



## P R O V I D E R   B U L L E T I N

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**To:        All Providers****Subject:   Coverage Determinations for the New 2006 Healthcare  
Common Procedure Coding System Codes****Overview**

The purpose of this bulletin is to notify providers of the coverage determinations for the new 2006 annual Healthcare Common Procedure Coding System (HCPCS) codes, and the October 2005 and July 2005 quarterly updates to HCPCS codes. Indiana Health Coverage Programs (IHCP) provider bulletin *BT200528*, published November 15, 2005, provided a list of new 2006 alphanumeric and Current Procedural Terminology (CPT®) codes and updates to modifiers. IHCP provider bulletin *BT200510*, published May 24, 2005, provided a list of new 2005 July alphanumeric codes. Since these bulletins were published, the IHCP reviewed the new 2006 HCPCS codes, and the October 2005 and July 2005 HCPCS codes to determine coverage and billing guidelines. This bulletin includes the following information:

- Table 1: A listing of the new alpha-numeric and CPT® codes for the 2006 annual HCPCS update (page 2) and the October 2005 (page 53) and July 2005 updates (page 56).
- Table 2: A listing of the new codes that are still under review by the IHCP for the 2006 annual HCPCS update (page 58) and the October 2005 (page 64) and July 2005 updates (page 64).
- Table 3: A listing of new modifiers for the 2006 annual HCPCS update (page 65) and the October 2005 (page 66) and July 2005 updates (page 66).

Providers should direct questions about this bulletin to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

**New HCPCS Codes**

The new 2006 annual, October 2005, and July 2005 HCPCS codes are identified in Table 1 by code, description, and coverage.

These codes have been added to the IndianaAIM claims processing system, with their respective effective dates, and fees will be posted on the IHCP Web site. Providers may bill these codes on or after the effective date of January 1, 2006, for the new annual HCPCS codes, October 1, 2005, for the October 2005 codes, and July 1, 2005, for the July 2005 codes. The standard global billing procedures and edits apply when using the new codes.

CMS has issued specific HCPCS G codes that are to be used for reporting information and documentation purposes and will be noncovered by the IHCP. These codes include HCPCS codes G0332, G0333, G8006 through G8186, and G 9050 through G9130.

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Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
1003F	Level of activity assessed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
1004F	Clinical symptoms of volume overload (excess) assessed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
1005F	Asthma symptoms evaluated (includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/ questionnaire)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
1006F	Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as the SF6, AAOS & knee questionnaire)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
1007F	Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
2001F	Weight recorded	Not applicable for all programs		Non-covered for all programs	January 1, 2006
2002F	Clinical signs of volume overload (excess) assessed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
2003F	Auscultation of the heart performed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
2004F	Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
3000F	Blood pressure ≤ 140/90 mm Hg	Not applicable for all programs		Non-covered for all programs	January 1, 2006
3002F	Blood pressure > 140/90 mm Hg	Not applicable for all programs		Non-covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
4003F	Patient education, written/oral, appropriate for patients with heart failure performed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
4012F	Warfarin therapy prescribed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
4014F	Written discharge instructions provided to heart failure patients discharged home (instructions include all of the following components: activity level, diet, discharge medications, follow-up appointment, weight monitoring, what to do if symptoms worsen)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
4015F	Persistent asthma, long term control medication [inhaled corticosteroids or an acceptable alternative treatment, (cromolyn sodium, leukotriene modifier, nedocromil, or sustained release theophylline)], prescribed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
4016F	Anti-inflammatory/analgesic agent prescribed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
4017F	Gastrointestinal prophylaxis for NSAID use prescribed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
4018F	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0089T	Actigraphy testing, recording, analysis and interpretation (minimum of three-day recording)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0090T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, cervical	Not applicable for all programs		Non-covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
0091T	Total disc arthroplasty (artificial disc), anterior approach, including diskectomy to prepare interspace (other than for decompression); single interspace, lumbar	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0092T	Total disc arthroplasty (artificial disc), anterior approach, including diskectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0093T	Removal of total disc arthroplasty, anterior approach; single interspace, cervical	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0094T	Removal of total disc arthroplasty, anterior approach; single interspace, lumbar	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0095T	Removal of total disc arthroplasty, anterior approach; each additional interspace (list separately in addition to code for primary procedure)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0096T	Revision of total disc arthroplasty, anterior approach; single interspace, cervical	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0097T	Revision of total disc arthroplasty, anterior approach; single interspace, lumbar	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0098T	Revision of total disc arthroplasty, anterior approach; each additional interspace (list separately in addition to code for primary procedure)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0099T	Implantation of intrastromal corneal ring segments	Not applicable for all programs		Non-covered for all programs	January 1, 2006

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	Not applicable for all programs		Non-covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
0115T	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, with assessment, and intervention if provided; initial encounter	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0116T	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, with assessment, and intervention if provided; subsequent encounter	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0117T	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, with assessment, and intervention if provided; each additional 15 minutes (list separately in addition to code for primary service)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0120T	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0123T	Fistulization of sclera for glaucoma, through ciliary body	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0124T	Conjunctival incision with posterior juxtасcleral placement of pharmacological agent (does not include supply of medication)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	Not applicable for all programs		Non-covered for all programs	January 1, 2006

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
0130T	Validated, statistically reliable, randomized, controlled, single-patient clinical investigation of FDA approved chronic care drugs, provided by a pharmacist, interpretation and report to the prescribing health care professional	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0133T	Upper gastrointestinal endoscopy, including esophagus, stomach, and either the duodenum and/or jejunum as appropriate, with injection of implant material into and along the muscle of the lower esophageal sphincter (e.g., for treatment of gastroesophageal reflux disease)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0140T	Exhaled breath condensate pH	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0141T	Pancreatic islet cell transplantation through portal vein, percutaneous	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0142T	Pancreatic islet cell transplantation through portal vein, open	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0143T	Laparoscopy, surgical, pancreatic islet cell transplantation through portal vein	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0144T	Computed tomography, heart, without contrast material, including image post processing and quantitative evaluation of coronary calcium	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0145T	Computed tomography, heart, without contrast material followed by contrast material(s) and further sections, including cardiac gating and 3D image post processing; cardiac structure and morphology	Not applicable for all programs		Non-covered for all programs	January 1, 2006

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
0146T	Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0147T	Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0148T	Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0149T	Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0152T	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; chest radiograph(s) (list separately in addition to code for primary procedure)	Not applicable for all programs		Non-covered for all programs	January 1, 2006



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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
0153T	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation and instrument calibration	Not applicable for all programs		Non-covered for all programs	January 1, 2006
0154T	Non-invasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Not applicable for all programs		Non-covered for all programs	January 1, 2006
01965	Anesthesia for incomplete or missed abortion procedures	No for all programs	QK, QS, QX, QZ	Covered for all programs	January 1, 2006
01966	Anesthesia for induced abortion procedures	No for all programs	QK, QS, QX, QZ	Covered for all programs	January 1, 2006
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 62, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
15151	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (list separately in addition to code for primary procedure)	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15152	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 62, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 62, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15170	Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
15171	Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15175	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15176	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 62, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15300	Allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15301	Allograft skin for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
15320	Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15321	Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 62, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15330	Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15331	Acellular dermal allograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15335	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
15336	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 62, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15340	Tissue cultured allogeneic skin substitute; first 25 sq cm or less	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15341	Tissue cultured allogeneic skin substitute; each additional 25 sq cm	No for all programs	54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15360	Tissue cultured allogeneic dermal substitute; trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15361	Tissue cultured allogeneic dermal substitute; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15365	Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006

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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
15366	Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15420	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15421	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	No for all programs	54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
15430	Acellular xenograft implant; first 100 sq cm or less, or one percent of body area of infants and children	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (e.g., kyphoplasty); thoracic	Not applicable for all programs		Non-covered for all programs	January 1, 2006
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (e.g., kyphoplasty); lumbar	Not applicable for all programs		Non-covered for all programs	January 1, 2006
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (e.g., kyphoplasty); each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	Not applicable for all programs		Non-covered for all programs	January 1, 2006
32503	Resection of apical lung tumor (e.g., pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006



Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
32504	Resection of apical lung tumor (e.g., pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
33507	Repair of anomalous (e.g., intramural) aortic origin of coronary artery by unroofing or translocation	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (e.g., ventricular remodeling, SVR, saver, DOR procedures)	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
33768	Anastomosis, cavopulmonary, second superior vena cava (list separately in addition to primary procedure)	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
33880	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
33881	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	No for all programs	51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	No for all programs	51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (list separately in addition to code for primary procedure)	No for all programs	51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	No for all programs	51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	No for all programs	50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82, AS, LT, RT	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	No for all programs	50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82, AS, LT, RT	Covered for all programs	January 1, 2006
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	No for all programs	51, 54, 55, 56, 78, 79	Covered for all programs	January 1, 2006
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	No for all programs	51, 54, 55, 56, 62, 78, 79	Covered for all programs	January 1, 2006
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (list separately in addition to code for primary mechanical thrombectomy procedure)	No for all programs	51, 54, 55, 56, 62, 78, 79	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
37186	Secondary percutaneous transluminal thrombectomy (e.g., nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (list separately in addition to code for primary procedure)	No for all programs	51, 54, 55, 56, 62, 78, 79	Covered for all programs	January 1, 2006
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	No for all programs	50, 51, 54, 55, 56, 62, 78, 79, LT, RT	Covered for all programs	January 1, 2006
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	No for all programs	50, 51, 54, 55, 56, 62, 78, 79, LT, RT	Covered for all programs	January 1, 2006
37718	Ligation, division, and stripping, short saphenous vein	No for all programs	50, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79, LT, RT	Covered for all programs	January 1, 2006
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	No for all programs	50, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79, G8, G9, LT, RT	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)	Yes for all programs	51, 54, 55, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs, non-covered for Package C	January 1, 2006
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	Yes for all programs	51, 54, 55, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs, non-covered for Package C	January 1, 2006
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	Yes for all programs	51, 54, 55, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs, non-covered for Package C	January 1, 2006
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only	Yes for all programs	51, 54, 55, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs, Non-covered for Package C	January 1, 2006
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components	Yes for all programs	51, 54, 55, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs, non-covered for Package C	January 1, 2006
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	No for all programs	51, 54, 55, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs, non-covered for Package C	January 1, 2006
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	No for all programs	51, 54, 55, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs, non-covered for Package C	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	No for all programs	51, 54, 55, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82, AS	Covered for all programs, non-covered for Package C	January 1, 2006
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	No for all programs	51, 54, 55, 56, 57, 58, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
44186	Laparoscopy, surgical; jejunostomy (e.g., for decompression or feeding)	No for all programs	51, 54, 55, 56, 57, 58, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	No for all programs	51, 54, 55, 56, 57, 58, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	No for all programs	51, 54, 55, 56, 57, 58, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (list separately in addition to primary procedure)	No for all programs	51, 54, 55, 56, 57, 58, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	No for all programs	51, 54, 55, 56, 57, 58, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	No for all programs	51, 54, 55, 56, 57, 58, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (e.g., colo-anal anastomosis), with creation of colonic reservoir (e.g., J-pouch), with diverting enterostomy, when performed	No for all programs	51, 54, 55, 56, 57, 58, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
45400	Laparoscopy, surgical; proctopexy (for prolapse)	No for all programs	51, 54, 55, 56, 57, 58, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	No for all programs	51, 54, 55, 56, 57, 58, 78, 79, 80, 81, 82, AS	Covered for all programs	January 1, 2006
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	No for all programs	51	Covered for all programs	January 1, 2006
46505	Chemodenervation of internal anal sphincter	No for all programs	51, 54, 55, 56, 57, 58, 78, 79	Covered for all programs	January 1, 2006
46710	Repair of ileoanal pouch fistula/sinus (e.g., perineal or vaginal), pouch advancement; transperineal approach	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 78, 80, 81, 82, AS	Covered for all programs	January 1, 2006
46712	Repair of ileoanal pouch fistula/sinus (e.g., perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 78, 80, 81, 82, AS	Covered for all programs	January 1, 2006
50250	Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 78, 80, 81, 82, AS	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	No for all programs	50, 51, LT, RT	Covered for all programs	January 1, 2006
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	No for all programs	50, 51, LT, RT	Covered for all programs	January 1, 2006
50387	Removal and replacement of externally accessible transnephric ureteral stent (e.g., external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	No for all programs	51	Covered for all programs	January 1, 2006
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (e.g., with concurrent indwelling ureteral stent)	No for all programs	50, 51, LT, RT	Covered for all programs	January 1, 2006
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency	No for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 78, 80, 81, 82, AS	Covered for all programs	January 1, 2006
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	Yes for all programs	51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 78, 80, 81, 82, AS	Covered for all programs	January 1, 2006
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure)	No for all programs		Covered for all programs	January 1, 2006
61630	Balloon angioplasty, intracranial (e.g., atherosclerotic stenosis), percutaneous	Not applicable for all programs		Non-covered for all programs	January 1, 2006



Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
61635	Transcatheter placement of intravascular stent(s), intracranial (e.g., atherosclerotic stenosis), including balloon angioplasty, if performed	Not applicable for all programs		Non-covered for all programs	January 1, 2006
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Not applicable for all programs		Non-covered for all programs	January 1, 2006
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separately in addition to code for primary procedure)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list separately in addition to code for primary procedure)	Not applicable for all programs		Non-covered for all programs	January 1, 2006
64650	Chemodeneration of eccrine glands; both axillae	No for all programs	51	Covered for all programs	January 1, 2006
64653	Chemodeneration of eccrine glands; other area(s) (e.g., scalp, face, neck), per day	No for all programs	51	Covered for all programs	January 1, 2006
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image post- processing on an independent workstation	No for all programs	TC, 26	Covered for all programs	January 1, 2006
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image post- processing on an independent workstation	No for all programs	TC, 26	Covered for all programs	January 1, 2006
77421	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	No for all programs	TC, 26	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	No for all programs		Covered for all programs	January 1, 2006
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	No for all programs		Covered for all programs	January 1, 2006
80195	Sirolimus	No for all programs	QW	Covered for all programs	January 1, 2006
82271	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; other sources	No for all programs	QW	Covered for all programs	January 1, 2006
82272	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, single specimen (e.g., from digital rectal exam)	No for all programs	QW	Covered for all programs	January 1, 2006
83631	Lactoferrin, fecal; quantitative	Not applicable for all programs		Non-covered for all programs	January 1, 2006
83695	Lipoprotein (a)	No for all programs	QW	Covered for all programs	January 1, 2006
83700	Lipoprotein, blood; electrophoretic separation and quantitation	No for all programs		Covered for all programs	January 1, 2006
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (e.g., electrophoresis, ultracentrifugation)	No for all programs		Covered for all programs	January 1, 2006
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (e.g., by nuclear magnetic resonance spectroscopy)	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
83900	Molecular diagnostics; amplification of patient nucleic acid, multiplex, first two nucleic acid sequences	No for all programs		Covered for all programs	January 1, 2006
83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction (e.g., stool specimens, paraffin embedded tissue)	No for all programs		Covered for all programs	January 1, 2006
83908	Molecular diagnostics; signal amplification of patient nucleic acid, each nucleic acid sequence	No for all programs		Covered for all programs	January 1, 2006
83909	Molecular diagnostics; separation and identification by high resolution technique (e.g., capillary electrophoresis)	No for all programs		Covered for all programs	January 1, 2006
83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (e.g., oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))	No for all programs		Covered for all programs	January 1, 2006
86200	Cyclic citrullinated peptide (CCP), antibody	No for all programs		Covered for all programs	January 1, 2006
86355	B cells, total count	No for all programs		Covered for all programs	January 1, 2006
86357	Natural killer (NK) cells, total count	No for all programs		Covered for all programs	January 1, 2006
86367	Stem cells (i.e., CD34), total count	No for all programs		Covered for all programs	January 1, 2006
86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response	No for all programs		Covered for all programs	January 1, 2006
87209	Smear, primary source with interpretation; complex special stain (e.g., trichrome, iron hemotoxylin) for ova and parasites	No for all programs		Covered for all programs	January 1, 2006
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
88333	Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), initial site	No for all programs	TC, 26	Covered for all programs	January 1, 2006
88334	Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), each additional site	No for all programs		Covered for all programs	January 1, 2006
89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	No for all programs		Covered for all programs	January 1, 2006
90649	Human papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	Not applicable for all programs		Non-covered for all programs	January 1, 2006
90736	Zoster (shingles) vaccine, live, for subcutaneous injection	Not applicable for all programs		Non-covered for all programs	January 1, 2006
90760	Intravenous infusion, hydration; initial, up to 1 hour	No for all programs		Covered for all programs	January 1, 2006
90761	Intravenous infusion, hydration; each additional hour, up to 8 hours (list separately in addition to code for primary procedure)	No for all programs		Covered for all programs	January 1, 2006
90765	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	No for all programs		Covered for all programs	January 1, 2006
90766	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour, up to 8 hours (list separately in addition to code for primary procedure)	No for all programs		Covered for all programs	January 1, 2006
90767	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (list separately in addition to code for primary procedure)	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
90768	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for primary procedure)	No for all programs		Covered for all programs	January 1, 2006
90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	No for all programs		Covered for all programs	January 1, 2006
90773	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial	No for all programs		Covered for all programs	January 1, 2006
90774	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	No for all programs		Covered for all programs	January 1, 2006
90775	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure)	No for all programs		Covered for all programs	January 1, 2006
91022	Duodenal motility (manometric) study	No for all programs	TC, 26	Covered for all programs	January 1, 2006
92626	Evaluation of auditory rehabilitation status; first hour	No for all programs		Covered for all programs	January 1, 2006
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primary procedure)	No for all programs		Covered for all programs	January 1, 2006
92630	Auditory rehabilitation; pre-lingual hearing loss	Yes for all programs		Covered for all programs	January 1, 2006
92633	Auditory rehabilitation; post-lingual hearing loss	Yes for all programs		Covered for all programs	January 1, 2006
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
95865	Needle electromyography; larynx	No for all programs	TC, 26	Covered for all programs	January 1, 2006
95866	Needle electromyography; hemidiaphragm	No for all programs	TC, 26, 50, LT, RT	Covered for all programs	January 1, 2006
95873	Electrical stimulation for guidance in conjunction with chemodenervation (list separately in addition to code for primary procedure)	No for all programs	TC, 26	Covered for all programs	January 1, 2006
95874	Needle electromyography for guidance in conjunction with chemodenervation (list separately in addition to code for primary procedure)	No for all programs	TC, 26	Covered for all programs	January 1, 2006
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Yes for all programs		Covered for all programs	January 1, 2006
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Not applicable for all programs		Non-covered for all programs	January 1, 2006
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report	Not applicable for all programs		Non-covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Yes for all programs		Covered for all programs	January 1, 2006
96118	Neuropsychological testing (e.g., Halstead-Reitan neuropsychological battery, Wechsler memory scales and Wisconsin card sorting test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Yes for all programs		Covered for all programs	January 1, 2006
96119	Neuropsychological testing (e.g., Halstead-Reitan neuropsychological battery, Wechsler memory scales and Wisconsin card sorting test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Not applicable for all programs		Non-covered for all programs	January 1, 2006
96120	Neuropsychological testing (e.g., Wisconsin card sorting test), administered by a computer, with qualified health care professional interpretation and report	Not applicable for all programs		Non-covered for all programs	January 1, 2006
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	No for all programs		Covered for all programs	January 1, 2006
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	No for all programs		Covered for all programs	January 1, 2006
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
96411	Chemotherapy administration; intravenous, push technique, each additional substance/ drug (list separately in addition to code for primary procedure)	No for all programs		Covered for all programs	January 1, 2006
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	No for all programs		Covered for all programs	January 1, 2006
96415	Chemotherapy administration, intravenous infusion technique; each additional hour, 1 to 8 hours (list separately in addition to code for primary procedure)	No for all programs		Covered for all programs	January 1, 2006
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	No for all programs		Covered for all programs	January 1, 2006
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/ drug), up to 1 hour (list separately in addition to code for primary procedure)	No for all programs		Covered for all programs	
96521	Refilling and maintenance of portable pump	No for all programs		Covered for all programs	January 1, 2006
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)	No for all programs		Covered for all programs	January 1, 2006
96523	Irrigation of implanted venous access device for drug delivery systems	No for all programs		Covered for all programs	January 1, 2006



Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes	No for all programs		Covered for all programs	January 1, 2006
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	No for all programs		Covered for all programs	January 1, 2006
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	No for all programs		Covered for all programs	January 1, 2006
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/ family) each 30 minutes; individual patient	Not applicable for all programs		Non-covered for all programs	January 1, 2006
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/ family) each 30 minutes; 2-4 patients	Not applicable for all programs		Non-covered for all programs	January 1, 2006
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/ family) each 30 minutes; 5-8 patients	Not applicable for all programs		Non-covered for all programs	January 1, 2006
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	Not applicable for all programs		Non-covered for all programs	January 1, 2006
99053	Service(s) provided between 10:00 pm and 8:00 am at 24-hour facility, in addition to basic service	Not applicable for all programs		Non-covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	Not applicable for all programs		Non-covered for all programs	January 1, 2006
99300	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	No for all programs	21, 24, 25, 57, 59	Covered for all programs	January 1, 2006
99304	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components:	No for all programs	AH, AJ, AU, HE, SA	Covered for all programs	January 1, 2006
99305	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components:	No for all programs	AH, AJ, AU, HE, SA	Covered for all programs	January 1, 2006
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components:	No for all programs	AH, AJ, AU, HE, SA	Covered for all programs	January 1, 2006
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:	No for all programs	AH, AJ, AU, HE, SA	Covered for all programs	January 1, 2006
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:	No for all programs	AH, AJ, AU, HE, SA	Covered for all programs	January 1, 2006
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:	No for all programs	AH, AJ, AU, HE, SA	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:	No for all programs	AH, AJ, AU, HE, SA	Covered for all programs	January 1, 2006
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components:	No for all programs	AH, AJ, AU, HE, SA	Covered for all programs	January 1, 2006
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:	No for all programs		Covered for all programs	January 1, 2006
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:	No for all programs		Covered for all programs	January 1, 2006
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:	No for all programs		Covered for all programs	January 1, 2006
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:	No for all programs		Covered for all programs	January 1, 2006
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:	No for all programs		Covered for all programs	January 1, 2006
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:	No for all programs		Covered for all programs	January 1, 2006
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:	No for all programs		Covered for all programs	January 1, 2006
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:	No for all programs		Covered for all programs	January 1, 2006
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	Not applicable for all programs		Non-covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A0998	Ambulance response and treatment, no transport	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A4218	Sterile saline or water, metered dose dispenser, 10 ml	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	No for all programs		Covered for all programs	January 1, 2006
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	No for all programs		Covered for all programs	January 1, 2006
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	No for all programs		Covered for all programs	January 1, 2006
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
A4363	Ostomy clamp, any type, replacement only, each	No for all programs		Covered for all programs	January 1, 2006
A4411	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	No for all programs		Covered for all programs	January 1, 2006
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	No for all programs		Covered for all programs	January 1, 2006
A4604	Tubing with integrated heating element for use with positive airway pressure device	No for all programs	NU	Covered for all programs	January 1, 2006
A5120	Skin barrier, wipes or swabs, each	No for all programs	AU, AV	Covered for all programs	January 1, 2006
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	No for all programs	NU	Covered for all programs	January 1, 2006
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	No for all programs	NU	Covered for all programs	January 1, 2006
A6457	Tubular dressing with or without elastic, any width, per linear yard	No for all programs	AW	Covered for all programs	January 1, 2006
A6531	Gradient compression stocking, below knee, 30-40 mmHg, each	No for all programs	AW	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
A6532	Gradient compression stocking, below knee, 40-50 mmHg, each	No for all programs	AW	Covered for all programs	January 1, 2006
A9275	Home glucose disposable monitor, includes test strips	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9281	Reaching/grabbing device, any type, any length, each	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9282	Wig, any type, each	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9544	Iodine I-131 tositumomab, diagnostic, per study dose	Not applicable for all programs		Non-covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9548	Indium In-111 pentetate, diagnostic, per 0.5 millicurie	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9549	Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 25 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9552	Fluorodeoxyglucose F-18 FDG diagnostic, per study dose, up to 45 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9564	Chromic phosphate P-32 suspension, therapeutic, per millicurie	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries	Not applicable for all programs		Non-covered for all programs	January 1, 2006
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study	Not applicable for all programs		Non-covered for all programs	January 1, 2006



Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E0172	Seat lift mechanism placed over or on top of toilet, any type	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E0641	Standing frame system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E0705	Transfer board or device, any type, each	No for all programs	NU	Covered for all programs	January 1, 2006
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Not applicable for all programs		Non-covered for all programs	January 1, 2006
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Not applicable for all programs		Non-covered for all programs	January 1, 2006
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	No for all programs	NU, RR	Covered for all programs	January 1, 2006
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	No for all programs	NU, RR	Covered for all programs	January 1, 2006
E1392	Portable oxygen concentrator, rental	No for all programs	RR	Covered for all programs	January 1, 2006
E1812	Dynamic knee, extension/flexion device with active resistance control	Yes for all programs	RR	Covered for all programs	January 1, 2006
E2207	Wheelchair accessory, crutch and cane holder, each	Not applicable for all programs		Non-covered for all programs	January 1, 2006
E2208	Wheelchair accessory, cylinder tank carrier, each	Not applicable for all programs		Non-covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
E2209	Wheelchair accessory, arm trough, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2223	Manual wheelchair accessory, valve, any type, replacement only, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	Yes for all programs	NU, RR	Covered for all programs	January 1, 2006
G0372	Physician service required to establish and document the need for a power mobility device (use in addition to primary evaluation and management code)	No for all programs		Covered for all programs	January 1, 2006
G0378	Hospital observation service, per hour	Not applicable for all programs		Non-covered for all programs	January 1, 2006
G0379	Direct admission of patient for hospital observation care	Not applicable for all programs		Non-covered for all programs	January 1, 2006
J0132	Injection, acetylcysteine, 100 mg	No for all programs		Covered for all programs	January 1, 2006
J0133	Injection, acyclovir, 5 mg	No for all programs		Covered for all programs	January 1, 2006
J0278	Injection, amikacin sulfate, 100 mg	No for all programs		Covered for all programs	January 1, 2006
J0365	Injection, aprotonin, 10,000 KIU	No for all programs		Covered for all programs	January 1, 2006
J0480	Injection, basiliximab, 20 mg	No for all programs		Covered for all programs	January 1, 2006
J0795	Injection, corticorelin ovine triflutate, 1 microgram	No for all programs		Covered for all programs	January 1, 2006
J0881	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	No for all programs		Covered for all programs	January 1, 2006
J0882	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	No for all programs		Covered for all programs	January 1, 2006
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)	No for all programs		Covered for all programs	January 1, 2006
J1162	Injection, digoxin immune fab (ovine), per vial	No for all programs		Covered for all programs	January 1, 2006
J1265	Injection, dopamine HCL, 40 mg	No for all programs		Covered for all programs	January 1, 2006
J1430	Injection, ethanolamine oleate, 100 mg	No for all programs		Covered for all programs	January 1, 2006
J1451	Injection, fomepizole, 15 mg	No for all programs		Covered for all programs	January 1, 2006
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), 500 mg	No for all programs		Covered for all programs	January 1, 2006
J1567	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), 500 mg	No for all programs		Covered for all programs	January 1, 2006
J1640	Injection, hemin, 1 mg	No for all programs		Covered for all programs	January 1, 2006
J1675	Injection, histrelin acetate, 10 micrograms	No for all programs		Covered for all programs	January 1, 2006
J1751	Injection, iron dextran 165, 50 mg	No for all programs		Covered for all programs	January 1, 2006
J1752	Injection, iron dextran 267, 50 mg	No for all programs		Covered for all programs	January 1, 2006
J1945	Injection, lepirudin, 50 mg	No for all programs		Covered for all programs	January 1, 2006
J2278	Injection, ziconotide, 1 microgram	No for all programs		Covered for all programs	January 1, 2006
J2325	Injection, nesiritide, 0.1 mg	No for all programs		Covered for all programs	January 1, 2006
J2425	Injection, palifermin, 50 micrograms	No for all programs		Covered for all programs	January 1, 2006
J2503	Injection, pegaptanib sodium, 0.3 mg	No for all programs		Covered for all programs	January 1, 2006
J2504	Injection, pegademase bovine, 25 IU	No for all programs		Covered for all programs	January 1, 2006
J2513	Injection, pentastarch, 10% solution, 100 ml	No for all programs		Covered for all programs	January 1, 2006
J2805	Injection, sincalide, 5 micrograms	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
J2850	Injection, secretin, synthetic, human, 1 microgram	No for all programs		Covered for all programs	January 1, 2006
J3285	Injection, treprostinil, 1 mg	No for all programs		Covered for all programs	January 1, 2006
J3355	Injection, urofollitropin, 75 IU	Not applicable for all programs		Non-covered for all programs	January 1, 2006
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)	No for all programs		Covered for all programs	January 1, 2006
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 USP units	No for all programs		Covered for all programs	January 1, 2006
J7188	Injection, von willebrand factor complex, human, IU	No for all programs		Covered for all programs	January 1, 2006
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	No for all programs		Covered for all programs	January 1, 2006
J7341	Dermal (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	No for all programs		Covered for all programs	January 1, 2006
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, non-compounded inhalation solution, administered through DME	Not applicable for all programs		Non-covered for all programs	January 1, 2006
J7627	Budesonide, powder, compounded for inhalation solution, administered through DME, unit dose form, up to 0.5 mg	Not applicable for all programs		Non-covered for all programs	January 1, 2006
J7640	Formoterol, inhalation solution administered through DME, unit dose form, 12 micrograms	Not applicable for all programs		Non-covered for all programs	January 1, 2006
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	Not applicable for all programs		Non-covered for all programs	January 1, 2006
J8515	Cabergoline, oral, 0.25 mg	Not applicable for all programs		Non-covered for all programs	January 1, 2006
J8540	Dexamethasone, oral, 0.25 mg	Not applicable for all programs		Non-covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
J8597	Antiemetic drug, oral, not otherwise specified	Not applicable for all programs		Non-covered for all programs	January 1, 2006
J9025	Injection, azacitidine, 1 mg	No for all programs		Covered for all programs	January 1, 2006
J9027	Injection, clofarabine, 1 mg	No for all programs		Covered for all programs	January 1, 2006
J9175	Injection, elliotts' B solution, 1 ml	No for all programs		Covered for all programs	January 1, 2006
J9225	Histrelin implant, 50 mg	No for all programs		Covered for all programs	January 1, 2006
J9264	Injection, paclitaxel protein-bound particles, 1 mg	No for all programs		Covered for all programs	January 1, 2006
L0491	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 straps and closures, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006
L0492	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 straps and closures, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	No for all programs		Covered for all programs	January 1, 2006
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006



Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006
L0636	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	No for all programs		Covered for all programs	January 1, 2006
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	No for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	No for all programs		Covered for all programs	January 1, 2006
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	No for all programs		Covered for all programs	January 1, 2006
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	No for all programs		Covered for all programs	January 1, 2006
L8609	Artificial cornea	Not applicable for all programs		Non-covered for all programs	January 1, 2006
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	No for all programs		Covered for all programs	January 1, 2006
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	No for all programs		Covered for all programs	January 1, 2006
L8680	Implantable neurostimulator electrode, each	Yes for all programs		Covered for all programs	January 1, 2006
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	Yes for all programs		Covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
L8682	Implantable neurostimulator radiofrequency receiver	Yes for all programs		Covered for all programs	January 1, 2006
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Yes for all programs		Covered for all programs	January 1, 2006
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Yes for all programs		Covered for all programs	January 1, 2006
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Yes for all programs		Covered for all programs	January 1, 2006
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Yes for all programs		Covered for all programs	January 1, 2006
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Yes for all programs		Covered for all programs	January 1, 2006
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Yes for all programs		Covered for all programs	January 1, 2006
L8689	External recharging system for implanted neurostimulator, replacement only	Yes for all programs		Covered for all programs	January 1, 2006
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following implant	Not applicable for all programs		Non-covered for all programs	January 1, 2006
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	Not applicable for all programs		Non-covered for all programs	January 1, 2006
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	Not applicable for all programs		Non-covered for all programs	January 1, 2006

Table 1 – New 2006 Annual HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	Not applicable for all programs		Non-covered for all programs	January 1, 2006
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	Not applicable for all programs		Non-covered for all programs	January 1, 2006
S2078	Laparoscopic supracervical hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Yes for all programs		Covered for all programs	January 1, 2006
S2079	Laparoscopic esophagomyotomy (Heller type)	No for all programs		Covered for all programs	January 1, 2006
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Not applicable for all programs		Non-covered for all programs	January 1, 2006
V2788	Presbyopia correcting function of intraocular lens	Not applicable for all programs		Non-covered for all programs	January 1, 2006

Table 1 – New 2005 October Quarterly HCPCS Codes, Effective October 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
G9041	Rehabilitation services for low vision by qualified occupational therapist, direct one-on-one contact, each 15 minutes	Not applicable for all programs		Non-covered for all programs	October 1, 2005
G9042	Low vision rehabilitation services, certified orientation and mobility specialist, each 15 minutes	Not applicable for all programs		Non-covered for all programs	October 1, 2005
G9043	Low vision rehabilitation services, certified low vision therapist, each 15 minutes	Not applicable for all programs		Non-covered for all programs	October 1, 2005
G9044	Low vision rehabilitation services, qualified rehabilitation teacher, each 15 minutes	Not applicable for all programs		Non-covered for all programs	October 1, 2005
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005

Table 1 – New 2005 October Quarterly HCPCS Codes, Effective October 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0490	Emergency power source for use with electric ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005

Table 1 – New 2005 October Quarterly HCPCS Codes, Effective October 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0496	Battery for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0499	Belt/vest for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	Yes for all programs		Covered for all programs	October 1, 2005

Table 1 – New 2005 October Quarterly HCPCS Codes, Effective October 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
Q0503	Battery for pneumatic ventricular assist device, replacement only, each	Yes for all programs		Covered for all programs	October 1, 2005
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	Yes for all programs		Covered for all programs	October 1, 2005
S2075	Laparoscopy, surgical; repair incisional or ventral hernia	No for all programs		Covered for all programs	October 1, 2005
S2076	Laparoscopy, surgical; repair umbilical hernia	No for all programs		Covered for all programs	October 1, 2005
S2077	Laparoscopy, surgical; implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)	No for all programs		Covered for all programs	October 1, 2005

Table 1 – New 2005 July Quarterly HCPCS Codes, Effective July 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
Q4079	Injection, natalizumab, 1 mg	Not applicable for all programs		Non-covered for all programs	July 1, 2005
Q4080	Iloprost, inhalation solution, administered through DME, 20 mcg	Not applicable for all programs		Non-covered for all programs	July 1, 2005
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	Not applicable for all programs		Non-covered for all programs	July 1, 2005
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	Not applicable for all programs		Non-covered for all programs	July 1, 2005
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Not applicable for all programs		Non-covered for all programs	July 1, 2005
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Not applicable for all programs		Non-covered for all programs	July 1, 2005



Table 1 – New 2005 July Quarterly HCPCS Codes, Effective July 1, 2005

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage	Date Effective
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	Not applicable for all programs		Non-covered for all programs	July 1, 2005
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Not applicable for all programs		Non-covered for all programs	July 1, 2005
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	Not applicable for all programs		Non-covered for all programs	July 1, 2005
S0133	Histrelin, implant, 50mg	Not applicable for all programs		Non-covered for all programs	July 1, 2005
S0613	Annual gynecological examination; clinical breast examination without pelvic examination	No for all programs		Covered for all programs	July 1, 2005
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	Not applicable for all programs		Non-covered for all programs	July 1, 2005
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	Not applicable for all programs		Non-covered for all programs	July 1, 2005

## HCPCS C Codes

HCPCS C codes are used for services paid by the Medicare Outpatient Prospective Payment System and are not listed in this bulletin. The IHCP does not reimburse HCPCS C codes with the exception of C1300 – *Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval*, and C1785, C1786, C2619, C2620, and C2621, which are used to bill for pacemakers.

## New HCPCS Codes Under Review

New 2006 HCPCS codes, October 2005, and July 2005 codes that are currently under pricing review by the IHCP are identified in Table 2 by code and description. When pricing is determined, reimbursement will be retroactive to the effective date for the respective codes.

Table 2 – New 2006 Annual HCPCS Codes Under Review

Procedure Code	Description	Date Effective
0103T	Holotranscobalamin, quantitative	January 1, 2006
0104T	Inert gas rebreathing for cardiac output measurement; during rest	January 1, 2006
0105T	Inert gas rebreathing for cardiac output measurement; during exercise	January 1, 2006
0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes	January 1, 2006
0135T	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	January 1, 2006
0137T	Biopsy, prostate, needle, saturation sampling for prostate mapping	January 1, 2006
0150T	Cardiac structure and morphology in congenital heart disease	January 1, 2006
0151T	Computed tomography, heart, without contrast material followed by contrast material(s) and further sections, including cardiac gating and 3D image post processing; function evaluation (left and right ventricular function, ejection fraction and segmental wall motion)	January 1, 2006
15431	Acellular xenograft implant; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	January 1, 2006
45499	Unlisted laparoscopy procedure, rectum	January 1, 2006
51999	Unlisted laparoscopy procedure, bladder	January 1, 2006
75956	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	January 1, 2006
75957	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	January 1, 2006
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	January 1, 2006
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	January 1, 2006
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	January 1, 2006
86923	Compatibility test each unit; electronic	January 1, 2006

Table 2 – New 2006 Annual HCPCS Codes Under Review

Procedure Code	Description	Date Effective
86960	Volume reduction of blood or blood product (e.g., red blood cells or platelets), each unit	January 1, 2006
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes	January 1, 2006
88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes	January 1, 2006
88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes	January 1, 2006
90714	Tetanus and diphtheria toxoids (TD) adsorbed, preservative free, for use in individuals 7 years or older, for intramuscular use	January 1, 2006
90779	Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion	January 1, 2006
99143	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; under 5 years of age, first 30 minutes intra-service time	January 1, 2006
99144	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time	January 1, 2006
99145	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (list separately in addition to code for primary service)	January 1, 2006
99148	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; under 5 years of age, first 30 minutes intra-service time	January 1, 2006
99149	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first 30 minutes intra-service time	January 1, 2006
99150	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (list separately in addition to code for primary service)	January 1, 2006
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	January 1, 2006

Table 2 – New 2006 Annual HCPCS Codes Under Review

Procedure Code	Description	Date Effective
A6530	Gradient compression stocking, below knee, 18-30 mmHg, each	January 1, 2006
A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each	January 1, 2006
A6534	Gradient compression stocking, thigh length, 30-40 mmHg, each	January 1, 2006
A6535	Gradient compression stocking, thigh length, 40-50 mmHg, each	January 1, 2006
A6536	Gradient compression stocking, full length/chap style, 18-30 mmHg, each	January 1, 2006
A6537	Gradient compression stocking, full length/chap style, 30-40 mmHg, each	January 1, 2006
A6538	Gradient compression stocking, full length/chap style, 40-50 mmHg, each	January 1, 2006
A6539	Gradient compression stocking, waist length, 18-30 mmHg, each	January 1, 2006
A6540	Gradient compression stocking, waist length, 30-40 mmHg, each	January 1, 2006
A6541	Gradient compression stocking, waist length, 40-50 mmHg, each	January 1, 2006
A6542	Gradient compression stocking, custom made	January 1, 2006
A6543	Gradient compression stocking, lymphedema	January 1, 2006
A6544	Gradient compression stocking, garter belt	January 1, 2006
A6549	Gradient compression stocking, not otherwise specified	January 1, 2006
A9535	Injection, methylene blue, 1 ml	January 1, 2006
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	January 1, 2006
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie	January 1, 2006
A9555	Rubidium RB-82, diagnostic, per study dose, up to 60 millicuries	January 1, 2006
A9556	Gallium Ga-67 citrate, diagnostic, per millicurie	January 1, 2006
A9557	Technetium Tc-99m biccisate, diagnostic, per study dose, up to 25 millicuries	January 1, 2006
A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries	January 1, 2006
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries	January 1, 2006
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries	January 1, 2006
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries	January 1, 2006

Table 2 – New 2006 Annual HCPCS Codes Under Review

Procedure Code	Description	Date Effective
A9563	Sodium phosphate P-32, therapeutic, per millicurie	January 1, 2006
A9565	Indium In-111 pentetreotide, diagnostic, per millicurie	January 1, 2006
B4185	Parenteral nutrition solution, per 10 grams lipids	January 1, 2006
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	January 1, 2006
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	January 1, 2006
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric	January 1, 2006
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	January 1, 2006
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	January 1, 2006
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	January 1, 2006
J7189	Factor VIIA (antihemophilic factor, recombinant), per 1 microgram	January 1, 2006
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	January 1, 2006
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	January 1, 2006
L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	January 1, 2006
L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	January 1, 2006
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	January 1, 2006
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	January 1, 2006

Table 2 – New 2006 Annual HCPCS Codes Under Review

Procedure Code	Description	Date Effective
L3671	Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3672	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3673	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	January 1, 2006
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	January 1, 2006
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006

Table 2 – New 2006 Annual HCPCS Codes Under Review

Procedure Code	Description	Date Effective
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	January 1, 2006
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only	January 1, 2006
L5971	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	January 1, 2006
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	January 1, 2006
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	January 1, 2006
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	January 1, 2006
L6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	January 1, 2006
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	January 1, 2006
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	January 1, 2006
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	January 1, 2006
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	January 1, 2006
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	January 1, 2006

Table 2 – New 2006 Annual HCPCS Codes Under Review

Procedure Code	Description	Date Effective
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	January 1, 2006
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	January 1, 2006
L7600	Prosthetic donning sleeve, any material, each	January 1, 2006
Q0515	Injection, sermorelin acetate, 1 microgram	January 1, 2006
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap, including microvascular anastomosis and closure of donor site, unilateral	January 1, 2006

Table 2 – October 2005 HCPCS Codes Under Review

Procedure Code	Description	Date Effective
Q0488	Power pack base for use with electric ventricular assist device, replacement only	October 1, 2005
Q0505	Miscellaneous supply or accessory for use with ventricular assist device	October 1, 2005
S2114	Arthroscopy, shoulder, surgical; tenodesis of biceps	October 1, 2005
S2117	Arthroereisis, subtalar	October 1, 2005
S3626	Maternal serum quadruple marker screen including alpha-fetoprotein (AFP), estriol, human chorionic gonadotropin (HCG), and inhibin A	October 1, 2005

Table 2 – July 2005 HCPCS Codes Under Review

Procedure Code	Description	Date Effective
K0730	Controlled dose inhalation drug delivery system	July 1, 2005
K0731	Lithium ION battery for use with cochlear implant device speech processor, other than ear level, replacement, each	July 1, 2005
K0732	Lithium ION battery for use with cochlear implant device speech processor, ear level, replacement, each	July 1, 2005
S0118	Injection, ziconotide, for intrathecal infusion, 1mcg	July 1, 2005
S0145	Injection, pegylated interferon alfa-2A, 180 mcg per ml	July 1, 2005



Table 2 – July 2005 HCPCS Codes Under Review

Procedure Code	Description	Date Effective
S0146	Injection, pegylated interferon alfa-2B, 10 mcg per 0.5 ml	July 1, 2005
S0198	Injection, pegaptanib sodium, 0.3 mg	July 1, 2005
S0265	Genetic counseling, under physician supervision, each 15 minutes	July 1, 2005

## New HCPCS Modifiers

New 2006 annual, October 2005, and July 2005 modifiers are identified in Table 3 by modifier and description. These modifiers have been added to the IndianaAIM claims processing system with their respective effective date.

Table 3 – New Modifiers, Effective January 1, 2006

Modifier	Description	Type	Date Effective
27	Multiple outpatient hospital E/M encounters on the same date	Informational	January 1, 2006
63	Procedure performed on infants less than 4 kg	Informational	January 1, 2006
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)	Informational	January 1, 2006
FB	Item provided without cost to provider, supplier or practitioner (examples, but not limited to: covered under warranty, replaced due to defect, free samples)	Informational	January 1, 2006
GR	This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with VA policy	Informational	January 1, 2006
GS	Dosage of EPO or darbepoietin alfa has been reduced 25% of preceding month's dosage	Informational	January 1, 2006
J1	Competitive acquisition program no-pay submission for a prescription number	Informational	January 1, 2006
J2	Competitive acquisition program, restocking of emergency drugs after emergency administration	Informational	January 1, 2006
J3	Competitive acquisition program (CAP), drug not available through cap as written, reimbursed under average sales price methodology	Informational	January 1, 2006
P1	A normal healthy patient	Informational	January 1, 2006
P2	A patient with mild systemic disease	Informational	January 1, 2006
P3	A patient with severe systemic disease	Informational	January 1, 2006

Table 3 – New Modifiers, Effective January 1, 2006

Modifier	Description	Type	Date Effective
P4	A patient with severe systemic disease that is a constant threat to life	Informational	January 1, 2006
P5	A moribund patient who is not expected to survive without the operation	Informational	January 1, 2006
P6	A declared brain-dead patient whose organs are being removed for donor purposes	Informational	January 1, 2006

Table 3– New Modifiers, Effective October 1, 2005

Modifier	Description	Type	Date Effective
CR	Catastrophy/disaster related	Informational	October 1, 2005

Table 3 – New Modifiers, Effective July 1, 2005

Modifier	Description	Type	Date Effective
BL	Special acquisition of blood and blood products	Informational	July 1, 2005

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