



PROVIDER BULLETIN

BT200401

FEBRUARY 13, 2004

**To: All Providers**

**Subject: 2004 Healthcare Common Procedure Coding System Updates**

## Overview

The purpose of this bulletin is to introduce the new 2004 Healthcare Common Procedure Coding System (HCPCS) codes that have been added to the IndianaAIM claims processing system. The new 2004 HCPCS codes are identified in Table 1.1 by procedure code, description, prior authorization (PA) requirements, allowed modifiers, and program coverage status. It is also indicated whether or not the codes were used in the local code crosswalk listed in the Indiana Health Coverage Programs (IHCP) provider bulletin, BT200353. Table 1.2 lists the national codes that were deleted, according to the 2004 HCPCS code update, with the replacement codes that should be used, when appropriate. Tables 1.3 and 1.4 identify the 2004 added and deleted procedure code/modifier combination codes. For questions about this bulletin, please contact the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

## New 2004 HCPCS Codes

The following national codes were added in IndianaAIM January 1, 2004, but will not be billable until April 1, 2004. Program coverage and pricing determination for the 2004 HCPCS and Current Procedural Terminology (CPT) codes will be finalized April 1, 2004, and will be effective retroactively to January 1, 2004. From January 1, 2004, through March 31, 2004, providers can continue billing 2003 HCPCS codes. After April 1, 2004, providers must bill 2004 HCPCS and CPT codes. Claims filed before April 2004 using 2004 HCPCS codes will deny. The standard global billing procedures and edits apply when using the new codes.

*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 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
0001F	Blood pressure, measured	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0002F	Tobacco use, smoking, assessed	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0003F	Tobacco use, non-smoking, assessed	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0004F	Tobacco use cessation intervention, counseling	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0005F	Tobacco use cessation intervention, pharmacologic therapy	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0006F	Statin therapy, prescribed	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0007F	Beta-blocker therapy, prescribed	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0008F	ACE inhibitor therapy, prescribed	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0009F	Anginal symptoms and level of activity, assessed	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0010F	Anginal symptoms and level of activity, assessed using a standardized instrument (e.g., canadian cardiovascular society classification-CCSC-system, Seattle Angina Questionnaire-SAQ)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0011F	Oral antiplatelet therapy; prescribed (e.g., aspirin, clopidogrel/ Plavix, or combination of aspirin and dipyridamole/Aggrenox)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0045T	Whole body integumentary photography, at request of a physician, for monitoring of high-risk patients; with dysplastic nevus syndrome or familial melanoma; with history of dysplastic nevi or personal history of melanoma	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
0046T	Catheter lavage of a mammary duct(s) for collection of cytology specimen(s), in high risk individuals (gail risk scoring or prior personal history of breast cancer), each breast; single duct	No for All Programs, No for Package C	RT, LT	Covered for All Programs, Covered for Package C
0047T	Catheter lavage of a mammary duct(s) for collection of cytology specimen(s), in high risk individuals (gail risk scoring or prior personal history of breast cancer), each breast; each addl	No for All Programs, No for Package C	RT, LT	Covered for All Programs, Covered for Package C
0048T	Implantation of a ventricular assist device, extracorporeal, percutaneous transeptal access, single or dual cannulation	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
0049T	Prolonged extracorporeal percutaneous transeptal ventricular assist device, greater than 24 hours, each subsequent 24 hour period (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
0050T	Removal of a ventricular assist device, extracorporeal, percutaneous transeptal access, single or dual cannulation	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0053T	Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
0054T	Computer assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (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
0055T	Computer assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT and MRI images (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

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
0056T	Computer assisted musculoskeletal surgical navigational orthopedic procedure, image-less (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
0057T	Upper GI endoscopy, incl. Esophagus, stomach, and either duodenum and/or jejunum as appropriate, with delivery of thermal energy to muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
0058T	Cryopreservation; reproductive tissue, ovarian	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for package C
0059T	Cryopreservation;oocyte(s)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for package C
0060T	Electrical impedance scan of the breast, bilateral (risk assessment device for breast cancer)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
0061T	Destruct/reduct malign breast tumor incl breast carcinoma cells in margins, microwave phased array thermotherapy, dispos catheter w/ combo temp monitoring probe & microwave sensor, external appl microwave energy, incl interstitial placement sensor	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
00529	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing one lung ventilation	No for All Programs, No for Package C	P1, P2, P3, P4, P5, QK, QS, QX, QZ	Covered for All Programs, Covered for Package C
01173	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum	No for All Programs, No for Package C	P1, P2, P3, P4, P5, QK, QS, QX, QZ	Covered for All Programs, Covered for Package C
01958	Anesthesia for external cephalic version procedure	No for All Programs, No for Package C	P1, P2, P3, P4, P5, QK, QS, QX, QZ	Covered for All Programs, Covered for Package C
20982	Ablation, bone tumor(s) (e.g., osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	No for All Programs, No for Package C	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
21685	Hyoid myotomy and suspension	No for All Programs, No for Package C	51, 54, 55, 56, 78, 80, 81, 82, AS	Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
22532	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic	No for All Programs, No for Package C	51, 54, 55, 56, 62, 78, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
22533	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar	No for All Programs, No for Package C	51, 54, 55, 56, 62, 78, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
22534	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	No for All Programs, No for Package C	54, 55, 56, 62, 78, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
31632	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), each additional lobe (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
31633	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), each additional lobe (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
34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis	No for All Programs, No for Package C	51, 54, 55, 56, 58, 59, 62, 78, 79, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
35510	Bypass graft, with vein; carotid-brachial	No for All Programs, No for Package C	50, 51, 54, 55, 56, 78, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
35512	Bypass graft, with vein; subclavian-brachial	No for All Programs, No for Package C	50, 51, 54, 55, 56, 78, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
35522	Bypass graft, with vein; axillary-brachial	No for All Programs, No for Package C	50, 51, 54, 55, 56, 78, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
35525	Bypass graft, with vein; brachial-brachial	No for All Programs, No for Package C	50, 51, 54, 55, 56, 78, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	No for All Programs, No for Package C	51, 54, 55, 56, 62, 78, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
36555	Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age	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
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; under 5 years of age	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; under 5 years of age	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36565	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (e.g., Tesio type catheter)	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36566	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; under 5 years of age	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; under 5 years of age	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36595	Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	No for All Programs, No for Package C	51, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
43237	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ult	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
47140	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; left lateral segment only (segments II and III)	No for All Programs, No for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
47141	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV)	No for All Programs, No for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
47142	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total right lobectomy (segments V, VI, VII and VIII)	No for All Programs, No for Package C	51, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (e.g., postsurgical obstruction, scarring)	No for All Programs, No for Package C	51, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	No for All Programs, No for Package C	51, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
59070	Transabdominal amnioinfusion, including ultrasound guidance	No for All Programs, No for Package C	51, 80, 81, 82, AS	Covered for All Programs, Covered for Package C



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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
59072	Fetal umbilical cord occlusion, including ultrasound guidance	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for package C
59074	Fetal fluid drainage (e.g., vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	No for All Programs, No for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
59076	Fetal shunt placement, including ultrasound guidance	No for All Programs, No for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
59897	Unlisted fetal invasive procedure, including ultrasound guidance	Yes for All Programs, Yes for Package C	51	Covered for All Programs, Covered for Package C
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	No for All Programs, No for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	No for All Programs, No for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	No for All Programs, No for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	No for All Programs, No for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	Yes for All Programs, Yes for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array each additional array (List separately in addition to primary procedure)	Yes for All Programs, Yes for Package C	66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	Yes for All Programs, Yes for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array each additional array (List separately in addition to primary procedure)	Yes for All Programs, Yes for Package C	66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic, single segment	No for All Programs, No for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); lumbar, single segment	No for All Programs, No for Package C	51, 66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	No for All Programs, No for Package C	66, 80, 81, 82, AS	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
64517	Injection, anesthetic agent; superior hypogastric plexus	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
65780	Ocular surface reconstruction; amniotic membrane transplantation	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
65781	Ocular surface reconstruction; limbal stem cell allograft (e.g., cadaveric or living donor)	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (e.g., gold weight)	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
68371	Harvesting conjunctival allograft, living donor	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
70557	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); without contrast material	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
70558	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); with contrast material(s)	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
70559	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast materials and further sequences	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
75998	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
76082	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
76083	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
76514	Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	No for All Programs, No for Package C	80, 81, 82, AS	Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
76940	Ultrasound guidance for, and monitoring of, visceral tissue ablation	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging	No for All Programs, No for Package C	26, TC, 51	Covered for All Programs, Covered for Package C
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
84156	Protein, total, except by refractometry; urine	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
84157	Protein, total, except by refractometry; other source (e.g., synovial fluid, cerebrospinal fluid)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
85055	Reticulated platelet assay	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
85396	Coagulation/fibrinolysis assay, whole blood (e.g., viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
87269	Infectious agent antigen detection by immunofluorescent technique; giardia	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
87329	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; giardia	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
88112	Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except cervical or vaginal	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
88361	Morphometric analysis; tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
89225	Starch granules, feces	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
89230	Sweat collection by iontophoresis	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
89235	Water load test	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
89240	Unlisted miscellaneous pathology test	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
89268	Insemination of oocytes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89335	Cryopreservation, reproductive tissue, testicular	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89342	Storage, (per year); embryo(s)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89343	Storage, (per year); sperm/semen	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89344	Storage, (per year); reproductive tissue, testicular/ovarian	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
89346	Storage, (per year); oocyte	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89352	Thawing of cryopreserved; embryo(s)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89353	Thawing of cryopreserved; sperm/semen, each aliquot	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
89356	Thawing of cryopreserved; oocytes, each aliquot	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
90656	Influenza virus vaccine, split virus, preservative free, for children and adults 3 years and up in age, for intramuscular use	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza type B, and poliovirus vaccine, inactivated (DtaP-Hib-IPV), for intramuscular use	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals seven years or older, for intramuscular use	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetavalent), for intramuscular use	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
91110	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through ileum, with physician interpretation and report	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
97755	Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
99602	Home infusion/specialty drug administration, per visit (up to 2 hours) each additional hour (List separately in addition to code for primary procedure)	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A0800	Ambulance transport provided between the hours of 7p.m. and 7a.m.	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A4216	Sterile water/saline, 10 ml	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A4217	Sterile water/saline, 500 ml	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A4248	Chlorhexidine containing antiseptic, 1 ml	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4366	Ostomy vent, any type, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C



Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A4638	Replacement battery for patient-owned ear pulse generator, each	No for All Programs, No for Package C	NU, RR, UE	Covered for All Programs, Covered for Package C
A4671	Disposable cyclor set used with cyclor dialysis machine, each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A4672	Drainage extension line, sterile, for dialysis, each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A4673	Extension line with easy lock connectors, used with dialysis	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz.	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A4728	Dialysate solution, non-dextrose containing, 500 ml	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A6407	Packing strips, non-impregnated, up to 2 inches in width, per linear yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A6451	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 three inches and less than five inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6452	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 three inches and less than five inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A6550	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
A6551	Canister set for negative pressure wound therapy electrical pump, stationary or portable, each	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	No for All Programs, No for Package C	NU, RR	Covered for All Programs, Covered for Package C
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7523	Tracheostomy shower protector, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7524	Tracheostoma stent/stud/button, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A7525	Tracheostomy mask, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A7526	Tracheostomy tube collar/holder, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
A9280	Alert or alarm device, not otherwise classified	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
A9525	Supply of low or iso-osmolar contrast material, 10 mg of iodine	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A9526	Supply of radiopharmaceutical diagnostic imaging agent, ammonia N-13, per dose	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A9528	Supply of radiopharmaceutical diagnostic agent, I-131 sodium iodide capsule, per millicurie	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A9529	Supply of radiopharmaceutical diagnostic agent, I-131 sodium iodide solution, per millicurie	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A9530	Supply of radiopharmaceutical therapeutic agent, I-131 sodium iodide solution, per millicurie	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A9531	Supply of radiopharmaceutical diagnostic agent, I-131 sodium iodide, per microcurie (up to 100 microcuries)	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A9532	Supply of radiopharmaceutical therapeutic agent, iodinated I-125, serum albumin, 5 microcuries	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A9533	Supply of radiopharmaceutical diagnostic imaging agent, I-131 tositumomab, per millicurie	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A9534	Supply of radiopharmaceutical therapeutic imaging agent, I-131 tositumomab, per millicurie	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
E0118	Crutch substitute, lower leg platform, with or without wheels, each	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E0140	Walker, with trunk support, adjustable or fixed height, any type	No for All Programs, No for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0190	Positioning cushion/pillow/wedge, any shape or size	No for All Programs, No for Package C	NU	Covered for All Programs, Covered for Package C
E0240	Bath/shower chair, with or without wheels, any size	No for All Programs, No for Package C	NU	Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E0247	Transfer bench for tub or toilet with or without commode opening	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E0300	Pediatric crib, hospital grade, fully enclosed	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Yes for All Programs, Yes for Package C	RR	Covered for All Programs, Covered for Package C
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Yes for All Programs, Yes for Package C	RR	Covered for All Programs, Covered for Package C
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Yes for All Programs, Yes for Package C	RR	Covered for All Programs, Covered for Package C
E0561	Humidifier, non-heated, used with positive airway pressure device	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E0562	Humidifier, heated, used with positive airway pressure device	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E0637	Combination sit to stand system, any size, with seat lift feature, with or without wheels	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0638	Standing frame system, any size, with or without wheels	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for package C
E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	No for All Programs, No for Package C	NU	Covered for All Programs, Covered for Package C
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E0982	Wheelchair accessory, back upholstery, replacement only, each	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0985	Wheelchair accessory, seat lift mechanism	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E0986	Manual wheelchair accessory, push-rim activated power assist, each	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E1002	Wheelchair accessory, power seating system, tilt only	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E1005	Wheelchair accessory, power seating system, recline only, with power shear	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E1029	Wheelchair accessory, ventilator tray, fixed	No for All Programs, No for Package C	NU	Covered for All Programs, Covered for Package C
E1030	Wheelchair accessory, ventilator tray, gimbale	No for All Programs, No for Package C	NU	Covered for All Programs, Covered for Package C
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E1634	Peritoneal dialysis clamps, each	No for All Programs, No for Package C	NU	Covered for All Programs, Covered for Package C
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2300	Power wheelchair accessory, power seat elevation system	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E2301	Power wheelchair accessory, power standing system	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E2320	Power wheelchair accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics, and fixed mounting hardware	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2324	Power wheelchair accessory, chin cup for chin control interface	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C



Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Not Applicable for All Programs, Not Applicable for Package C	NU	Non-covered for All Programs, Non-covered for Package C
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat)	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2511	Speech generating software program, for personal computer or personal digital assistant	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2512	Accessory for speech generating device, mounting system	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
E2599	Accessory for speech generating device, not otherwise classified	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
G0296	PET imaging, full and partial ring PET scanner only, for restaging of previously treated thyroid cancer of follicular cell origin following negative I-131 whole body scan	No for All Programs, No for Package C	TC, 26	Covered for All Programs, Covered for Package C
G0297	Insertion of single chamber pacing cardioverter defibrillator pulse generator	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0298	Insertion of dual chamber pacing cardioverter defibrillator pulse generator	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0299	Insertion or repositioning of electrode lead for single chamber pacing cardioverter defibrillator and insertion of pulse generator	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0300	Insertion or repositioning of electrode lead(s) for dual chamber pacing cardioverter defibrillator and insertion of pulse generator	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0302	Pre-operative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
G0303	Pre-operative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0304	Pre-operative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
G0305	Post-discharge pulmonary surgery services after LVRS, minimum of 6 days of services	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
G0306	Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC differential count	No for All Programs, No for Package C	91	Covered for All Programs, Covered for Package C
G0307	Complete CBC, automated (HGB, HCT, RBC, WBC; without platelet count)	No for All Programs, No for Package C	91	Covered for All Programs, Covered for Package C
G0308	End stage renal disease (ESRD) related services during the course of treatment, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0309	End stage renal disease (ESRD) related services during the course of treatment for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0310	End stage renal disease (ESRD) related services during the course of treatment, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visits per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0311	End stage renal disease (ESRD) related services during the course of treatment, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0312	End stage renal disease (ESRD) related services during the course of treatment, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0313	End stage renal disease (ESRD) related services during the course of treatment, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0314	End stage renal disease (ESRD) related services, during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0315	End stage renal disease (ESRD) related services during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0316	End stage renal disease (ESRD) related services during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0317	End stage renal disease (ESRD) related services during the course of treatment, for patients 20 years of age and over; with 4 or more face-to-face physician visits per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0318	End stage renal disease (ESRD) related services during the course of treatment, for patients 20 years of age and over; with 2 or 3 face-to-face physician visits per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0319	End stage renal disease (ESRD) related services during the course of treatment, for patients 20 years of age and over; with 1 face-to-face physician visit per month	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0320	End stage renal disease (ESRD) related services for home dialysis patients per full month; for patients under two years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0321	End stage renal disease (ESRD) related services for home dialysis patients per full month; for patients two to eleven years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0322	End stage renal disease (ESRD) related services for home dialysis patients per full month; for patients twelve to nineteen years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0323	End stage renal disease (ESRD) related services for home dialysis patients per full month; for patients twenty years of age and older	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0324	End stage renal disease (ESRD) related services for home dialysis (less than full month), per day; for patients under two years of age	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0325	End stage renal disease (ESRD) related services for home dialysis (less than full month), per day; for patients between two and eleven years of age	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0326	End stage renal disease (ESRD) related services for home dialysis (less than full month), per day; for patients between twelve and nineteen years of age	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0327	End stage renal disease (ESRD) related services for home dialysis (less than full month), per day; for patients twenty years of age and over	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
G0338	Linear-accelerator-based stereotactic radiosurgery plan, including dose volume histograms for target and critical structure tolerances, plan optimization performed for highly conformal distributions, plan positional accuracy and dose verification, all lesions treated, per course of treatment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
G3001	Administration and supply of tositumomab, 450 mg	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
H2010	Comprehensive medication services, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
**H2011	Crisis intervention service, per 15 minutes (Covered only when billed with modifier HW)	No for All Programs, No for Package C	AH, AJ	Non-covered for All Programs, Non-covered for Package C, Covered for MRO only
H2012	Behavioral health day treatment, per hour	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2013	Psychiatric health facility service, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
**H2014	Skills training and development, per 15 minutes (Covered only when billed with modifier HW)	No for All Programs, No for Package C	AH, AJ	Non-covered for All Programs, Non-covered for Package C, Covered for MRO only
H2015	Comprehensive community support services, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2016	Comprehensive community support services, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2017	Psychosocial rehabilitation services, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2018	Psychosocial rehabilitation services, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for package C
H2019	Therapeutic behavioral services, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2020	Therapeutic behavioral services, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2021	Community-based wrap-around services, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2022	Community-based wrap-around services, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
**H2023	Supported employment, per 15 minutes (Covered only when billed with modifier U7)	No for All Programs, No for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
H2024	Supported employment, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2025	Ongoing support to maintain employment, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2026	Ongoing support to maintain employment, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2027	Psychoeducational service, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2028	Sexual offender treatment service, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C

\*\*This procedure code was part of the local code crosswalk provided in IHCP provider bulletin, BT200353, issued August 15, 2003.



Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
H2029	Sexual offender treatment service, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2030	Mental health clubhouse services, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2031	Mental health clubhouse services, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
**H2032	Activity therapy, per 15 minutes (Covered only when billed with modifier(s) U7 U1 or U7 U2)	No for All Programs, No for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
H2033	Multisystemic therapy for juveniles, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2034	Alcohol and/or drug abuse halfway house services, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2035	Alcohol and/or other drug treatment program, per hour	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2036	Alcohol and/or other drug treatment program, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
J0152	Injection, adenosine, 30 mg (not to be used to report any adenosine phosphate compounds; instead use A9270)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J0215	Injection, alefacept, 0.5 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J0583	Injection, bivalirudin, 1 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J0595	Injection, butorphanol tartrate, 1 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J1335	Injection, ertapenem sodium, 500 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J1595	Injection, glatiramer acetate, 20 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J2001	Injection, lidocaine HC1 for intravenous infusion, 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J2185	Injection, meropenem, 100 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

\*\*This procedure code was part of the local code crosswalk provided in IHCP provider bulletin, BT200353, issued August 15, 2003.

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
J2280	Injection, moxifloxacin, 100 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J2505	Injection, pegfilgrastim, 6 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J2783	Injection, rasburicase, 0.5 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J3411	Injection, thiamine HCl, 100 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J3415	Injection, pyridoxine HCl, 100 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J3465	Injection, voriconazole, 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J3486	Injection, ziprasidone mesylate, 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J7303	Contraceptive supply, hormone containing vaginal ring, each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
J7621	Albuterol, all formulations, including separated isomers, up to 5 mg (albuterol) or 2.5 mg (levoalbuterol), and ipratropium bromide, up to 1 mg, compounded inhalation solution, administered through DME	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
J9098	Cytarabine liposome, 10 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J9178	Injection, epirubicin HCl, 2 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J9263	Injection, oxaliplatin, 0.5 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
J9395	Injection, fulvestrant, 25 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each	No for All Programs, No for Package C		Covered for All Programs, Non-covered for Package C
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C. Use HCPCS code A4632.
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C. Use HCPCS code A4632.

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C. Use HCPCS code A4632.
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C. Use HCPCS code A4632.
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C. Use HCPCS code A4632.
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
K0607	Replacement battery for automated external defibrillator, garment type only, each	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
K0608	Replacement garment for use with automated external defibrillator, each	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	Yes for All Programs, Yes for Package C		Covered for All Programs, Covered for Package C
K0618	TLSO, sagittal-coronal 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 and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes strap and closures, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
K0619	TLSO, sagittal-coronal 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 xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes strap 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 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0620	Tubular elastic dressing, any width, per linear yard	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L0861	Addition to halo procedure, replacement liner/interface material	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L1907	Ankle foot orthosis; supramalleolar with straps, with or without interface/pads, custom fabricated	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L1951	Ankle foot orthosis; spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L5673	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
L5679	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

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
L5681	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 L5673 or L5679)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L5683	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 L5673 or L5679)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L8514	Tracheoesophageal puncture dilator, replacement only, each	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
P9051	Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
P9052	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
P9053	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
P9056	Whole blood, leukocytes reduced, irradiated, each unit	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
P9058	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
P9060	Fresh frozen plasma, donor retested, each unit	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q0137	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q0182	Dermal and epidermal, tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q3031	Collagen skin test	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q4054	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q4055	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q4075	Injection, acyclovir, 5 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q4076	Injection, dopamine HCl, 40 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
Q4077	Injection, treprostinil, 1 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0107	Injection, omalizumab, 25 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0115	Bortezomib, 3.5 mg	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S0136	Clozapine, 25 mg	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
S0137	Didanosine (DDI), 25 mg	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
S0138	Finasteride, 5 mg	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S0139	Minoxidil, 10 mg	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S0140	Saquinavir, 200 mg	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
S0141	Zalcitabine (DDC), 0.375 mg	Not Applicable for All Programs, Not Applicable for Package C		Non-reimbursable for All Programs, Non-reimbursable for Package C
S0317	Disease management program; per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)	No for All Programs, No for Package C	50, 51, LT, RT	Covered for All Programs, Covered for Package C
S2085	Laparoscopy, gastric restrictive procedure, with gastric bypass for morbid obesity, with short limb (less than 100 cm) roux-en-y gastroenterostomy	Yes for All Programs, Yes for Package C	51,54, 55, 56, 62 78, 80, 81, 82, AS	Covered for All Programs, Covered for Package C
S2090	Ablation, open, one or more renal tumor(s); cryosurgical	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
S2091	Ablation, percutaneous, one or more renal tumor(s); cryosurgical	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
S2113	Arthroscopy, knee, surgical for implantation of cultured analogous chondrocytes	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
S2135	Neurolysis, by injection, of metatarsal neuroma/interdigital neuritis, any interspace of the foot	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S2213	Implantation of gastric electrical stimulation device	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S2225	Myringotomy, laser-assisted	No for All Programs, No for Package C	51, 54, 55, 56, 78	Covered for All Programs, Covered for Package C
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S2235	Implantation of auditory brain stem implant	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S2362	Kyphoplasty, one vertebral body, unilateral or bilateral injection	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S2363	Kyphoplasty, one vertebral body, unilateral or bilateral injection; each additional vertebral body (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
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S3625	Maternal serum triple marker screen including alpha-fetoprotein (AFP), estriol, and human chorionic gonadotropin (HCG)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S3820	Complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S3822	Single mutation analysis (in individual with a known BRCA1 or BRCA2 mutation in the family) for susceptibility to breast and ovarian cancer	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S3823	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S3828	Complete gene sequence analysis; MLH1 gene	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S3829	Complete gene sequence analysis; MLH2 gene	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S3833	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C



Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S3834	Single-mutation analysis (in individual with a known APC mutation in the family) for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S3841	Genetic testing for retinoblastoma	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S3842	Genetic testing for von Hippel-Lindau disease	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S3843	DNA analysis of the F5 gene for susceptibility to Factor V Leiden thrombophilia	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S3845	Genetic testing for alpha-thalassemia	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S3846	Genetic testing for hemoglobin E beta-thalassemia	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S3847	Genetic testing for Tay-Sachs disease	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S3848	Genetic testing for Gaucher disease	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S3849	Genetic testing for Niemann-Pick disease	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S3850	Genetic testing for sickle cell anemia	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S3851	Genetic testing for Canavan disease	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S3853	Genetic testing for myotonic muscular dystrophy	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S5108	Home care training to home care client, per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S5109	Home care training to home care client, per session	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S5550	Insulin, rapid onset, 5 units	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S5551	Insulin, most rapid onset (lispro or aspart); 5 units	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S5552	Insulin, intermediate acting (NPH or lente); 5 units	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S5553	Insulin, long acting; 5 units	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S5560	Insulin delivery device, reusable pen; 1.5 ml size	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S5561	Insulin delivery device, reusable pen; 3 ml size	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S8075	Computer analysis of full-field digital mammogram and further physician review for interpretation, mammography (list separately in addition to code for primary procedure)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S8460	Camisole, post-mastectomy	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S9434	Modified solid food supplements for inborn errors of metabolism	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
S9476	Vestibular rehabilitation program, non-physician provider, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2010	Preadmission screening and resident review (PASRR) level I identification screening, per screen	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2011	Preadmission screening and resident review (PASRR) level II evaluation, per evaluation	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2012	Habilitation, educational; waiver, per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2013	Habilitation, educational, waiver; per hour	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2014	Habilitation, prevocational, waiver; per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
**T2015	Habilitation, prevocational, waiver; per hour (Covered only when billed with modifier U7)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
**T2016	Habilitation, residential, waiver; per diem (Covered only when billed with modifier HW, or U7)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for MRO or Waiver only
**T2017	Habilitation, residential, waiver; per 15 minutes (Covered only when billed with modifier(s) U7, or U7 TF, or U7 TG, or U7 U1, or U7 U2)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
T2018	Habilitation, supported employment, waiver; per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C

\*\*This procedure code was part of the local code crosswalk provided in IHCP provider bulletin, BT200353, issued August 15, 2003.

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
T2019	Habilitation, supported employment, waiver; per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2020	Day habilitation, waiver; per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
**T2021	Day habilitation, waiver; 15 minutes (Covered only when billed with modifier(s) U7, or U7 HQ, or U7 UA, or U7 UA HQ)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
**T2022	Case management; per month (Covered only when billed with modifier(s) U7 U1, or U7 U2, or U7 U3, or U7 U4)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
T2023	Targeted case management; per month	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
**T2024	Service assessment/plan of care development, waiver (Covered only when billed with modifier(s) U7, or U7 TS)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
**T2025	Waiver services; not otherwise specified (NOS) (Covered only when billed with modifier(s) U7, or U7 U1)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
T2026	Specialized childcare, waiver; per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2027	Specialized childcare, waiver; per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2028	Specialized supply, not otherwise specified, waiver	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2029	Specialized medical equipment, not otherwise specified, waiver	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2030	Assisted living, waiver; per month	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
**T2031	Assisted living, waiver; per diem, (Covered only when billed with modifier(s) U7 U1, or U7 U2, or U7 U3)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
T2032	Residential care, not otherwise specified (NOS), waiver; per month	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C

\*\*This procedure code was part of the local code crosswalk provided in IHCP provider bulletin, BT200353, issued August 15, 2003.

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
**T2033	Residential care, not otherwise specified (NOS), waiver; per diem (Covered only when billed with modifier(s) U7 U1, or U7 U2, or U7 U3)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
**T2034	Crisis intervention waiver; per diem, (Covered only when billed with modifier U7)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2036	Therapeutic camping, overnight, waiver; each session	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2037	Therapeutic camping, day, waiver; each session	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
**T2038	Community transition, waiver; per service (Covered only when billed with modifier U7)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
**T2039	Vehicle modifications, waiver; per service (Covered only when billed with modifier U7)	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C, Covered for Waiver only
T2040	Financial management, self-directed, waiver; per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2041	Supports brokerage, self-directed, waiver; per 15 minutes	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2042	Hospice routine home care; per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2043	Hospice continuous home care; per hour	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2044	Hospice inpatient respite care; per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2045	Hospice general inpatient care; per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T2046	Hospice long term care, room and board only; per diem	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C

\*\*This procedure code was part of the local code crosswalk provided in IHCP provider bulletin, BT200353, issued August 15, 2003.

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
**T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem	Yes for All Programs, Yes for Package C		Covered for All Programs, Non-covered for Package C
T2101	Human breast milk processing, storage and distribution only	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T5001	Positioning seat for persons with special orthopedic needs, for use in vehicles	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
T5999	Supply, not otherwise specified	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
V2121	Lenticular lens, per lens, single	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
V2221	Lenticular lens, per lens, bifocal	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
V2321	Lenticular lens, per lens, trifocal	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
V2745	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
V2756	Eye glass case	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
V2762	Polarization, any lens material, per lens	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
V2784	Lens, polycarbonate or equal, any index, per lens	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
V2786	Specialty occupational multifocal lens, per lens	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

\*\*This procedure code was part of the local code crosswalk provided in IHCP provider bulletin, BT200353, issued August 15, 2003.

Table 1.1 – New 2004 HCPCS Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
V2797	Vision supply, accessory and/or service component of another HCPCS vision code	Not Applicable for All Programs, Not Applicable for Package C		Non-covered for All Programs, Non-covered for Package C

## Deleted 2004 HCPCS Codes

Providers have 45 days from the date of this bulletin to continue using the national deleted codes and modifiers. After April 1, 2004, the replacement codes must be used. Claims submitted with dates of service on or after April 1, 2004, with deleted codes and modifiers will deny.

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
0002T	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; aorto-uni-iliac or aorto-unifemoral prosthesis	34805
0025T	Determination of corneal thickness (e.g., pachymetry) with interpretation and report, bilateral	76514
00544	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pleurectomy	00542
21041	Excision of benign cyst or tumor of mandible; complex	21040
36488	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, age 2 years or under	36555, 36568, 36580, 36584
36489	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2	36556, 36580
36490	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); cutdown, age 2 years or under	36555, 36568, 36580, 36584
36491	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); cutdown, over age 2	36556, 36580
36493	Repositioning of previously placed central venous catheter under fluoroscopic guidance	36597
36530	Insertion of implantable intravenous infusion pump	36563
36531	Revision of implantable intravenous infusion pump	36575, 36576, 36578, 36581, 36582, 36584, 36585
36532	Removal of implantable intravenous infusion pump	36590
36533	Insertion of implantable venous access device, with or without subcutaneous reservoir	36557-36561, 36565, 36566, 36570, 36571
36534	Revision of implantable venous access device, and/or subcutaneous reservoir	36575-36578, 36581-36583, 36585
36535	Removal of implantable venous access device, and/or subcutaneous reservoir	36589

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
36536	Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access	36595
36537	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	36596
47134	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor	47140
61862	Twist drill, burr hole, craniotomy, or craniectomy for stereotactic implantation of one neurostimulator array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray)	61867, 61868
76085	Digitization of film radiographic images with computer analysis for lesion detection and further physician review for interpretation, mammography (list separately in addition to code for primary procedure)	76082, 76083
76490	Ultrasound guidance for, and monitoring of, tissue ablation	76940
89252	Assisted oocyte fertilization, microtechnique (any method)	This is a non-covered code under the IHCP. No replacement code is necessary.
89256	Preparation of cryopreserved embryos for transfer (includes thaw)	This is a non-covered code under the IHCP. No replacement code is necessary.
89350	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	89220
89355	Starch granules, feces	89225
89360	Sweat collection by iontophoresis	89230
89365	Water load test unlisted miscellaneous pathology test	89235
89399	Unlisted miscellaneous pathology test	89240
90659	Influenza virus vaccine, whole virus, for intramuscular or jet injection use	90657, 90658
99025	Initial (new patient) visit when starred (*) surgical procedure constitutes major service at that visit	Use appropriate CPT code.
99551	Home infusion for pain management (intravenous or subcutaneous), per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99552	Home infusion for pain management (epidural or intrathecal), per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99553	Home infusion for tocolytic therapy, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99554	Home infusion for hematopoietic hormones (e.g., erythropoietin, G-CSF, CM-CSF) or platelets, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99555	Home infusion for chemotherapy, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.



Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
99556	Home infusion for antibiotics/antifungals/antivirals, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99557	Home infusion of continuous anticoagulant therapy (e.g., heparin), per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99558	Home infusion of immunotherapy, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99559	Home infusion of peritoneal dialysis, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99560	Home infusion of enteral nutrition, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99561	Home infusion of hydration therapy, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99562	Home infusion of total parenteral nutrition, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99563	Home administration of aerosolized pentamidine, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99564	Home infusion for anti-hemophilic agents (e.g., Factor VIII), per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99565	Home infusion of alpha-1-proteinase inhibitor (e.g., Prolastin), per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99566	Home infusion for uninterrupted, long-term intravenous treatment (e.g., epoprostenol), per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99567	Home infusion of sympathomimetic agents (e.g., dobutamine), per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99568	Home infusion of miscellaneous drugs, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
99569	Home infusion, each additional therapy given on same day (List separately in addition to code for primary visit), per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
A4214	Sterile saline or water, 30 cc vial	Use appropriate NDC.
A4319	Sterile water irrigation solution, 1000 ml	Use appropriate NDC.
A4323	Sterile saline irrigation solution, 1000 ml.	Use appropriate NDC.
A4621	Tracheotomy mask or collar	A7525, A7526

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
A4622	Tracheostomy or laryngectomy tube	A7520, A7521, A7522
A4631	Replacement, batteries for medically necessary electronic wheel chair owned by patient	A9999
A4644	Supply of low osmolar contrast material (100-199 mgs of iodine)	This is a non-reimbursable code under the IHCP.
A4645	Supply of low osmolar contrast material (200-299 mgs of iodine)	This is a non-reimbursable code under the IHCP.
A4646	Supply of low osmolar contrast material (300-399 mgs of iodine)	This is a non-reimbursable code under the IHCP.
A4712	Water, sterile, for injection, per 10 ml	Use appropriate NDC
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)	A6441
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)	A6443
A6424	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per roll (at least 3 yards, unstretched)	A6444
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)	A6446
A6428	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 5 inches, per roll (at least 3 yards, unstretched)	A6447
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)	A6449
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)	A6450
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)	A6454
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)	A6452
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 3 yards, unstretched)	A6454
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)	A6456

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
A7019	Saline solution, per 10 ml, metered dose dispenser, for use with inhalation drugs	Use appropriate NDC
A7020	Sterile water or sterile saline, 1000 ml, used with large volume nebulizer	Use appropriate NDC
A9518	Supply of radiopharmaceutical therapeutic imaging agent, i-131 sodium iodide solution, per uci	This is a non-reimbursable code under the IHCP. No replacement code is necessary.
E0142	Rigid walker, wheeled, with seat	E0141 with E0156
E0145	Walker, wheeled, with seat and crutch attachments	E0141 with E0157 and E0156, E0143 with E0157 and E0156
E0146	Folding walker, wheeled, with seat	E0143 with E0156
E0943	Cervical pillow	E0190
E0975	Reinforced seat upholstery, wheelchair	E0981
E0976	Reinforced back, wheelchair, upholstery or other material	E0982
E0979	Belt, safety with velcro closure, wheelchair	E0978
E0991	Upholstery seat	E0981
E0993	Back, upholstery	E0982
E1065	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., solo)	E0983
E1066	Battery charger	E2366
E1069	Deep cycle battery	E2360, E2361, E2362, E2363, E2364, E2365
G0025	Collagen skin test kit	Q3031
G0167	Hyperbaric oxygen treatment not requiring physician attendance, per treatment session	99183 for MD involvement and C1300 for the treatment session
G0236	Digitization of film radiographic images with computer analysis for lesion detection, or computer analysis of digital mammogram for lesion detection, and further physician review for interpretation, diagnostic mammography (List separately in addition to code for primary procedure)	76082 in conjunction with 76090, 76091
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	This is a non-covered code under the IHCP. No replacement code is necessary.
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	This is a non-covered code under the IHCP. No replacement code is necessary.
G0262	Small intestinal imaging; intraluminal, from ligament of treitz to the ileo cecal valve, includes physician interpretation and report	91110
G0272	Naso/oro gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	43752

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
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 (e.g., radiolabeled antibodies)	78802, 78804
G0274	Radiopharmaceutical therapy, non-hodgkin's lymphoma, includes administration of radiopharmaceutical (.e.g. radiolabeled antibodies)	79403
J0151	Injection, adenosine, 90 mg (not to be used to report any adenosine phosphate compounds, instead use a9270)	J0152
J1910	Injection, kutapressin, up to 2 ml	This is a non-covered code under the IHCP. No replacement code is necessary.
J2000	Injection, lidocaine HCl, 50 cc	Use appropriate CPT code
J2352	Injection, octreotide acetate, 1 mg	J2353, J2354
J7508	Tacrolimus, oral, per 5 mg	J7507
J9180	Epirubicin hydrochloride, 50 mg	J9178
K0016	Detachable, adjustable height armrest, complete assembly, each	This is a non-covered code under the IHCP. No replacement code is necessary.
K0022	Reinforced back upholstery	This is a non-covered code under the IHCP. No replacement code is necessary.
K0025	Hook-on headrest extension	This is a non-covered code under the IHCP. No replacement code is necessary.
K0026	Back upholstery for ultralightweight or high strength lightweight wheelchair	This is a non-covered code under the IHCP. No replacement code is necessary.
K0027	Back upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair	This is a non-covered code under the IHCP. No replacement code is necessary.
K0028	Manual, fully reclining back	This is a non-covered code under the IHCP. No replacement code is necessary.
K0029	Reinforced seat upholstery	This is a non-covered code under the IHCP. No replacement code is necessary.
K0030	Solid seat insert, planar seat, single density foam	This is a non-covered code under the IHCP. No replacement code is necessary.
K0031	Safety belt/pelvic strap, each	This is a non-covered code under the IHCP. No replacement code is necessary.
K0032	Seat upholstery for ultralightweight or high strength lightweight wheelchair	This is a non-covered code under the IHCP. No replacement code is necessary.

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
K0033	Seat upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair	This is a non-covered code under the IHCP. No replacement code is necessary.
K0035	Heel loop with ankle strap, each	This is a non-covered code under the IHCP. No replacement code is necessary.
K0036	Toe loop, each	This is a non-covered code under the IHCP. No replacement code is necessary.
K0048	Elevating legrest, complete assembly	This is a non-covered code under the IHCP. No replacement code is necessary.
K0049	Calf pad, each	This is a non-covered code under the IHCP. No replacement code is necessary.
K0054	Seat width of 10", 11", 12", 15", 17", or 20" for a high strength, lightweight or ultralightweight wheelchair	This is a non-covered code under the IHCP. No replacement code is necessary.
K0055	Seat depth of 15", 17", or 18" for a high strength, lightweight or ultralightweight wheelchair	This is a non-covered code under the IHCP. No replacement code is necessary.
K0057	Seat width 19" or 20" for heavy duty or extra heavy duty chair	This is a non-covered code under the IHCP. No replacement code is necessary.
K0058	Seat depth 17" or 18" for motorized/power wheelchair	This is a non-covered code under the IHCP. No replacement code is necessary.
K0062	Handrim with 8-10 vertical or oblique projections, each	This is a non-covered code under the IHCP. No replacement code is necessary.
K0063	Handrim with 12-16 vertical or oblique projections, each	This is a non-covered code under the IHCP. No replacement code is necessary.
K0079	Wheel lock extension, pair	This is a non-covered code under the IHCP. No replacement code is necessary.
K0080	Anti-rollback device, pair	This is a non-covered code under the IHCP. No replacement code is necessary.
K0082	22 NF non-sealed lead acid battery, each	This is a non-covered code under the IHCP. No replacement code is necessary.
K0083	22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	This is a non-covered code under the IHCP. No replacement code is necessary.
K0084	Group 24 non-sealed lead acid battery, each	This is a non-covered code under the IHCP. No replacement code is necessary.

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
K0085	Group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	This is a non-covered code under the IHCP. No replacement code is necessary.
K0086	U-1 non-sealed lead acid battery, each	This is a non-covered code under the IHCP. No replacement code is necessary.
K0087	U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	This is a non-covered code under the IHCP. No replacement code is necessary.
K0088	Battery charger, single mode, for use with only one battery type, sealed or non-sealed	This is a non-covered code under the IHCP. No replacement code is necessary.
K0089	Battery charger, dual mode, for use with either battery type, sealed or non-sealed	This is a non-covered code under the IHCP. No replacement code is necessary.
K0100	Wheelchair adapter for amputee, pair (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)	This is a non-covered code under the IHCP. No replacement code is necessary.
K0103	Transfer board, <25"	This is a non-covered code under the IHCP. No replacement code is necessary.
K0107	Wheelchair tray	This is a non-covered code under the IHCP. No replacement code is necessary.
K0112	Trunk support device, vest type, with inner frame, prefabricated	This is a non-covered code under the IHCP. No replacement code is necessary.
K0113	Trunk support device, vest type, without inner frame, prefabricated	This is a non-covered code under the IHCP. No replacement code is necessary.
K0268	Humidifier, non-heated, used with positive airway pressure device	This is a non-covered code under the IHCP. No replacement code is necessary.
K0460	Power add-on, to convert manual wheelchair to motorized wheelchair, joystick control	This is a non-covered code under the IHCP. No replacement code is necessary.
K0461	Power add-on, to convert manual wheelchair to power operated vehicle, tiller control	This is a non-covered code under the IHCP. No replacement code is necessary.
K0531	Humidifier, heated, used with positive airway pressure device	This is a non-covered code under the IHCP. No replacement code is necessary.
K0532	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	This is a non-covered code under the IHCP. No replacement code is necessary.

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
K0533	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	This is a non-covered code under the IHCP. No replacement code is necessary.
K0534	Respiratory assist device, bi-level pressure capacity, with back up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	This is a non-covered code under the IHCP. No replacement code is necessary.
K0538	Negative pressure wound therapy electrical pump, stationary or portable	This is a non-covered code under the IHCP. No replacement code is necessary.
K0539	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	A6550
K0540	Canister set for negative pressure wound therapy electrical pump, stationary or portable, each	A6551
K0541	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	E2500
K0542	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes recording time	E2502, E2504, E2506
K0543	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	E2508
K0544	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	E2510
K0545	Speech generating software program, for personal computer or personal digital assistant	E2511
K0546	Accessory for speech generating device, mounting system	E2512
K0547	Accessory for speech generating device, not otherwise classified	E2599
K0549	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	E0303
K0550	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	E0304
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	L5673
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	L5679
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)	L5681

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
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)	L5683
K0560	Metacarpal phalangeal joint replacement, two pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	This is a non-covered code under the IHCP. No replacement code is necessary.
K0581	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	Use appropriate HCPCS A code.
K0582	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	Use appropriate HCPCS A code.
K0583	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	Use appropriate HCPCS A code.
K0584	Ostomy pouch, closed; for use on barrier with flange, with filter (2 piece), each	Use appropriate HCPCS A code.
K0585	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	Use appropriate HCPCS A code.
K0586	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	Use appropriate HCPCS A code.
K0587	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	Use appropriate HCPCS A code.
K0588	Ostomy pouch, drainable; for use on barrier with flange, with filter (2 piece system), each	Use appropriate HCPCS A code.
K0589	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	Use appropriate HCPCS A code.
K0590	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	Use appropriate HCPCS A code.
K0591	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	Use appropriate HCPCS A code.
K0592	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	Use appropriate HCPCS A code.
K0593	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	Use appropriate HCPCS A code.
K0594	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	Use appropriate HCPCS A code.
K0595	Ostomy pouch, urinary; for use on barrier with flange, with faucet-type tap with valve (2 piece), each	Use appropriate HCPCS A code.
K0596	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	Use appropriate HCPCS A code.
K0597	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	Use appropriate HCPCS A code.
K0610	Peritoneal dialysis clamps, each	This is a non-covered code under the IHCP. No replacement code is necessary.



Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
K0611	Disposable cycler set used with cycler dialysis machine, each	This is a non-covered code under the IHCP. No replacement code is necessary.
K0612	Drainage extension line, sterile, for dialysis, each	This is a non-covered code under the IHCP. No replacement code is necessary.
K0613	Extension line with easy lock connectors, used with dialysis	This is a non-covered code under the IHCP. No replacement code is necessary.
K0614	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz	This is a non-covered code under the IHCP. No replacement code is necessary.
K0615	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	This is a non-covered code under the IHCP. No replacement code is necessary.
K0616	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	This is a non-covered code under the IHCP. No replacement code is necessary.
K0617	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	This is a non-covered code under the IHCP. No replacement code is necessary.
K0621	Gauze, packing strips, non-impregnated, up to 2 inches in width, per linear yard	This is a non-covered code under the IHCP. No replacement code is necessary.
K0622	Conforming bandage, non-elastic, knitted/woven, non-sterile width less than three inches, per roll	This is a non-covered code under the IHCP. No replacement code is necessary.
K0623	Conforming bandage, non-elastic, knitted/woven, sterile width less than three inches, per roll	This is a non-covered code under the IHCP. No replacement code is necessary.
K0624	Light compression bandage, elastic, knitted/woven, width less than 3 inches, per roll (at least 3 yards unstretched)	This is a non-covered code under the IHCP. No replacement code is necessary.
K0625	Self adherent bandage, elastic, non-knitted/non-woven, load resistance greater than or equal to 0.55 foot pounds at 50% maximum stretch, width less than 3 inches, per roll	This is a non-covered code under the IHCP. No replacement code is necessary.
K0626	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 5 inches, per roll	This is a non-covered code under the IHCP. No replacement code is necessary.
L1885	Knee orthosis, single or double upright, thigh and calf, with functional active resistance control, prefabricated, includes fitting and adjustment	E1810
L2102	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, plaster type casting material, custom-fabricated	This is a non-covered code under the IHCP. No replacement code is necessary.
L2104	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, custom-fabricated	This is a non-covered code under the IHCP. No replacement code is necessary.

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
L2122	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, plaster type casting material, custom-fabricated	This is a non-covered code under the IHCP. No replacement code is necessary.
L2124	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, custom-fabricated	This is a non-covered code under the IHCP. No replacement code is necessary.
Q0086	Physical therapy evaluation/treatment, per visit	This is a non-covered code under the IHCP. No replacement code is necessary.
Q2010	Injection, glatiramer acetate, per dose	J1595
Q4052	Injection, octreotide, depot form for intramuscular injection, 1 mg	J2353
Q4053	Injection, pegfilgrastim, 1 mg	J2505
Q4078	Supply of radiopharmaceutical diagnostic imaging agent, ammonia N-13, per dose	A9526
Q9920	Injection of EPO, per 1000 units, at patient HCT of 20 or less	Q4055, Q0136
Q9921	Injection of EPO, per 1000 units, at patient HCT of 21	Q4055, Q0136
Q9922	Injection of EPO, per 1000 units, at patient HCT of 22	Q4055, Q0136
Q9923	Injection of EPO, per 1000 units, at patient HCT of 23	Q4055, Q0136
Q9924	Injection of EPO, per 1000 units, at patient HCT of 24	Q4055, Q0136
Q9925	Injection of EPO, per 1000 units, at patient HCT of 25	Q4055, Q0136
Q9926	Injection of EPO, per 1000 units, at patient HCT of 26	Q4055, Q0136
Q9927	Injection of EPO, per 1000 units, at patient HCT of 27	Q4055, Q0136
Q9928	Injection of EPO, per 1000 units, at patient HCT of 28	Q4055, Q0136
Q9929	Injection of EPO, per 1000 units, at patient HCT of 29	Q4055, Q0136
Q9930	Injection of EPO, per 1000 units, at patient HCT of 30	Q4055, Q0136
Q9931	Injection of EPO, per 1000 units, at patient HCT of 31	Q4055, Q0136
Q9932	Injection of EPO, per 1000 units, at patient HCT of 32	Q4055, Q0136
Q9933	Injection of EPO, per 1000 units, at patient HCT of 33	Q4055, Q0136
Q9934	Injection of EPO, per 1000 units, at patient HCT of 34	Q4055, Q0136
Q9935	Injection of EPO, per 1000 units, at patient HCT of 35	Q4055, Q0136
Q9936	Injection of EPO, per 1000 units, at patient HCT of 36	Q4055, Q0136
Q9937	Injection of EPO, per 1000 units, at patient HCT of 37	Q4055, Q0136
Q9938	Injection of EPO, per 1000 units, at patient HCT of 38	Q4055, Q0136
Q9939	Injection of EPO, per 1000 units, at patient HCT of 39	Q4055, Q0136
Q9940	Injection of EPO, per 1000 units, at patient HCT of 40 or above	Q4055, Q0136
S0009	Injection, butorphanol tartrate, 1 mg	This is a non-covered code under IHCP. No Replacement code is necessary.
S0079	Injection, octreotide acetate, 100 mcg (for doses over 1 mg use J2352 or C1207)	J2354

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
S0124	Injection, urofollitropin, purified, 75 iu	This is a non-covered code under IHCP. No Replacement code is necessary.
S0130	Injection, chorionic gonadotropin, 5000 units	J0725
S0135	Injection, pegfilgrastim, 6 mg	J2505
S0193	Injection, alefacept, 7.5 mg (includes dose packaging)	J0215
S8180	Tracheostomy shower protector	A7523
S8181	Tracheostomy tube holder	A7526
S8470	Positioning device, stander, for use by patient who is unable to stand independently (e.g. cerebral palsy patient)	L1510
S8945	Physical medicine treatment (constant attendance by provider) to one area, initial 30 minutes, each visit; phonophoresis	This is a non-covered code under IHCP. No replacement code is necessary.
S9524	Nursing services related to home IV therapy, per diem	This is a non-covered code under IHCP. No replacement code is necessary.
S9546	Home infusion of blood products, nursing services, per visit	This is a non-covered code under IHCP. No replacement code is necessary.
S9802	Home infusion/specialty drug administration, nursing services; per visit (up to 2 hours)	This is a non-covered code under IHCP. No replacement code is necessary.
S9803	Home infusion/specialty drug administration, nursing services; each additional hour (List separately in addition to code S9802)	This is a non-covered code under IHCP. No replacement code is necessary.
S9806	RN services in the infusion suite of the IV therapy provider, per visit	This is a non-covered code under IHCP. No replacement code is necessary.
T1008	Day treatment for individual alcohol and/or substance abuse services	This is a non-covered code under IHCP. No replacement code is necessary.
T1011	Alcohol and/or substance abuse services, not otherwise classified	This is a non-covered code under IHCP. No replacement code is necessary.
V2116	Lenticular lens, nonaspheric, per lens, single vision	V2121
V2117	Lenticular, aspheric, per lens, single vision	V2121
V2216	Lenticular, nonaspheric, per lens, bifocal	V2221
V2217	Lenticular, aspheric lens, bifocal	V2221
V2316	Lenticular nonaspheric, per lens, trifocal	V2321
V2317	Lenticular, aspheric lens, trifocal	V2321
V2740	Tint, plastic, rose 1 or 2 per lens	V2745
V2741	Tint, plastic, other than rose 1-2, per lens	This is a non-covered code under IHCP. No replacement code is necessary.

Table 1.2 – Deleted 2004 HCPCS Codes, Effective March 31, 2004

Procedure Code	Description	Replacement Code(s)
V2742	Tint, glass rose 1 or 2, per lens	V2745
V2743	Tint, glass other than rose 1 or 2, per lens	This is a non-covered code under IHCP. No replacement code is necessary.

## Changed 2004 HCPCS Codes

The Centers for Medicare and Medicaid Services (CMS) issued description changes in the 2004 HCPCS update. The 2004 HCPCS code description changes will be added to the Indiana *AIM* claims processing system April 1, 2004.

## New 2004 HCPCS Procedure Code/Modifier Combination Codes

IHCP provider bulletin, *BT200353*, issued August 15, 2003, provided a local code crosswalk, that lists all the procedure code/modifier combinations that could be billed effective January 1, 2004. With the issuance of the 2004 HCPCS national code update, certain changes needed to be made to this crosswalk. Table 1.3 lists new procedure code/modifier combination codes. These new combinations are reimbursable April 1, 2004, retroactively effective January 1, 2004.

Table 1.3 – New 2004 HCPCS Procedure Code/Modifier Combination Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
36555 AA	Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36556 AA	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36557 AA	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; under 5 years of age	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36558 AA	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36560 AA	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; under 5 years of age	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36561 AA	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36563 AA	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.3 – New 2004 HCPCS Procedure Code/Modifier Combination Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
36565 AA	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (e.g., Tesio type catheter)	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36566 AA	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36568 AA	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; under 5 years of age	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36569 AA	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36570 AA	Insertion of peripherally inserted central venous access device, with subcutaneous port; under 5 years of age	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36571 AA	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36575 AA	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36576 AA	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36578 AA	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36580 AA	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
36581 AA	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36582 AA	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36583 AA	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36584 AA	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C

Table 1.3 – New 2004 HCPCS Procedure Code/Modifier Combination Codes, Reimbursable April 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
36585 AA	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36589 AA	Removal of tunneled central venous catheter, without subcutaneous port or pump	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36590 AA	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36595 AA	Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36596 AA	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C
36597 AA	Repositioning of previously placed central venous catheter under fluoroscopic guidance	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C

## Deleted 2004 HCPCS Procedure Code/Modifier Combination Codes

Providers have 45 days from the date of this bulletin to continue using the deleted procedure code/modifier combination codes. After April 1, 2004, the replacement codes must be used. Claims submitted with dates of service on or after April 1, 2004, with deleted codes and modifiers will deny.

Table 1.4 – Deleted 2004 HCPCS Procedure Code/Modifier Combination Codes, Effective March 31, 2004

Procedure Code/Modifier	Description	Replacement Codes
36488 AA	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, age 2 years or under	36555, 36568, 36580, 36584
36489 AA	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2	36556, 36580
36490 AA	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); cutdown, age 2 years or under	36555, 36568, 36580, 36584
36491 AA	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); cutdown, over age 2	36556, 36580

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