



PROVIDER BULLETIN

BT 200313

FEBRUARY 15, 2003

To: All Providers

Subject: New 2003 Health Care Procedure Coding System Codes

Overview

The purpose of this bulletin is to introduce the new 2003 Health Care Procedure Coding System (HCPCS) codes that have been added to the Indiana *AIM* claims processing system. The new 2003 HCPCS codes are identified in Table 1.1 by code, description, prior authorization (PA) requirements, allowed modifiers, and coverage status. The codes that were deleted, according to the 2003 HCPCS codes update, are identified in Table 1.2 with the replacement codes that should be used, when appropriate. Local codes that are being replaced by a HCPCS Level I or Level II code are identified in Table 1.3 with the replacement code that should be used when appropriate. If there are any questions about the contents of this bulletin, please contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

New HCPCS 2003 Codes

Please note that the following codes are effective for normal billing on January 1, 2003, but will not be billable until April 1, 2003. From January 1, 2003, through March 31, 2003, providers should continue billing 2002 HCPCS codes. After April 1, 2003, providers must bill 2003 HCPCS and Current Procedural Terminology (CPT) codes. The IHCP will deny claims submitted with 2003 codes for dates of service before April 1, 2003. Also, the standard global billing procedures and edits apply when using the new codes. The IHCP generally recognizes the same deleted HCPCS codes as Medicare.

A list of deleted codes is included in Table 1.2. Claims submitted using deleted codes listed in Table 1.2, with dates of service on or after April 1, 2003, will deny.

Note: As used in the following tables, non-covered indicates that the IHCP does not cover the service described in the code; non-reimbursable indicates that the service described in the code is either billable under another code, or is part of global billing.

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
0027T	Endoscopic lysis of epidural adhesions with direct visualization using mechanical means (for example, spinal endoscopic catheter system) or solution injection (for example, normal saline) including radiologic localization and epidurography	No for All Programs, No for Package C	51, 55, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, covered for Package C
0028T	Dual energy X-ray absorptiometry (dexa) body composition study, one or more sites	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
0029T	Treatment(s) for incontinence, pulsed magnetic neuromodulation, per day	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
0030T	Antiprothrombin (phospholipid cofactor) antibody, each IG class	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
0031T	Speculoscopy	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
0032T	Speculoscopy; with directed sampling	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
0033T	Endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection; involving coverage of left subclavian artery origin, initial endoprosthesis	No for All Programs, No for Package C	51, 55, and 78	Covered for All Programs, Covered for Package C
0034T	Endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection; involving coverage of left subclavian artery origin, initial endoprosthesis; not involving coverage of left subclavian artery origin, initial endoprosthesis	No for All Programs, No for Package C	51, 55, and 78	Covered for All Programs, Covered for Package C
0035T	Placement of proximal or distal extension prosthesis for endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection; initial extension	No for All Programs, No for Package C	51, 55, and 78	Covered for All Programs, Covered for Package C
0036T	Placement of proximal or distal extension prosthesis for endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection; initial extension; each additional extension (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	51, 55, and 78	Covered for All Programs, Covered for Package C
0037T	Open subclavian to carotid artery transposition performed in conjunction with endovascular thoracic aneurysm repair, by neck incision, unilateral	No for All Programs, No for Package C	51, 55, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
0038T	Endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection involving coverage of left subclavian artery origin, initial endoprosthesis, radiological supervision and interpretation	No for All Programs, No for Package C	51, 55, and 78	Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
0039T	Endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection not involving coverage of left subclavian artery origin, initial endoprosthesis, radiological supervision and interpretation	No for All Programs, No for Package C	51, 55, and 78	Covered for All Programs, Covered for Package C
0040T	Placement of proximal or distal extension prosthesis for endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection, each extension, radiological supervision and interpretation	No for All Programs, No for Package C	51, 55, and 78	Covered for All Programs, Covered for Package C
0041T	Urinalysis infectious agent detection, semi-quantitative analysis of volatile compounds	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
0043T	Carbon monoxide, expired gas analysis (for example, etco/hemolysis breath test)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
0044T	Whole body integumentary photography, at request of a physician, for monitoring of high-risk patients with dysplastic nevus	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
00326	Anesthesia for all procedures on the larynx and trachea in children less than 1 year of age	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
00539	Anesthesia for tracheobronchial reconstruction	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
00541	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing one lung ventilation	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
00834	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, under 1 year of age	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
00836	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants less than 37 weeks gestational age at birth and less than 50 weeks gestational age at time of surgery	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral/bilateral	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
01829	Anesthesia for diagnostic arthroscopic procedures on the wrist	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
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	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); prone position	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
20612	Aspiration and/or injection of ganglion cyst(s) any location	No for All Programs, No for Package C	50, 51, 59, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QY, QX, and QZ,	Covered for All Programs, Covered for Package C
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (for example, locally aggressive or destructive lesion(s))	No for All Programs, No for Package C	51, 54, 55, 56, 62, 78, 80, 81, 82, AS, AD, G8, G9, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QY, QX, and QZ	Covered for All Programs, Covered for Package C
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (for example, locally aggressive or destructive lesion(s))	No for All Programs, No for Package C	51, 54, 55, 56, 62, 78, 80, 81, 82, AS, AD, G8, G9, P1, P2, P3, P4, P5, W5, W6, W7, X6, QS, QX, QK, QY, and QZ	Covered for All Programs, Covered for Package C
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (for example, locally aggressive or destructive lesion(s))	No for All Programs, No for Package C	51, 54, 55, 56, 62, 78, 80, 81, 82, AS, AD, G8, G9, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QX, QY, and QZ	Covered for All Programs, Covered for Package C
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (for example, locally aggressive or destructive lesion(s))	No for All Programs, No for Package C	51, 54, 55, 56, 62, 78, 80, 81, 82, AS, AD, G8, G9, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QX, QY, and QZ	Covered for All Programs, Covered for Package C
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), without thoracoscopy	No for All Programs, No for Package C	51, 54, 55, 56, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QX, QY, and QZ	Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), with thoracoscopy	No for All Programs, No for Package C	51, 54, 55, 56, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QX, QY, and QZ	Covered for All Programs, Covered for Package C
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	No for All Programs, No for Package C	50, 51, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QX, QY, and QZ	Covered for All Programs, Covered for Package C
29873	Arthroscopy, knee, surgical; with lateral release	No for All Programs, No for Package C	50, 51, 54, 55, 56, 62, 78, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QX, QY, and QZ	Covered for All Programs, Covered for Package C
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	No for All Programs, No for Package C	50, 51, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QX, QY, QZ, and QS	Covered for All Programs, Covered for Package C
33215	Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode	No for All Programs, No for Package C	50, 51, 54, 55, 56, 62, 78, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QY, QX, and QZ	Covered for All Programs, Covered for Package C
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion and/or replacement of generator)	No for All Programs, No for Package C	50, 51, 54, 55, 56, 62, 78, AA, AD, AS, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QY, QX, and QZ	Covered for All Programs, Covered for Package C
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter- defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	50, 51, 54, 55, 56, 62, 78, AA, AD, AS, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QY, QX, and QZ	Covered for All Programs, Covered for Package C
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)	No for All Programs, No for Package C	50, 51, 54, 55, 56, 62, 78, AS, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QY, QX, QZ	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	50, 51, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, W5, W6, W7, X6, QK, QS, QY, QX, and QZ	Covered for All Programs, Covered for Package C
34833	Open iliac artery exposure with creation of conduit for delivery of infrarenal aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral	No for All Programs, No for Package C	50, 51, 58, 59, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
34834	Open brachial artery exposure to assist in the deployment of infrarenal aortic or iliac endovascular prosthesis by arm incision, unilateral	No for All Programs, No for Package C	50, 51, 58, 59, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
34900	Endovascular graft replacement for repair of iliac artery (for example, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma)	No for All Programs, No for Package C	50, 51, 58, 59, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
35572	Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure (for example, aortic, vena caval, coronary, peripheral artery) (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	50, 51, 58, 59, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
36416	Collection of capillary blood specimen (for example, finger, heel, ear stick)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36511	Therapeutic apheresis; for white blood cells	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 80, 81, 82, AA, AS, P1, P2, P3, P4, P5, W5, W6, W7, X6, G8, G9, QK, QS, QX, QY, and QZ	Covered for All Programs, Covered for Package C
36512	Therapeutic apheresis; for red blood cells	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 80, 81, 82, AA, AS, P1, P2, P3, P4, P5, W5, W6, W7, X6, G8, G9, QK, QS, QX, QY, and QZ	Covered for All Programs, Covered for Package C
36513	Therapeutic apheresis; for platelets	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 80, 81, 82, AA AS, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
36514	Therapeutic apheresis; for plasma pheresis	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 80, 81, 82, AA, AS, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
36515	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 80, 81, 82, AA, AS, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 80, 81, 82, AA, AS, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
36536	Mechanical removal of pericatheter obstructive material (for example, fibrin sheath) from central venous device via separate venous access	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36537	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (tips) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (tips) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (seps)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
37501	Unlisted vascular endoscopy procedure	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	Yes for All Programs, Yes for Package C	78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ W5, W6, W7, and X6	Covered for All Programs, Not Covered for Package C
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	Yes for All Programs, Yes for Package C	78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ W5, W6, W7, and X6	Covered for All Programs, Not Covered for Package C
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	Yes for All Programs, Yes for Package C	78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Not Covered for Package C
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
38209	Transplant preparation of hematopoietic progenitor cells; washing of harvest	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions	Yes for All Programs, Yes for Package C	54, 55, 62, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ W5, W6, W7, and X6	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
44238	Unlisted laparoscopy procedure, intestine (except rectum)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
44239	Unlisted laparoscopy procedure, rectum	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
44701	Intraoperative colonic lavage (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
45340	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
46706	Repair of anal fistula with fibrin glue	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
49419	Insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent (such as, totally implantable)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
49904	Omental flap, extra-abdominal (for example, for reconstruction of sternal and chest wall defects)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
50542	Laparoscopy, surgical; ablation of renal mass lesion(s)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
50543	Laparoscopy, surgical; partial nephrectomy	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
51701	Insertion of non-indwelling bladder catheter (for example, straight catheterization for residual urine)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
51702	Insertion of temporary indwelling bladder catheter; simple (for example, foley)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
51703	Insertion of temporary indwelling bladder catheter; complicated (for example, altered anatomy, fractured catheter/balloon)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
56820	Colposcopy of the vulva;	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
56821	Colposcopy of the vulva; with biopsy (s)	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
57420	Colposcopy of the entire vagina, with cervix if present;	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s)	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams, abdominal approach	No for All Programs, No for Package C	20, 22, 52, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
58290	Vaginal hysterectomy, for uterus greater than 250 grams;	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enterocele	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
58293	Vaginal hysterectomy, for uterus greater than 250 grams; with colpo-urethrocytopexy (marshall-marchetti-krantz type, pereyra type) with or without endoscopic control	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
58294	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 grams or less and/or removal of surface myomas	No for All Programs, No for Package C	20, 22, 52, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams	No for All Programs, No for Package C	20, 22, 52, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 56, 62, 78, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
61316	Incision and subcutaneous placement of cranial bone graft (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
61517	Implantation of brain intracavitary chemotherapy agent (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
62163	Neuroendoscopy, intracranial; with retrieval of foreign body	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
62264	Percutaneous lysis of epidural adhesions using solution injection (for example, hypertonic saline, enzyme) or mechanical means (for example, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter, (including catheter placement) including daily management for anesthetic agent administration	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
64447	Injection, anesthetic agent; femoral nerve, single	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
66990	Use of ophthalmic endoscope (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	56, 62, 78, AA, AD, G8, G9, P1, P2, P3, P4, P5, QX, QS, QY, QZ, QK,, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
75901	Mechanical removal of pericatheter obstructive material (for example, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
75954	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation	No for All Programs, No for Package C	26, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QK,, QS, QX, QY, QZ, TC, W5, W6, W7, and. X6	Covered for All Programs, Covered for Package C
76071	Computed tomography, bone mineral density study, one or more sites; appendicular skeleton (peripheral) (for example, radius, wrist, heel)	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
76496	Unlisted fluoroscopic procedure (for example, diagnostic, interventional)	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
76497	Unlisted computed tomography procedure (for example, diagnostic, interventional)	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
76498	Unlisted magnetic resonance procedure (for example, diagnostic, interventional)	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; each additional gestation (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (list separately in addition to code for primary procedure)	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
83880	Natriuretic peptide	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
84302	Sodium; other source	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
85004	Blood count; automated differential wbc count	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
85049	Blood count; platelet, automated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
85380	Fibrin degradation products, d-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
87267	Infectious agent antigen detection by immunofluorescent technique; enterovirus, direct fluorescent antibody (dfa)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
87271	Infectious agent antigen detection by immunofluorescent technique; cytomegalovirus, direct fluorescent antibody (DFA)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening, under physician supervision	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
89055	Leukocyte count, fecal	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
92602	Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92609	Therapeutic services for the use of speech-generating device, including programming and modification	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92610	Evaluation of oral and pharyngeal swallowing function	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92613	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92615	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92616	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
92617	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
92700	Unlisted otorhinolaryngological service or procedure	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, fontan fenestration, atrial septal defect) with implant	No for All Programs, No for Package C	51, AA, AD, G8, G9, P1, P2, P3, P4, P5, QK,, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	No for All Programs, No for Package C	51, AA, AD, G8, G9, P1, P2, P3, P4, P5, QK,, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular)	No for All Programs, No for Package C	AA, AD, G8, G9, P1, P2, P3, P4, P5, QK,, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	Yes for All Programs, Yes for Package C	51	Covered for All Programs, Covered for Package C
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	Yes for All Programs, Yes for Package C	51	Covered for All Programs, Covered for Package C
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	Yes for All Programs, Yes for Package C	51	Covered for All Programs, Covered for Package C
99026	Hospital mandated on call service; in-hospital, each hour	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
99027	Hospital mandated on call service; out-of-hospital, each hour	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
99293	Initial pediatric critical care, 31 days up through 24 months of age, per day, for the evaluation and management of a critically ill infant or young child	No for All Programs, No for Package C	21, 24, 25, 27, 57, and 59	Covered for All Programs, Covered for Package C
99294	Subsequent pediatric critical care, 31 days up through 24 months of age, per day, for the evaluation and management of a critically ill infant or young child	No for All Programs, No for Package C	21, 24, 25, 27, 57, and 59	Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
99299	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams) infants with present body weight of 1500-2500 grams 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.	No for All Programs, No for Package C	21, 24, 25, 27, 57, and 59	Covered for All Programs, Covered for Package C
99600	Unlisted home visit service or procedure	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4266	Diaphragm for contraceptive use	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4267	Contraceptive supply, condom, male, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4268	Contraceptive supply, condom, female, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4281	Tubing for breast pump, replacement	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4282	Adapter for breast pump, replacement	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4283	Cap for breast pump bottle, replacement	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4284	Breast shield and splash protector for use with breast pump, replacement	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4285	Polycarbonate bottle for use with breast pump, replacement	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4286	Locking ring for breast pump, replacement	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4450	Tape, non-waterproof, per 18 square inches	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4452	Tape, waterproof, per 18 square inches	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4458	Enema bag with tubing, reusable	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4521	Adult-sized incontinence product, diaper, small size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4522	Adult-sized incontinence product, diaper, medium size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4523	Adult-sized incontinence product, diaper, large size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4524	Adult-sized incontinence product, diaper, extra large size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4525	Adult-sized incontinence product, brief, small size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4526	Adult-sized incontinence product, brief, medium size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4527	Adult-sized incontinence product, brief, large size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4528	Adult-sized incontinence product, brief, extra-large size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4529	Child-sized incontinence product, diaper, small/medium size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4530	Child-sized incontinence product, diaper, large size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A4531	Child-sized incontinence product, brief, small/medium size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4532	Child-sized incontinence product, brief, large size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4533	Youth-sized incontinence product, diaper, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4534	Youth-sized incontinence product, brief, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4535	disposable liner/shield for incontinence, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4536	Protective underwear, washable, any size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4537	Under pad, reusable/washable, any size, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4538	Diaper service, reusable diaper, each diaper	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4606	Oxygen probe for use with oximeter device, replacement	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4609	Tracheal suction catheter, closed system, for less than 72 hours of use, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4610	Tracheal suction catheter, closed system, for 72 or more hours of use, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4632	Replacement battery for external infusion pump, any type, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4634	Replacement bulb for therapeutic light box, tabletop model	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4639	Replacement pad for infrared heating pad system, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4653	Peritoneal dialysis catheter anchoring device, belt, each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4930	Gloves, sterile, per pair	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4931	Oral thermometer, reusable, any type, each	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
A4932	Rectal thermometer, reusable, any type, each	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
A6011	Collagen based wound filler, gel/paste, per gram of collagen	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6410	Eye pad, sterile, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A6411	Eye pad, non-sterile, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6412	Eye patch, occlusive, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6421	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 3 yards, unstretched)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6422	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 3 inches and less than 5 inches per roll (at least 3 yards, unstretched)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6424	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per roll (at least 3 yards, unstretched)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6426	Conforming bandage, non-elastic, knitted/woven, sterile width greater than or equal to 3 inches and less than 5 inches, per roll (at least 3 yards, unstretched)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6428	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 5 inches, per roll (at least 3 yards, unstretched)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6430	Light compression bandage, elastic, knitted/woven, load resistance less than 1.25 foot pounds at 50% maximum stretch, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 3 yards, unstretched)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6432	Light compression bandage, elastic, knitted/woven, load resistance less than 1.25 foot pounds at 50% maximum stretch, width greater than or equal to 5 inches, per roll (at least 3 yards, unstretched)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6434	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to 3 inches or less than 5 inches, per roll (at least 3 yards, unstretched)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6436	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 3 yards, unstretched)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A6438	Self-adherent bandage, elastic, non-knitted/non-woven, load resistance greater than or equal to 0.55 foot pounds at 50% maximum stretch, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 5 yards, unstretched)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6440	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 10 yards, unstretched)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6502	Compression burn garment, chin strap, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6503	Compression burn garment, facial hood, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6504	Compression burn garment, glove to wrist, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6505	Compression burn garment, glove to elbow, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6506	Compression burn garment, glove to axilla, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6507	Compression burn garment, foot to knee length, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6508	Compression burn garment, foot to thigh length, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6512	Compression burn garment, not otherwise classified	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7030	Full face mask used with positive airway pressure device, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7031	Face mask interface, replacement for full face mask, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A7032	Replacement cushion for nasal application device, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7033	Replacement pillows for nasal application device, pair	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7035	Headgear used with positive airway pressure device	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7036	Chinstrap used with positive airway pressure device	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7037	Tubing used with positive airway pressure device	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7038	Filter, disposable, used with positive airway pressure device	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7039	Filter, non disposable, used with positive airway pressure device	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7042	Implanted pleural catheter, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7043	Vacuum drainage bottle and tubing for use with implanted catheter	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7044	Oral interface used with positive airway pressure device, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A9512	Supply of radiopharmaceutical diagnostic imaging agent, technetium tc-99m pertechnetate, per MCI	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9513	Supply of radiopharmaceutical diagnostic imaging agent, technetium tc-99m mebrofenin, per MCI	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9514	Supply of radiopharmaceutical diagnostic imaging agent, technetium tc-99m pyrophosphate, per MCI	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9515	Supply of radiopharmaceutical diagnostic imaging agent, technetium tc-99m pentetate, per MCI	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9516	Supply of radiopharmaceutical diagnostic imaging agent, i-123 sodium iodide capsule, per 100 UCI	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9517	Supply of radiopharmaceutical therapeutic imaging agent, i-131 sodium iodide capsule, per MCI	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9518	Supply of radiopharmaceutical therapeutic imaging agent, i-131 sodium iodide solution, per UCI	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A9519	Supply of radiopharmaceutical diagnostic imaging agent, technetium tc-99m macroaggregated albumin, per MCI	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9520	Supply of radiopharmaceutical diagnostic imaging agent, technetium TC-99m sulfur colloid, per MCI	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9521	Supply of radiopharmaceutical diagnostic imaging agent, technetium TC-99m exametazine, per dose	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9522	Supply of radiopharmaceutical diagnostic imaging agent, indium-111 ibritumomab tiuxetan, per MCI	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9523	Supply of radiopharmaceutical therapeutic imaging agent, yttrium 90 ibritumomab tiuxetan, per MCI	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9524	Supply of radiopharmaceutical diagnostic imaging agent, iodinated I-131 serum albumin, 5 microcuries	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
A9603	Supply of therapeutic radiopharmaceutical, I-131 sodium iodide capsule, per MCI	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A9699	Supply of radiopharmaceutical therapeutic imaging agent, not otherwise classified	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
B4100	Food thickener, administered orally, per ounce	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
D0180	Comprehensive periodontal evaluation - new or established patient	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
D2390	Resin-based composite crown, anterior	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D2391	Resin-based composite - one surface, posterior	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D2392	Resin-based composite - two surfaces, posterior	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D2393	Resin-based composite - three surfaces, posterior	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D2394	Resin-based composite - four or more surfaces, posterior	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D4265	Biologic materials to aid in soft and osseous tissue regeneration	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
D4275	Soft tissue allograft	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D4276	Combined connective tissue and double pedicle graft	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
D6053	Implant/abutment supported removable denture for completely edentulous arch	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6054	Implant/abutment supported removable denture for partially edentulous arch	Yes for All Programs, Yes for Package C		Not Covered for All Programs, Not Covered for Package C
D6253	Provisional pontic	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6600	Inlay porcelain or ceramic, two surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6601	Inlay – porcelain/ceramic, three or more surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6602	Inlay – cast high noble metal, two surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6603	Inlay – cast high noble metal, three or more surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6604	Inlay – cast predominantly base metal, two surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6605	Inlay – cast predominantly base metal, three or more surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6606	Inlay – cast noble metal, two surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6607	Inlay – cast noble metal, three or more surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
D6608	Onlay – porcelain/ceramic, two surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6609	Onlay – porcelain/ceramic, three or more surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6610	Onlay – cast high noble metal, two surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6611	Onlay – cast high noble metal, three or more surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6612	Onlay – cast predominantly base metal, two surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6613	Onlay – cast predominantly base metal, three or more surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6614	Onlay – cast noble metal, two surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6615	Onlay – cast noble metal, three or more surfaces	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6793	Provisional retainer crown	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
D6985	Pediatric partial denture, fixed	No for All Programs, No for Package C		Non-reimbursable all Programs, Non-reimbursable Package C
D7111	Coronal remnants – deciduous tooth	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7261	Primary closure of a sinus perforation	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7287	Cytology sample collection	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7411	Excision of benign lesion greater than 1.25 cm	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7412	Excision of benign lesion, complicated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7413	Excision of malignant lesion up to 1.25 cm	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
D7414	Excision of malignant lesion greater than 1.25 cm	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7415	Excision of malignant lesion, complicated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7472	Removal of torus palatinus	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7473	Removal of torus mandibularis	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7485	Surgical reduction of osseous tuberosity	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7671	Alveolus - open reduction, may include stabilization of teeth	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7771	Alveolus, closed reduction stabilization of teeth	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D7972	Surgical reduction of fibrous tuberosity	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
D9450	Case presentation, detailed and extensive treatment planning	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
E0117	Crutch, underarm, articulating, spring assisted, each	No for All Programs, No for Package C	RR and NU	Covered for All Programs, Covered for Package C
E0203	Therapeutic lightbox, minimum 10,000 LUX, table top model	No for All Programs, No for Package C	RR	Covered for All Programs, Covered for Package C
E0445	Oximeter device for measuring blood oxygen levels non-invasively	No for All Programs, No for Package C	RR and NU	Non-reimbursable all Programs, Non-reimbursable Package C
E0454	Pressure ventilator with pressure control, pressure support and flow triggering features	Yes for All Programs, Yes for Package C	RR	Covered for All Programs, Covered for Package C
E0461	Volume ventilator, stationary or portable, with backup rate feature, used with non-invasive interface	Yes for All Programs, Yes for Package C	RR	Covered for All Programs, Covered for Package C
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E0618	Apnea monitor, without recording feature	No for All Programs, No for Package C	RR and NU	Covered for All Programs, Covered for Package C
E0619	Apnea monitor, with recording feature	No for All Programs, No for Package C	RR and NU	Covered for All Programs, Covered for Package C
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E0691	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E0701	Helmet with face guard and soft interface material, prefabricated	No for All Programs, No for Package C	RR and NU	Covered for All Programs, Covered for Package C
E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
E1011	Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair)	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1012	Integrated seating system, planar, for pediatric wheelchair	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1013	Integrated seating system, contoured, for pediatric wheelchair	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1014	Reclining back, addition to pediatric wheelchair	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1015	Shock absorber for manual wheelchair, each	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1016	Shock absorber for power wheelchair, each	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1020	Residual limb support system for wheelchair	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1025	Lateral thoracic support, non-contoured, for pediatric wheelchair, each (includes hardware)	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1026	Lateral thoracic support, contoured, for pediatric wheelchair, each (includes hardware)	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1027	Lateral/anterior support, for pediatric wheelchair, each (includes hardware)	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1037	Transport chair, pediatric size	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1038	Transport chair, adult size	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1161	Manual adult size wheelchair, includes tilt in space	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	Yes for All Programs, Yes for Package C	RR and NU	Covered for All Programs, Covered for Package C
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) which must include: (1) the diagnosis of lops, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear and (4) patient education	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include if present, at least the following: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0248	Demonstration, at initial use, of home INR monitoring for patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of a physician; includes: demonstrating use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient ability to perform testing	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0249	Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting of test results to physician; per 4 tests	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0250	Physician review, interpretation and patient management of home INR testing for a patient with mechanical heart valve(s) who meets other coverage criteria; per 4 tests (does not require face-to-face service)	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
G0251	Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum five sessions per course of treatment	No for All Programs, No for Package C	26, 80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, TC, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
G0252	PET imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (for example, initial staging of axillary lymph nodes)	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
G0253	PET imaging for breast cancer, full and partial-ring PET scanners only, staging/restaging of local regional recurrence or distant metastases (such as, staging/restaging after or prior to course of treatment)	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
G0254	PET imaging for breast cancer, full and partial-ring PET scanners only, evaluation of response to treatment, performed during course of treatment	No for All Programs, No for Package C	26 and TC	Covered for All Programs, Covered for Package C
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0256	Prostate brachytherapy using permanently implanted palladium seeds, including transperitoneal placement of needles or catheters into the prostate, cystoscopy and application of permanent interstitial radiation source	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0257	Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0258	Intravenous infusion during separately payable observation stay, per observation stay (must be reported with G0244)	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0259	Injection procedure for sacroiliac joint; arthrography	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent and arthrography	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0261	Prostate brachytherapy using permanently implanted iodine seeds, including transperineal placement of needles or catheters into the prostate, cystoscopy and application of permanent interstitial radiation source	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0262	Small intestinal imaging; intraluminal, from ligament of treitz to the ileo cecal valve, includes physician interpretation and report	No for All Programs, No for Package C	TC and 26	Covered for All Programs, Covered for Package C
G0263	Direct admission of patient with diagnosis of congestive heart failure, chest pain or asthma for observation	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0264	Initial nursing assessment of patient directly admitted to observation with diagnosis other than congestive heart failure, chest pain or asthma	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0265	Cryopreservation, freezing and storage of cells for therapeutic use, each cell line	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 91, AA, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W6, W7, W8, and X6	Covered for All Programs, Not Covered for Package C
G0266	Thawing and expansion of frozen cells for therapeutic use, each aliquot	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 91, AA, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W6, W7, W8, and X6	Covered for All Programs, Not Covered for Package C
G0267	Bone marrow or peripheral stem cell harvest, modification or treatment to eliminate cell type(s) (for example, T-cells, metastatic carcinoma)	Yes for All Programs, Yes for Package C	20, 22, 52, 54, 55, 91, AA, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W6, W7, W8, and X6	Covered for All Programs, Not Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0269	Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (for example, angioseal plug, vascular plug)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0272	Naso/oro gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0273	Radiopharmaceutical biodistribution, single or multiple scans on one or more days, pre-treatment planning for radiopharmaceutical therapy of non-Hodgkin's lymphoma, includes administration of radiopharmaceutical (for example, radiolabeled antibodies)	No for All Programs, No for Package C	26, 80, 81, 82, AS, and TC	Covered for All Programs, Covered for Package C
G0274	Radiopharmaceutical therapy, non-hodgkin's lymphoma, includes administration of radiopharmaceutical (for example, radiolabeled antibodies)	No for All Programs, No for Package C	26, 80, 81, 82, AS, and TC	Covered for All Programs, Covered for Package C
G0275	Renal artery angiography (unilateral or bilateral) performed at the time of cardiac catheterization, includes catheter placement, injection of dye, flush aortogram and radiologic supervision and interpretation and production of images (list separately in addition to primary procedure)	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0278	Iliac artery angiography performed at the same time of cardiac catheterization, includes catheter placement, injection of dye, radiologic supervision and interpretation and production of images (list separately in addition to primary procedure)	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0279	Extracorporeal shock wave therapy; involving elbow epicondylitis	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
G0280	Extracorporeal shock wave therapy; involving other than elbow epicondylitis or plantar fasciitis	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	Yes for All Programs, Yes for Package C	80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, X6, and W7	Covered for All Programs, Covered for Package C
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in g0281	Yes for All Programs, Yes for Package C	80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Yes for All Programs, Yes for Package C	80, 81, 82, AA, AD, AS, G8, G9, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, and X6	Covered for All Programs, Covered for Package C
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	No for All Programs, No for Package C	54, 55, 56, 62, 78, 80, 81, 82, AS, AA, AD, G8, G9, P1, P2, P3, P4, P5, W5, W6, W7, and X6.	Covered for All Programs, Covered for Package C
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0290	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	No for All Programs, No for Package C	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, G8, G9, QK, QS, QY, QX, and QZ	Covered for All Programs, Covered for Package C
G0291	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel	No for All Programs, No for Package C	AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6, G8, G9, QK, QS, QY, QX, and QZ	Covered for All Programs, Covered for Package C
G0292	Administration(s) of experimental drug(s) only in a Medicare qualifying clinical trial (includes administration for chemotherapy and other types of therapy via infusion and/or other than infusion), per day	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a Medicare qualifying clinical trial, per day	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
G0295	Electromagnetic stimulation, to one or more areas	No for All Programs, No for Package C		Not Covered for All Programs, Not Covered for Package C
J0287	Injection, amphotericin b lipid complex, 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J0288	Injection, amphotericin b cholesteryl sulfate complex, 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J0289	Injection, amphotericin b liposome, 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J0592	Injection, buprenorphine hydrochloride, 0.1 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J0636	Injection, calcitriol, 0.1 mcg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J0637	Injection, caspofungin acetate, 5 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J0880	Injection, darbepoetin alfa, 5 mcg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J1051	Injection, medroxyprogesterone acetate, 50 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J1094	Injection, dexamethasone acetate, 1 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J1564	Injection, immune globulin, 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J1652	Injection, fondaparinux sodium, 0.5 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J1756	Injection, iron sucrose, 1 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J1815	Injection, insulin, per 5 units	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J1817	Insulin for administration through DME (such as, insulin pump) per 50 units	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J2324	Injection, nesiritide, 0.5 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J2501	Injection, paricalcitol, 1 mcg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J2788	Injection, RHO D immune globulin, human, minidose, 50 mcg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J3315	Injection, triptorelin pamoate, 3.75 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
J3487	Injection, zoledronic acid, 1 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J3590	Unclassified biologics	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J7317	Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J7342	Dermal tissue, of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J7350	Dermal tissue of human origin, injectable, with or without other bioengineered or processed elements, but without metabolized active elements, per 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J7633	Budesonide, inhalation solution administered through DME, concentrated form, per 0.25 milligram	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
J9010	Alemtuzumab, 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0556	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0557	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0558	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0559	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0581	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0582	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0583	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0584	Ostomy pouch, closed; for use on barrier with flange, with filter (2 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0585	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0586	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0587	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0588	Ostomy pouch, drainable; for use on barrier with flange, with filter (2 piece system), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0589	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0590	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0591	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0592	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0593	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0594	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0595	Ostomy pouch, urinary; for use on barrier with flange, with faucet-type tap with valve (2 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0596	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
K0597	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0454	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0458	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
L0462	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0464	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and tranverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0470	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and tranverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0474	TLSO, triplanar control, rigid posterior frame with flexible soft apron anterior with multiple straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in the sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0476	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of the L5 region, includes straps and closures, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0478	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of L5 region, includes straps and closures, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0480	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
L0482	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0484	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0486	TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0488	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (for example, neoprene, lycra)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L3651	Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (for example, neoprene, lycra)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L3652	Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (for example, neoprene, lycra)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L3701	Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (for example, neoprene, lycra)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L3909	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (for example, neoprene, lycra)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (for example, neoprene, lycra)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L4386	Non-pneumatic walking splint, with or without joints, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L5848	Addition to endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, adjustable	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L5995	Addition to lower extremity prosthesis, heavy duty feature (for patient weight > 300 lbs)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L7367	Lithium ion battery, replacement	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L7368	Lithium ion battery charger	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q3000	Supply of radiopharmaceutical diagnostic imaging agent, rubidium rb-82, per dose	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
Q3019	ALS vehicle used, emergency transport, no als level services furnished	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
Q3020	ALS vehicle used, non-emergency transport, no ALS level service furnished	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C
Q3021	Injection, hepatitis B vaccine, pediatric or adolescent, per dose	No for All Programs, No for Package C		Non-reimbursable all programs, Non-reimbursable Package C
Q3022	Injection, hepatitis b vaccine, adult, per dose	No for All Programs, No for Package C		Non-reimbursable all programs, Non-reimbursable Package C
Q3023	Injection, hepatitis b vaccine, immunosuppressed patients (including renal dialysis patients), per dose	No for All Programs, No for Package C		Non-reimbursable all programs, Non-reimbursable Package C
Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0104	Zidovudine, oral, 100 mg	No for All Programs, No for Package C		Non-reimbursable all programs, Non-reimbursable Package C
S0106	Bupropion HCL sustained release tablet, 150 mg, per bottle of 60 tablets	No for All Programs, No for Package C		Non-reimbursable all programs, Non-reimbursable Package C
S0108	Mercaptopurine, oral, 50 mg	No for All Programs, No for Package C		Non-reimbursable all programs, Non-reimbursable Package C

Table 1.1 – 2003 HCPCS Codes Effective April 1, 2003

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S0114	Injection, treprostinil sodium, 0.5 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0130	Injection, chorionic gonadotropin, 5000 units	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
S0135	Injection, pegfilgrastim, 6 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S5110	Home care training, family; per 15 minutes	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S5115	Home care training, non-family; per 15 minutes	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S5161	Emergency response system; service fee, permonth (excludes installation and testing)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S9444	Parenting classes, non-physician provider, per session	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S9452	Nutrition classes, non-physician provider, per session	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
V5095	Semi-implantable middle ear hearing prosthesis	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
V5298	Hearing aid, not otherwise classified	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable all programs, Non-reimbursable Package C

Description of New Codes

C codes

C codes are used exclusively for services paid by the Medicare Outpatient Prospective Payment System and may not be used to bill services paid by any other payment system. The IHCP does not reimburse codes C1000 to C9702.

H codes

H codes are temporary codes based on requests from state and federal agencies other than Medicare and Medicaid. The IHCP does not reimburse codes H0001 to H2001.

K codes

K codes are temporary codes established for DME regional carriers. The IHCP does not routinely use these codes when other national codes are available.

Q codes

Q codes were developed by the Center for Medicare and Medicaid Services (CMS) for use with Medicare in response to a need for immediate codes for procedures, services, or supplies. These codes are temporary and may be used until a permanent code is assigned. The Q codes are deleted when permanent codes are assigned.

S codes

S codes are used by the Blue Cross Blue Shield Association and the Health Insurance Association of America to report drugs, services, and supplies for which there are no national codes, but for which codes are needed by the private sector, to implement policies, programs, or claims processing. The IHCP does not routinely use these codes when other national codes are available.

T codes

T codes are established for state Medicaid agencies. The IHCP will not use T1000 to T2007 until the implementation of the Health Insurance Portability and Accountability Act (HIPAA). HCPCS code *T1015, Clinic visit/encounter, all-inclusive*, is an exception and will remain covered by the IHCP.

2003 Deleted Codes

Providers have 45 days from the date of this bulletin to use deleted codes and modifiers. After April 1, 2003, the replacement codes must be used. Claims submitted with dates of service on or after April 1, 2003, with deleted codes and modifiers will be denied.

Table 1.2 – HCPCS 2003 Deleted Codes

Procedure Code	Description	Replacement Code(s)
00869	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; vasectomy, unilateral/bilateral	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
21041	Excision of benign cyst or tumor of mandible; complex	21040
36520	Therapeutic apheresis; plasma and/or cell exchange	36511, 36512, 36513, 36514, 36515, 36516
36521	Therapeutic apheresis; with extracorporeal affinity column adsorption and plasma reinfusion	36511, 36512, 36513, 36514, 36515, 36516
38231	Blood-derived peripheral stem cell harvesting for transplantation, per collection	38205, 38206
44209	Unlisted laparoscopy procedure, intestine (except rectum)	44238
53670	Catheterization, urethra; simple	51701, 51702, 51703
53675	Catheterization, urethra; complicated (may include difficult removal of balloon catheter)	51701, 51702, 51703
58551	Laparoscopy, surgical; with removal of leiomyomata (single or multiple)	58545, 58546
80090	Torch antibody panel	Use appropriate Pathology and Laboratory CPT code
85021	Blood count; hemogram, automated (RBC, WBC, HGB, HCT and indices only)	Use appropriate Pathology and Laboratory CPT code
85022	Blood count; hemogram, automated, and manual differential WBC count (CBC)	Use appropriate Pathology and Laboratory CPT code
85023	Blood count; hemogram and platelet count, automated, and manual differential WBC count (CBC)	85007, 85027
85024	Blood count; hemogram and platelet count, automated, and automated partial differential WBC count (CBC)	85025
85031	Blood count; hemogram, manual, complete CBC (RBC, WBC, HGB, HCT, differential and indices)	85014, 85018, 85032
85585	Platelet; estimation on smear, only	85008
85590	Platelet; manual count	85032
85595	Platelet; automated count	85049
86915	Bone marrow or peripheral stem cell harvest, modification or treatment to eliminate cell type(s) (eg, T-cells, metastatic carcinoma)	G0267
87198	Cytomegalovirus, direct fluorescent antibody (DFA)	87271
87199	Enterovirus, direct fluorescent antibody (DFA)	87267
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	Use appropriate Cytopathology CPT code
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	Use appropriate Cytopathology CPT code

Table 1.2 – HCPCS 2003 Deleted Codes

Procedure Code	Description	Replacement Code(s)
90709	Rubella and mumps virus vaccine, live, for subcutaneous use	Use appropriate Medicine/Vaccines, Toxoids CPT code.
92525	Evaluation of swallowing and oral function for feeding	92610-92611
92598	Modification of voice prosthetic or augmentative/alternative communication device to supplement oral speech	Use appropriate Medicine/Special Otorhinolaryngologic Services CPT code.
92599	Unlisted otorhinolaryngological service or procedure	92700
94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation	94640, 94660, 94662 dependent upon the clinical situation
94651	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; subsequent	94640, 94660, 94662 depending on the clinical situation
94652	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; newborn infants	94640, 94660, 94662 dependent upon the clinical situation
94665	Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; subsequent	94664
99297	Subsequent neonatal intensive care, per day, for the evaluation and management of a critically ill though stable neonate or infant critically ill though stable neonates require cardiac and/ or respiratory support (including ventilator and nasal cpap)	99296
99508	Home visit for polysomnography and sleep studies	This is a non-covered code under the IHCP.
99539	Unlisted home visit service or procedure	This code is non-reimbursable by the IHCP.
A4360	Adult incontinence garment (for example, brief, diaper), each	A4521, A4522, A4523, A4524
A4370	Ostomy skin barrier, paste, per oz	A4405, A4406
A4374	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, any size, each	A4407, A4408
A4386	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each	A4409, A4410
A4454	Tape, all types, all sizes	A4450, A4452
A4460	Elastic bandage, per roll (for example, compression bandage)	Use appropriate HCPCS A code.
A4464	Joint supportive device/garment, elastic or equal, each	Use appropriate HCPCS A code.
A4572	Rib belt	L0210
A4801	Heparin, any type, for hemodialysis, per 1000 units	J1644
A5123	Skin barrier; with flange (solid, flexible or accordion), any size, each	Use appropriate HCPCS A code.
A6263	Gauze, elastic, non-sterile, all types, per linear yard	Use appropriate HCPCS A code.
A6264	Gauze, non-elastic, non-sterile, per linear yard	Use appropriate HCPCS A code.

Table 1.2 – HCPCS 2003 Deleted Codes

Procedure Code	Description	Replacement Code(s)
A6265	Tape, all types, per 18 square inches	A4450, A4452
A6405	Gauze, elastic, sterile, all types, per linear yard	Use appropriate HCPCS A code.
A6406	Gauze, non-elastic, sterile, all types, per linear yard	Use appropriate HCPCS A code.
D0501	Histopathologic examinations	This is a non-covered code under the IHCP. No replacement code is necessary.
D2110	Amalgam-one surface, primary	D2140
D2120	Amalgam-two surfaces, primary	D2150
D2130	Amalgam-three surfaces, primary	D2160
D2131	Amalgam-four or more surfaces, primary	D2161
D2336	Composite resin crown-anterior-primary	This is a non-covered code under the IHCP. No replacement code is necessary.
D2337	Resin-based composite crown, anterior-permanent	This is a non-covered code under the IHCP. No replacement code is necessary.
D2380	Resin-one surface, posterior-primary	D2391
D2381	Resin-two surfaces, posterior-primary	D2392
D2382	Resin-three or more surfaces, posterior-primary	D2393
D2385	Resin-one surface, posterior-permanent	D2391
D2386	Resin-two surfaces, posterior-permanent	D2392
D2387	Resin-three or more surfaces, posterior-permanent	D2393
D2388	Resin-based composite - four or more surfaces, posterior permanent	D2394
D4220	Gingival curettage, surgical, per quadrant, by report	This is a non-covered code under the IHCP. No replacement code is necessary.
D6519	Inlay/onlay – porcelain/ceramic	This is a non-covered code under the IHCP. No replacement code is necessary.
D6520	Inlay-metallic – two surfaces	This is a non-covered code under the IHCP. No replacement code is necessary.
D6530	Inlay-metallic – three or more surfaces	This is a non-covered code under the IHCP. No replacement code is necessary.
D6543	Onlay-metallic – three surfaces	This is a non-covered code under the IHCP. No replacement code is necessary.
D6544	Onlay-metallic – four or more surfaces	This is a non-covered code under the IHCP. No replacement code is necessary.
D7110	Single tooth	D7140
D7120	Each additional tooth	D7140
D7130	Root removal-exposed roots	D7111
D7420	Radical excision-lesion diameter greater than 1.25 cm	This is a non-covered code under the IHCP. No replacement code is necessary.
D7430	Excision of benign tumor-lesion diameter up to 1.25 cm	D7410
D7431	Excision of benign tumor-lesion diameter greater than 1.25 cm	D7411

Table 1.2 – HCPCS 2003 Deleted Codes

Procedure Code	Description	Replacement Code(s)
D7480	Partial ostectomy (guttering or saucerization)	This is a non-covered code under the IHCP. No replacement code is necessary.
E0608	Apnea monitor	E0618, E0619
E0690	Ultraviolet cabinet, appropriate for home use	E0691, E0692, E0693, E0694
E1091	Youth wheelchair, any type	Use appropriate HCPCS E code.
E1638	Heating pad, for peritoneal dialysis, any size, each	E0210
G0002	Office procedure, insertion of temporary indwelling catheter, foley type (separate procedure)	51702, 51703
G0004	Patient demand single or multiple event recording with pre-symptom memory loop and 24 hour attended monitoring, per 30 day period; includes transmission, physician review and interpretation	93268
G0005	Patient demand single or multiple event recording with pre-symptom memory loop and 24 hour attended monitoring, per 30 day period; recording (includes hook-up, recording and disconnection)	93270
G0006	Patient demand single or multiple event recording with pre-symptom memory loop and 24 hour attended monitoring, per 30 day period; 24 hour attended monitoring, receipt of transmissions, and analysis	93271
G0007	Patient demand single or multiple event recording with pre-symptom memory loop and 24 hour attended monitoring, per 30 day period; physician review and interpretation only	93272
G0015	Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) and 24 hour attended monitoring, per 30 day period; tracing only	93012
G0026	Fecal leucocyte examination	89055
G0027	Semen analysis; presence and/or motility of sperm excluding hühner	89310
G0050	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound	51798
G0131	Computerized tomography bone mineral density study, one or more sites; axial skeleton (for example, hips, pelvis, spine)	76070
G0132	Computerized tomography bone mineral density study, one or more sites; appendicular skeleton (peripheral) (for example, radius, wrist, heel)	76071
G0185	Destruction of localized lesion of choroid (for example, choroidal neovascularization); transpupillary thermotherapy (one or more sessions)	0016T
G0187	Destruction of macular drusen, photocoagulation (one or more sessions)	0017T
G0192	Intranasal or oral administration; one vaccine (single or combination vaccine/toxoid)	Use appropriate Medicine Vaccines/Toxoids CPT Code.
G0193	Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (FEES))	92612

Table 1.2 – HCPCS 2003 Deleted Codes

Procedure Code	Description	Replacement Code(s)
G0194	Sensory testing during endoscopic study of swallowing (add on code) referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (FEEST)	92614
G0195	Clinical evaluation of swallowing function (not involving interpretation of dynamic radiological studies or endoscopic study of swallowing)	92610
G0196	Evaluation of swallowing involving swallowing of radio-opaque materials	92611
G0197	Evaluation of patient for prescription of speech generating devices	92607
G0198	Patient adaptation and training for use of speech generating devices	92609
G0199	Re-evaluation of patient using speech generating devices	92607, 92608
G0200	Evaluation of patient for prescription of voice prosthetic	92506
G0201	Modification or training in use of voice prosthetic	92507
G0240	Critical care service delivered by a physician, face to face; during interfacility transport of a critically ill or critically injured patient; first 30-74 minutes of active transport	This is a non-covered code under the IHCP. No replacement code is necessary.
G0241	Each additional 30 minutes (list separately in addition to G0240)	This is a non-covered code under the IHCP. No replacement code is necessary.
J0286	Injection, amphotericin B, any lipid formulation, 50 mg	Use J0287 and the appropriate NDC number.
J0635	Injection, calcitriol, 1 mcg amp.	Use J0636 and the appropriate NDC number.
J1050	Injection, medroxyprogesterone acetate, 100 mg	Use J1051 and the appropriate NDC number.
J1095	Injection, dexamethasone acetate, per 8 mg	Use J1094 and the appropriate NDC number.
J1561	Injection, immune globulin, intravenous, 500 mg	Use J1564 and the appropriate NDC number.
J1755	Injection, iron sucrose, 20mg	Use J1756 and the appropriate NDC number.
J1820	Injection, insulin, up to 100 units	Use J1815 and the appropriate NDC number.
J2500	Injection, paricalcitol, 5 mcg	Use J2501 and the appropriate NDC number.
J2915	Injection, sodium ferric gluconate complex in sucrose injection, 62.5 mg	Use J2916 and the appropriate NDC number.
J7316	Sodium hyaluronate, 5 mg for intra-articular injection	Use J7317 and the appropriate NDC number.
J7625	Albuterol sulfate, 0.5%, per ml, inhalation solution administered through dme	This is a non-covered code under the IHCP. No replacement code is necessary.
K0183	Nasal application device used with positive airway pressure device	A7034
K0184	Nasal single piece interface, replacement for nasal application device, pair or single piece interface	A7032, A7033
K0185	Headgear used with positive airway pressure device	A7035
K0186	Chin strap used with positive airway pressure device	A7036
K0187	Tubing used with positive airway pressure device	A7037
K0188	Filter, disposable, used with positive airway pressure device	A7038
K0189	Filter, non disposable, used with positive airway pressure device	A7039

Table 1.2 – HCPCS 2003 Deleted Codes

Procedure Code	Description	Replacement Code(s)
K0551	Residual limb support system, solid base with adjustable drop hooks, mounts to wheelchair frame, each	E1020
L0300	Thoracic-lumbar-sacral-orthosis (TLSO), flexible (dorso-lumbar surgical support)	L0450 – L0490
L0310	TLSO, flexible, (dorso-lumbar surgical support), custom fabricated	L0450 – L0490
L0315	TLSO, flexible dorso-lumbar surgical support, elastic type, with rigid posterior panel	L0450 – L0490
L0317	TLSO, flexible dorso-lumbar surgical support, hyperextension, elastic type, with rigid posterior panel	L0450 – L0490
L0320	TLSO, anterior-posterior control (taylor type), with apron front	L0450 – L0490
L0321	TLSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	L0450 – L0490
L0330	TLSO, anterior-posterior-lateral control (knight-taylor type), with apron front	L0450 – L0490
L0331	TLSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	L0450 – L0490
L0340	TLSO, anterior-posterior-lateral-rotary control (arnold, magnuson, steindler types), with apron front	L0450 – L0490
L0350	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, custom fitted	L0450 – L0490
L0360	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket molded to patient model	L0450 – L0490
L0370	TLSO, anterior-posterior-lateral-rotary control, hyperextension (jewett, lennox, baker, cash types)	L0450 – L0490
L0380	TLSO, anterior-posterior-lateral-rotary control, with extensions	L0450 – L0490
L0390	TLSO, anterior-posterior-lateral control molded to patient model	L0450 – L0490
L0391	TLSO, anterior-posterior-lateral-rotary control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	L0450 – L0490
L0400	TLSO, anterior-posterior-lateral control molded to patient model, with interface material	L0450 – L0490
L0410	TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model	L0450 – L0490
L0420	TLSO, anterior-posterior-lateral control, two piece construction, molded to patient model, with interface material	L0450 – L0490
L0430	TLSO, anterior-posterior-lateral control, with interface material l custom fitted	L0450 – L0490
L0440	TLSO, anterior-posterior-lateral control, with overlapping front section, spring steel front, custom fitted	L0450 – L0490

Table 1.2 – HCPCS 2003 Deleted Codes

Procedure Code	Description	Replacement Code(s)
L0900	Torso support, ptosis support	L0500
L0910	Torso support, ptosis support, custom fabricated	L0510
L0920	Torso support, pendulous abdomen support	L0500
L0930	Torso support, pendulous abdomen support, custom fabricated	L0510
L0940	Torso support, postsurgical support	L0500
L0950	Torso support, postsurgical support, custom fabricated	L0510
L0986	Addition to spinal orthosis, rigid or semi-rigid abdominal panel, prefabricated	Use appropriate HCPCS L Code.
L3218	Orthopedic footwear, ladies surgical boot, each	L3260
L3223	Orthopedic footwear, mens surgical boot, each	L3260
L5660	Addition to lower extremity, socket insert, symes, silicone gel or equal	K0556, K0557, K0558, K0559
L5662	Addition to lower extremity, socket insert, below knee, silicone gel or equal	K0556, K0557, K0558, K0559
L5663	Addition to lower extremity, socket insert, knee disarticulation, silicone gel or equal	K0556, K0557, K0558, K0559
L5664	Addition to lower extremity, socket insert, above knee, silicone gel or equal	K0556, K0557, K0558, K0559
Q0184	Dermal tissue, of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	J7342
Q3017	Ambulance service, advanced life support (ALS) assessment, no other als services provided	This code is non-reimbursable by the IHCP.
Q3030	Sodium hyaluronate per 20 to 25 mg dose, for intra-articular injection	J7317
S0085	Injection, gatifloxacin, 200 mg	J1590
S0087	Alemtuzumab injection, 30 mg	J9010
S0112	Injection, darbepoetin alfa, 1 mcg	J0880
S0206	Procedure performed in surgery suite in physician's office (list separately in addition to code for primary procedure to denote use of facility and equipment)	This code is non-reimbursable by the IHCP.
S2180	Donor leukocyte infusion (for example, DLI, donor lymphocyte infusion, donor buffy coat cell transfusion, donor peripheral blood monocyte transfusion)	38242
S8002	Supply of diagnostic radiopharmaceutical, indium-111	A9522
S8003	Supply of therapeutic radioimmunopharmaceutical, yttrium-90	A9523
S8105	Oximeter for measuring blood oxygen levels noninvasively	E0445
S8200	Chest compression vest	E0483
S8205	Chest compression system generator and hoses (for use with chest compression vest – S8200)	E0483
S8401	Child-size incontinence garment, diaper, each	A4529, A4530

Table 1.2 – HCPCS 2003 Deleted Codes

Procedure Code	Description	Replacement Code(s)
S8403	Adult-sized incontinence garment, disposable, pull-up brief, each	A4525, A4526, A4527, A4528
S8404	Child-size incontinence garment, disposable, pull-up brief, each	A4531, A4532
S8405	Disposable liner/shield for incontinence, each	A4535
S8433	Skin support for breast prosthesis	A4280
S9216	Nursing services and all necessary equipment and supplies for gestational hypertension program (includes maternal assessment as needed, telephonic collection of blood pressure, urine protein, weight and fetal movement counting via a home data collect	S9211
S9217	Nursing services and all necessary equipment and supplies for postpartum hypertension program (includes maternal assessment as needed, telephonic collection of blood pressure, urine protein, weight, compliance management support, patient status report	S9212
S9218	Nursing services and all necessary equipment and supplies for preeclampsia program (includes maternal assessment as needed, telephonic collection of blood pressure, urine protein, weight and daily fetal movement counts via a home data collection syst	S9213
S9543	Administration of medication, intramuscularly, epidurally or subcutaneously, in the home setting, including all nursing care, equipment, and supplies; per diem	This is a non-covered code under the IHCP. No replacement code is necessary.
S9800	Home therapy; provision of infusion, specialty drug administration, and/or associated nursing services and procedures, by highly technical r.n., per hour (do not use this code with S9524)	This code is non-reimbursable by the IHCP.

Local Codes

The following IHCP local codes are being deleted and replaced by HCPCS level I and level II codes. After April 1, 2003, the replacement codes must be used. Claims submitted with dates of service on or after April 1, 2003, with deleted codes and modifiers will be denied.

Table 1.3 – HCPCS 2003 Deleted Local Codes

Procedure Code	Description	Replacement Code
Z5110	Sterile gloves, one pair individually packaged, one unit equals one pair	A4930
Z5020	Oxymetry for oxygen saturation, monthly service, (1 unit = 1 month)	E0445

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