic Purposes. 405 IAC 5-25-2 Reimbursement exclusions and limitations Sec. 2 (a)Medicaid will not reimburse a physician for the following: (1)Preparation of reports (2)Missed appointments (3)Writing or telephoning prescriptions to pharmacies(4)Telephone calls to laboratories(5)Any extra charge for after-hours service(6)Mileage	N	N		N/A
92997	Percutaneous Transluminal Pulmonary Artery Balloon Angioplasty; Single Vessel	N	Y	N/A	696.24
92998	Percutaneous Transluminal Pulmonary Artery Balloon Angioplasty; Each Additional Vessel	N	Y	N/A	273.11
93508	Catheter Placement In Coronary Artery(S), Arterial Coronary Conduit(s), And/Or Venous Coronary Bypass Graft(s) For Coronary Angiography Without Concomitant Left Heart Catheterization	N	Y	26, TC	Global 512.37 26 190.33 TC 322.04
93530	Right Heart Catheterization, For Congenital Cardiac Anomalies	N	Y	26, TC	Global 651.93 26 217.09 TC

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
					434.84
93531	Combined Right Heart Catheterization And Retrograde Left Heart Catheterization, For Congenital Cardiac Anomalies	N	Y	26, TC	Global 1623.58 26 380.98 TC 1242.59
93532	Combined Right Heart Catheterization And Transseptal Left Heart Catheterization Through Intact Septum With Or Without Retrograde Left Heart Catheterization, For Congenital Cardiac Anomalies	N	Y	26, TC	Global 1682.05 26 472.63 TC 1209.42
93533	Combined Right Heart Catheterization And Transseptal Left Heart Catheterization Through Existing Septal Opening, With Or Without Retrograde Left Heart Catheterization, For Congenital Cardiac Anomalies	N	Y	26, TC	Global 1476.38 26 266.96 TC 1209.42
95806	Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, ECG Or Heart Rate, And Oxygen Saturation, Unattended By A Technologist.	Y	Y	26, TC	Global 240.57 26 112.78 TC 127.78
95811	Polysomnography; Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bilevel Ventilation, Attended By A Technologist.	Y	Y	26, TC	Global 354.83 26 176.04 TC 178.79
95870	Needle Electromyography; Other Than Paraspinal (EG, Abdomen, Thorax)	N	Y	26, TC	Global 24.83 26 19.36 TC 5.47

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
96902	Microscopic Examination Of Hairs Plucked Or Clipped By The Examiner (Excluding Hair Collected By The Patient) To Determine Telogen And Anagen Counts, Or Structure Hair Shaft Abnormality 405 IAC 5-29-1(1) The following services are not covered by Medicaid: (1)Services that are not medically reasonable or necessary...	N	N	N/A	N/A
97001	Physical Therapy Evaluation	N	Y	N/A	44.33
97002	Physical Therapy Re-Evaluation (Re-Evaluations are subject to Prior Authorizations)	Y	Y	N/A	18.01
97003	Occupational Therapy Evaluation	N	Y	N/A	44.33
97004	Occupational Therapy Re-Evaluation (Re-Evaluations are subject to Prior Authorizations)	Y	Y	N/A	18.01
97780	Acupuncture, One Or More Needles; Without Electrical Stimulation *405 IAC 5-29-1 Noncovered Services. Sec.1 The following services are not covered by Medicaid: (8)(a) Acupuncture	N	N	N/A	N/A
97781	Acupuncture, One Or More Needles; With Electrical Stimulation *405 IAC 5-29-1 Noncovered Services. Sec.1 The following services are not covered by Medicaid: (8)(a) Acupuncture	N	N	N/A	N/A
99141	Sedation With Or Without Analgesia (Conscious Sedation); Intravenous, Intramuscular Or Inhalation	N	Y	N/A	Manual
99142	Sedation With Or Without Analgesia (Conscious Sedation); Oral, Rectal And/Or Intranasal	N	Y	N/A	Manual
99234	Observation Or Inpatient Hospital Care, For The Evaluation And Management Of A Patient Including Admission And Discharge On The Same Date Which Requires These Three Key Components: A Detailed Or Comprehensive History; A	N	Y	N/A	90.27

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
	Detailed Or Comprehensive Examination; And Medical Decision Making That Is Straightforward Or Of Low Complexity.				
99235	Observation Or Inpatient Hospital Care, For The Evaluation And Management Of A Patient Including Admission And Discharge On The Same Date Which Requires These Three Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of Moderate Complexity.	N	Y	N/A	124.40
99236	Observation Or Inpatient Hospital Care, For The Evaluation And Management Of a patient including Admission And Discharge On The Same Date Which Requires These Three Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of High Complexity.	N	Y	N/A	150.57
99315	Nursing Facility Discharge Day Management; 30 Minutes Or Less	N	Y	N/A	45.48
99316	Nursing Facility Discharge Day Management; More Than 30 Minutes	N	Y	N/A	55.85
99344	Home Visit For The Evaluation And Management Of A New Patient, Which Requires These Three Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of Moderate Complexity.	N	Y	N/A	108.29

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
99345	Home Visit For The Evaluation And Management Of A New Patient, Which Requires These Three Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of High Complexity.	N	Y	N/A	129.60
99347	Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Key Components: A Problem Focused Interval History; A Problem Focused Examination; Straightforward Medical Decision Making.	N	Y	N/A	33.55
99348	Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Key Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity.	N	Y	N/A	49.64
99349	Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Key Components: A Detailed Interval History; A Detailed Examination; Medical Decision Making Of Moderate Complexity.	N	Y	N/A	73.17
99350	Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Key Components: A Comprehensive Interval History; A Comprehensive Examination; Medical Decision	N	Y	N/A	105.67

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
	Making Of Moderate To High Complexity.				
99374	Physician Supervision Of A Patient Under Care Of Home Health Agency (Patient Not Present) Requiring Complex And Multidisciplinary Care Modalities Involving Regular Physician Development And/Or Revision Of Care Plans, Review Of Subsequent Reports Of Patient Status, Review Of Laboratory And Other Studies, Communication (Including Telephone Calls) With Other Health Care Professionals Involved In Patient's Care, Integration Of New Information Into The Medical Treatment Plan And/Or Adjustment Of Medical Therapy, Within A Calendar Month; 15-29 Minutes *405 IAC 5-29-1 Noncovered Services. Sec1. The following services are not covered by Medicaid:(26)(g)Telephone, or any other means of communication, consultation from one doctor to another. 405 IAC 5-25-2 Reimbursement exclusions and limitations Sec. 2 (a)Medicaid will not reimburse a physician for the following: (1)Preparation of reports (2)Missed appointments (3)Writing or telephoning prescriptions to pharmacies(4)Telephone calls to laboratories(5)Any extra charge for after-hours service(6)Mileage	N	N	N/A	N/A
99377	Physician Supervision of a Hospice Patient (Patient Not present) Requiring Complex and Multidisciplinary Care Modalities Involving Regular Physician Development And/Or Revision of Care Plans, Review of Subsequent Reports of Patient Status, Review Of Related Laboratory And Other Studies, Communication (Including Telephone Calls) With Other Health Care	N	N	N/A	N/A

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
	<p>Professionals Involved In Patient's Care, Integration Of New Information Into The Medical Treatment Plan And/Or Adjustment of Medical Therapy, Within A Calendar Month; 15-29 Minutes*405 IAC 5-29-1 Noncovered Services. Sec1. The following services are not covered by Medicaid:(26)(g)Telephone, or any other means of communication, consultation from one doctor to another. 405 IAC 5-25-2 Reimbursement exclusions and limitations Sec. 2 (a)Medicaid will not reimburse a physician for the following: (1)Preparation of reports (2)Missed appointments (3)Writing or telephoning prescriptions to pharmacies(4)Telephone calls to laboratories(5)Any extra charge for after-hours service(6)Mileage</p>				
99379	<p>Physician Supervision Of A Nursing Facility Patient (patient not present) Requiring Complex and Multidisciplinary Care Modalities involving Regular Physician Development And/Or Revision of Care Plans, Review Of Subsequent Reports of Patient Status, Review of Related Laboratory And Other Studies,Communication (Including Telephone Calls) with Other Health Care Professionals Involved In Patient's Care, Integration Of New Information Into The Medical Treatment Plan And/Or Adjustment Of Medical Therapy, Within A Calendar Month; 15-29 Minutes *405 IAC 5-29-1 Noncovered Services. Sec1. The following services are not covered by Medicaid:(26)(g)Telephone, or any other means of communication, consultation from one doctor to another. 405 IAC 5-25-2 Reimbursement exclusions and limitations Sec. 2 (a)Medicaid will not reimburse a physician for the following: (1)Preparation of reports (2)Missed appointments (3)Writing or telephoning prescriptions to pharmacies(4)Telephone calls to laboratories(5)Any extra charge for after-</p>	N	N	N/A	N/A

CPT/HCPC Code	Description	PA Required	Coverage	Modifiers	Rate
	hours service(6)Mileage				
99380	Physician Supervision of A Nursing Facility Patient (Patient Not Present) Requiring Complex And Multidisciplinary Care Modalities Involving Regular Physician Development And/Or Revision Of Care Plans, Review of Subsequent Reports Of Patient Status, Review Of Related Laboratory And Other Studies,Communication (Including Telephone Calls) Wth Other Health Care Professionals Involved In Patient's Care, Integration Of New Information Into The Medical Treatment Plan And/Or Adjustment Of Medical Therapy, Within A Calendar Month; 30 Minutes Or More*405 IAC 5-29-1 Noncovered Services. Sec1. The following services are not covered by Medicaid:(26)(g)Telephone, or any other means of communication, consultation from one doctor to another. 405 IAC 5-25-2 Reimbursement exclusions and limitations Sec. 2 (a)Medicaid will not reimburse a physician for the following: (1)Preparation of reports (2)Missed appointments (3)Writing or telephoning prescriptions to pharmacies(4)Telephone calls to laboratories(5)Any extra charge for after-hours service(6)Mileage	N	N	N/A	N/A
99436	Attendance At Delivery (When Requested By Delivering Physician) And Initial Stabilization Of Newborn	N	Y	N/A	83.67

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

1998 MODIFIERS

MODIFIER	DESCRIPTION
KO	Single Drug Unit Dose Formulation
KP	First Drug Of A Multiple Drug Unit Dose Formulation
KQ	Second or Subsequent Drug Of A Multiple Drug Unit Dose Formulation
QR	Repeat Clinical Diagnostic Laboratory Test Performed On The Same Day To Obtain Subsequent Reportable Test Value (s) (Separate Specimens Taken In Separate Encounters)

1998 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 08/15/98 with deleted codes and modifiers will be denied.

DELETED CODE	TO REPORT, USE
A2000	See HCPCS Manual For Appropriate Replacement
G0051	See HCPCS Manual For Appropriate Replacement
G0052	See HCPCS Manual For Appropriate Replacement
G0053	See HCPCS Manual For Appropriate Replacement
G0058	See HCPCS Manual For Appropriate Replacement
G0059	See HCPCS Manual For Appropriate Replacement
G0060	See HCPCS Manual For Appropriate Replacement
G0062	See HCPCS Manual For Appropriate Replacement
G0063	See HCPCS Manual For Appropriate Replacement
G0064	See HCPCS Manual For Appropriate Replacement
G0065	See HCPCS Manual For Appropriate Replacement
G0066	See HCPCS Manual For Appropriate Replacement
G0071	See HCPCS Manual For Appropriate Replacement
G0072	See HCPCS Manual For Appropriate Replacement
G0073	See HCPCS Manual For Appropriate Replacement
G0074	See HCPCS Manual For Appropriate Replacement
G0075	See HCPCS Manual For Appropriate Replacement
G0076	See HCPCS Manual For Appropriate Replacement

G0077	See HCPCS Manual For Appropriate Replacement
G0078	See HCPCS Manual For Appropriate Replacement
G0079	See HCPCS Manual For Appropriate Replacement
G0080	See HCPCS Manual For Appropriate Replacement
G0081	See HCPCS Manual For Appropriate Replacement
G0082	See HCPCS Manual For Appropriate Replacement
G0083	See HCPCS Manual For Appropriate Replacement
G0084	See HCPCS Manual For Appropriate Replacement
G0085	See HCPCS Manual For Appropriate Replacement
G0086	See HCPCS Manual For Appropriate Replacement
G0087	See HCPCS Manual For Appropriate Replacement
G0088	See HCPCS Manual For Appropriate Replacement
G0089	See HCPCS Manual For Appropriate Replacement
G0090	See HCPCS Manual For Appropriate Replacement
G0091	See HCPCS Manual For Appropriate Replacement
G0092	See HCPCS Manual For Appropriate Replacement
G0093	See HCPCS Manual For Appropriate Replacement
G0094	See HCPCS Manual For Appropriate Replacement
G0100	See HCPCS Manual For Appropriate Replacement
H5300	See HCPCS Manual For Appropriate Replacement

DELETED CODE	TO REPORT, USE
J1625	See HCPCS Manual For Appropriate Replacement
J3005	See HCPCS Manual For Appropriate Replacement
K0140	K Codes Are Currently Not Billable
K0141	K Codes Are Currently Not Billable
K0142	K Codes Are Currently Not Billable
K0143	K Codes Are Currently Not Billable
K0144	K Codes Are Currently Not Billable
K0145	K Codes Are Currently Not Billable
K0146	K Codes Are Currently Not Billable
K0413	K Codes Are Currently Not Billable
K0414	K Codes Are Currently Not Billable
K0454	K Codes Are Currently Not Billable
L8605	See HCPCS Manual For Appropriate Replacement
L8611	See HCPCS Manual For Appropriate Replacement
L8615	See HCPCS Manual For Appropriate Replacement
L8616	See HCPCS Manual For Appropriate Replacement
L8617	See HCPCS Manual For Appropriate Replacement
L8618	See HCPCS Manual For Appropriate Replacement
L8620	See HCPCS Manual For Appropriate Replacement
L8621	See HCPCS Manual For Appropriate Replacement
L8622	See HCPCS Manual For Appropriate Replacement
L8623	See HCPCS Manual For Appropriate Replacement
L8624	See HCPCS Manual For Appropriate Replacement
L8625	See HCPCS Manual For Appropriate Replacement
L8626	See HCPCS Manual For Appropriate Replacement

DELETED CODE	TO REPORT, USE
L8627	See HCPCS Manual For Appropriate Replacement
L8628	See HCPCS Manual For Appropriate Replacement
L8629	See HCPCS Manual For Appropriate Replacement
L8640	See HCPCS Manual For Appropriate Replacement
L8655	See HCPCS Manual For Appropriate Replacement
L8656	See HCPCS Manual For Appropriate Replacement
L8657	See HCPCS Manual For Appropriate Replacement
L8680	See HCPCS Manual For Appropriate Replacement
L8690	See HCPCS Manual For Appropriate Replacement
M0005	See HCPCS Manual For Appropriate Replacement
M0006	See HCPCS Manual For Appropriate Replacement
M0007	See HCPCS Manual For Appropriate Replacement
M0008	See HCPCS Manual For Appropriate Replacement
Q0103	See HCPCS Manual For Appropriate Replacement
Q0104	See HCPCS Manual For Appropriate Replacement
Q0109	See HCPCS Manual For Appropriate Replacement
Q0110	See HCPCS Manual For Appropriate Replacement
Q0158	See HCPCS Manual For Appropriate Replacement
11050	11055-11057 or 17000, 17003, 17004
11051	11055-11057 or 17000, 17003, 17004
11052	11055-11057 or 17000, 17003, 17004

DELETED CODE	TO REPORT, USE
17001	17003, 17004
17002	17003, 17004
17010	See Specific Anatomic Site Code
17100	17000, 17003, 17004
17101	17000, 17003, 17004
17102	17000, 17003, 17004
17104	17000, 17003, 17004
17105	17000, 17003, 17004
17200	11200, 11201
17201	11200, 11201
78726	78799
78727	78700-78707
80002	See Codes Under Organ Or Disease Oriented Panels
80003	See Codes Under Organ Or Disease Oriented Panels
80004	See Codes Under Organ Or Disease Oriented Panels
80005	See Codes Under Organ Or Disease Oriented Panels
80006	See Codes Under Organ Or Disease Oriented Panels
80007	See Codes Under Organ Or Disease Oriented Panels
80008	See Codes Under Organ Or Disease Oriented Panels
80009	See Codes Under Organ Or Disease Oriented Panels
80010	See Codes Under Organ Or Disease Oriented Panels
80011	See Codes Under Organ Or Disease Oriented Panels
80012	See Codes Under Organ Or Disease Oriented Panels
80016	See Codes Under Organ Or Disease Oriented Panels
80018	See Codes Under Organ Or Disease Oriented Panels

DELETED CODE	TO REPORT, USE
80019	See Codes Under Organ Or Disease Oriented Panels
86287	87340
86289	86704
86290	86705
86291	86706
86293	87350
86295	86707
86296	86708
86299	86709
86302	86803
86303	86804
86306	87380
86311	87390, 87391
86313	87449
86315	87450
87178	87797
87179	87798
88151	88141
88157	88141
90820	90802
90825	90885
90835	90865
90841	No Replacement
90842	90808, 90809, 90821, 90822
90843	90804, 90805, 90816, 90817
90844	90806, 90807, 90818, 90819
90855	90810-90815 and 90823-90829
99351	99347
99352	99348
99353	99349
99376	99375, 99378, 99380
Q1	No Replacement Modifier

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