



M E D I C A I D B U L L E T I N

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To: All Indiana Medicaid Providers

Subject: Removal of Services from Prior Authorization

Overview

Effective April 19, 1999, the services listed in this bulletin in Table 1 will no longer require prior authorization.

Prior Authorization Requirement Changes

Removal of the prior authorization requirement for these services is being done subsequent to a comprehensive review of all services requiring prior authorization. It was determined via this review that these services no longer pose utilization concerns, therefore, removal of the prior authorization requirement is warranted.

The Office of Medicaid Policy and Planning (OMPP) made decisions based on analysis of prior authorization activity including:

- The number and outcome of prior authorization requests in the last fiscal year
- Specialists' review of certain surgical procedures to identify those performed only for functional and/or reconstructive reasons, and
- Information on services reimbursed at less than \$100.

Services are listed and grouped by the (body) System, Category, and Sub-Category under which they are described in the respective CPT or HCPCS coding systems. Health Care Excel will continue to analyze both claims and prior authorization activity on a periodic basis to assist OMPP in making sound policy decisions.

Please note:

- For any and all services that are per-diem reimbursed for residents of nursing facilities or Intermediate Care Facilities for the Mentally Retarded (ICF/MR), change of prior authorization status has no impact on the fact that such services are per-diem reimbursed. Providers are reminded that such services are not separately billable to Indiana Medicaid by the facility or any other provider, regardless of whether prior authorization is required.
- Although Durable Medical Equipment (DME) repair codes E1340 and E1350 are being removed from prior authorization, these services are not reimbursed when the piece of equipment is under warranty.
- Removal of hysterectomies (58210, 58240) from prior authorization does not remove the requirement for the federal hysterectomy form to be completed. The form used in Indiana is form number SF 46314, located on page 10-15-10 of the October 1994 Provider Manual.
- Removal of these services from prior authorization does not remove the requirement for providers to obtain the Primary Medical Provider (PMP) certification for Hoosier Healthwise recipients.

Table 1-Services No Longer Requiring Prior Authorization

| System | Category | Sub-Category |
|------------------|---------------------------------|-------------------------|
| Digestive | Dentoalveolar Structures | Other Procedures |
| <u>Code</u> | <u>Description</u> | |
| 41872 | GINGIVOPLASTY | |

| Digestive | Lips | Repair (Cheiloplasty) |
|------------------|--|------------------------------|
| <u>Code</u> | <u>Description</u> | |
| 40650 | REPAIR LIP, FULL THICKNESS; VERMILION ONLY | |
| 40652 | REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT | |
| 40700 | PLASTIC REPAIR OF CLEFT LIP; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL | |
| 40701 | PLASTIC REPAIR OF CLEFT LIP; PRIMARY BILATERAL, ONE STAGE PROCEDURE | |
| 40702 | PLASTIC REPAIR OF CLEFT LIP; PRIMARY BILATERAL, ONE OF TWO STAGES | |
| 40720 | PLASTIC REPAIR OF CLEFT LIP; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE | |
| 40761 | PLASTIC REPAIR OF CLEFT LIP; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE) (SEE CPT4 BOOK) | |

| System | Category | Sub-Category |
|------------------|--|---------------------|
| Digestive | Palate and Uvula | Repair |
| <u>Code</u> | <u>Description</u> | |
| 42226 | LENGTHENING OF PALATE, AND PHARYNGEAL FLAP | |
| 42227 | LENGTHENING OF PALATE WITH ISLAND FLAP | |
| 42260 | REPAIR NASOLABIAL FISTULA | |

| | | |
|------------------|---|---------------|
| Digestive | Pharynx, Adenoids and Tonsils | Repair |
| <u>Code</u> | <u>Description</u> | |
| 42950 | PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX) | |

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|-------------|--------------------|
| DME | Accessories |
| <u>Code</u> | <u>Description</u> |
| Z4402 | BASIN, EMESIS |

| | |
|-------------|--------------------|
| DME | Bedpans |
| <u>Code</u> | <u>Description</u> |
| Z4402 | BASIN, DISPOSABLE |

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|-------------|--------------------------|
| DME | CAPD Filter Set |
| <u>Code</u> | <u>Description</u> |
| Z4450 | CAPD FILTER SET, PERIDEX |

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|-------------|--|
| DME | Commodes |
| <u>Code</u> | <u>Description</u> |
| E0163 | COMMUNE CHAIR, STATIONARY WITH FIXED ARMS |
| E0164 | COMMUNE CHAIR, MOBILE WITH FIXED ARMS |
| E0165 | COMMUNE CHAIR, STATIONARY WITH DETACHABLE ARMS |
| E0165 | COMMUNE CHAIR, MOBILE WITH DETACHABLE ARMS |

| System | Category | Sub-Category |
|---------------|---|---------------------|
| DME | Decubitis Care | |
| <u>Code</u> | <u>Description</u> | |
| E0180 | PRESSURE PAD, ALTERNATING WITH PUMP | |
| E0181 | PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY | |
| E0182 | PUMP FOR ALTERNATING PRESSURE PAD | |
| E0183 | FLOTATION PAD FOR WHEELCHAIR | |
| E0184 | FLOTATION MATTRESS, DRY | |
| E0185 | DECUBITUS CARE PAD, FLOTATION OR GEL PAD WITH FOAM LEVELING PAD (MATTRESS SIZE) | |
| E0186 | AIR PRESSURE MATTRESS | |
| E0187 | WATER PRESSURE MATTRESS | |
| E0188 | SYNTHETIC SHEEPSKIN PAD | |
| E0189 | LAMBSWOOL SHEEPSKIN PAD, ANY SIZE | |
| E0190 | DECUBITUS CARE MATTRESS, INCLUDES FLOTATION OR GEL MATTRESS | |
| E0191 | HEEL OR ELBOW PROTECTOR, EACH | |
| E0192 | LOW PRESSURE AND POSITIONING EQUALIZATION PAD FOR WHEELCHAIR | |
| E0199 | DRY PRESSURE PAD FOR MATTRESS | |

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|-------------|-----------------------------|--|
| DME | Monitoring Equipment | |
| <u>Code</u> | <u>Description</u> | |
| E0607 | HOME BLOOD GLUCOSE MONITOR | |

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|-------------|--|--|
| DME | Patient Lifts | |
| <u>Code</u> | <u>Description</u> | |
| E0621 | SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON | |

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|-------------|---|--|
| DME | Repairs and Replacement Supplies | |
| <u>Code</u> | <u>Description</u> | |
| E1340 | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES | |
| E1350 | REPAIR OR NON-ROUTINE SERVICE (E.G., BREAKING DOWN SEALED COMPONENTS) REQUIRING THE SKILL OF A TECH)***DELETED CODE 1997 | |

| System | Category | Sub-Category |
|-------------|---|--------------|
| DME | Traction - Cervical | |
| <u>Code</u> | <u>Description</u> | |
| E0840 | TRACTION FRAME, ATTACHED TO HEADBOARD, SIMPLE CERVICAL TRACTION | |
| E0850 | TRACTION STAND, FREESTANDING, SIMPLE CERVICAL TRACTION | |
| E0855 | CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME | |

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|-------------|---|--|
| DME | Traction - Extremity | |
| <u>Code</u> | <u>Description</u> | |
| E0870 | TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE EXTREMITY TRACTION (E.G., BUCK'S) | |
| E0880 | TRACTION STAND, FREESTANDING, SIMPLE EXTREMITY TRACTION (E.G., BUCK'S) | |

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|-------------|--|--|
| DME | Traction - Overdoor | |
| <u>Code</u> | <u>Description</u> | |
| E0860 | TRACTION EQUIPMENT, OVERDOOR, CERVICAL | |

| | | |
|-------------|---|--|
| DME | Traction - Pelvic | |
| <u>Code</u> | <u>Description</u> | |
| E0890 | TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE PELVIC TRACTION | |
| E0900 | TRACTION STAND, FREESTANDING, SIMPLE PELVIC TRACTION (E.G., BUCK'S) | |

| | | |
|-------------|---|--------------------|
| DME | Wheelchair Accessories | Accessories |
| <u>Code</u> | <u>Description</u> | |
| E0950 | TRAY | |
| E0951 | LOOP HEEL, EACH | |
| E0952 | LOOP TOE, EACH | |
| E0953 | PNEUMATIC TIRE, EACH | |
| E0954 | SEMI-PNEUMATIC CASTER, EACH | |
| E0959 | AMPUTEE ADAPTER (DEVICE USED TO COMPENSATE FOR TRANSFER OF WEIGHT DUE TO LOST LIMBS TO MAINTAIN PROP) | |

(Continued)

| System | Category | Sub-Category |
|------------------------|---|--------------------|
| DME (Continued) | Wheelchair Accessories | Accessories |
| E0961 | BRAKE EXTENSION, FOR WHEELCHAIR | |
| E0962 | 1" CUSHION, FOR WHEELCHAIR | |
| E0963 | 2" CUSHION, FOR WHEELCHAIR | |
| E0964 | 3" CUSHION, FOR WHEELCHAIR | |
| E0965 | 4" CUSHION, FOR WHEELCHAIR | |
| E0970 | NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST | |
| E0971 | ANTI-TIPPING DEVICE WHEELCHAIR | |
| E0978 | BELT, SAFETY WITH AIRPLANE BUCKLE, WHEELCHAIR | |
| E0979 | BELT, SAFETY WITH VELCRO CLOSURE, WHEELCHAIR | |
| E0980 | SAFETY VEST, WHEELCHAIR | |
| E0994 | ARM REST, EACH | |

| Enteral and Parenteral | Enteral and Parenteral Therapy | Enteral and Parenteral Pumps |
|-------------------------------|--|-------------------------------------|
| <u>Code</u> | <u>Description</u> | |
| B9002 | ENTERAL NUTRITION INFUSION PUMP-WITH ALARM | |

| Eye and Ocular Adnexa | Lens | Incision |
|------------------------------|---|-----------------|
| <u>Code</u> | <u>Description</u> | |
| 66825 | REPOSITIONING INTRAOCULAR LENS PROSTHESIS | |

| Eye and Ocular Adnexa | Lens | Removal Cataract |
|------------------------------|--|-------------------------|
| <u>Code</u> | <u>Description</u> | |
| 66830 | REMOVAL OF SECONDARY MEMBRANOUS CATARACT ("AFTER CATARACT"), WITH CORNEOSCLERAL SECTION (SEE CPT4 BOOK) | |
| 66840 | REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES | |
| 66850 | REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC, E.G., PHACO) (SEE CPT4 BOOK) | |
| 66852 | REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY | |
| 66915 | EXPRESSION LENS, LINEAR, ONE OR MORE STAGES | |

(Continued)

| System | Category | Sub-Category |
|--|---|-------------------------|
| Eye and Ocular Adnexa (Continued) | Lens | Removal Cataract |
| <u>Code</u> | <u>Description</u> | |
| 66920 | EXTRACTION LENS WITH OR WITHOUT IRIDECTOMY; INTRACAPSULAR, WITH OR WITHOUT ENZYMES | |
| 66930 | EXTRACTION LENS WITH OR WITHOUT IRIDECTOMY; INTRACAPSULAR, FOR DISLOCATED LENS | |
| 66940 | EXTRACTION LENS WITH OR WITHOUT IRIDECTOMY; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66915) | |
| 66983 | INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE) | |
| 66984 | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE) | |
| 66985 | INSERTION INTRAOCULAR LENS SUBSEQUENT TO CATARACT REMOVAL | |

| Female Genital | Corpus Uteri | Excision |
|-----------------------|---|-----------------|
| <u>Code</u> | <u>Description</u> | |
| 58210 | RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC AND LIMITED PARA-AORTIC LYMPHADENECTOMY | |
| 58240 | PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL HYST. OR CERVICECTOMY, WITH REMOVAL OF BLADDER | |

| Integumentary | Breast | Repair and/or Reconstruction |
|----------------------|------------------------------|-------------------------------------|
| <u>Code</u> | <u>Description</u> | |
| 19350 | NIPPLE/AREOLA RECONSTRUCTION | |

| Medical and Surgical Supplies | Additional Miscellaneous |
|--|---------------------------------|
| <u>Code</u> | <u>Description</u> |
| A4565 | SLINGS |
| A4570 | SPLINT |

| System | Category | Sub-Category |
|--------------------------------------|---|-------------------------------------|
| Medical and Surgical Supplies | Enteral and Parenteral Therapy | Enteral and Parenteral Pumps |
| <u>Code</u> | <u>Description</u> | |
| B9000 | ENTERAL NUTRITION INFUSION PUMP-WITHOUT ALARM | |

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|--------------------------------------|--------------------------|
| Medical and Surgical Supplies | Supplies for ESRD |
| <u>Code</u> | <u>Description</u> |
| A4912 | GOMCO DRAIN BOTTLE |

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|--------------------------------------|---|
| Medical and Surgical Supplies | Supplies for Other DME |
| <u>Code</u> | <u>Description</u> |
| A4631 | REPLACEMENT, BATTERIES FOR MEDICALLY NECESSARY ELECTRONIC WHEELCHAIR OWNED BY PATIENT |

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|--------------------------------------|---|
| Medical and Surgical Supplies | Supplies for Oxygen and Related Respiratory Equipment |
| <u>Code</u> | <u>Description</u> |
| A4611 | BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR |
| A4612 | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR |
| A4613 | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR |

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|--------------------------------------|--|
| Medical and Surgical Supplies | Vascular Catheters |
| <u>Code</u> | <u>Description</u> |
| A4305 | DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE 50ML OR GREATER PER HR |
| A4306 | DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE 5ML OR LESS PER HR |

| System | Category | Sub-Category |
|-------------------------|--|-------------------------|
| Medical Services | Other Medical Services | Not in HCPC Book |
| <u>Code</u> | <u>Description</u> | |
| M0260 | TONSILLECTOMY, WITH OR WITHOUT ADENOIDECTOMY, WITH UNILATERAL MYRINGOTOMY AND TUBE INSERTION | |
| M0261 | TONSILLECTOMY, WITH OR WITHOUT ADENOIDECTOMY, WITH BILATERAL MYRINGOTOMY AND TUBE INSERTION | |

| | | |
|---------------------------------------|---|--|
| Medical Supplies and Equipment | Supplies for ESRD | |
| <u>Code</u> | <u>Description</u> | |
| A4660 | SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE | |
| A4663 | BLOOD PRESSURE CUFF ONLY | |

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|---------------------------------------|--|--|
| Medical Supplies and Equipment | Supplies for Other DME | |
| <u>Code</u> | <u>Description</u> | |
| A4640 | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT | |

| | | |
|------------------------|--|-----------------|
| Musculoskeletal | Foot and Toes | Excision |
| <u>Code</u> | <u>Description</u> | |
| 28119 | OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTARFASCIAL RELEASE | |

| | | |
|------------------------|--|---|
| Musculoskeletal | Foot and Toes | Repair, Revision and/or Reconstruction |
| <u>Code</u> | <u>Description</u> | |
| 28285 | HAMMERTOE OPERATION; ONE TOE (E.G., INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY) (SEPARATE PROCEDURE) | |
| 28286 | HAMMERTOE OPERATION; FOR COCK-UP FIFTH TOE WITH PLASTICSKIN CLOSURE (RUIZ-MORA TYPE PROCEDURE) | |

(Continued)

| System | Category | Sub-Category |
|------------------------|---|---|
| Musculoskeletal | Foot and Toes | Repair, Revision and/or Reconstruction |
| <u>Code</u> | <u>Description</u> | |
| 28290 | HALLUX VALGUS (BUNION) CORRECTION WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE PROCEDURE) | |
| 28292 | HALLUX VALGUS (BUNION) CORRECTION SESAMOIDECTOMY; KELLER, MCBRIDE OR MAYO TYPE PROCEDURE | |
| 28293 | HALLUX VALGUS (BUNION) CORRECTION WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT | |
| 28294 | HALLUX VALGUS (BUNION) CORRECTION WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (JOPLIN TYPE PROCEDURE) | |
| 28296 | HALLUX VALGUS (BUNION) CORRECTION WITH WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (MITCHELL/LAP PROCEDURE) | |
| 28297 | LAPIDUS TYPE PROCEDURE | |
| 28298 | HALLUX VALGUS (BUNION) CORRECTION; BY PHALANX OSTEOTOMY | |
| 28299 | HALLUX VALGUS (BUNION) CORRECTION; BY OTHER METHODS (E.G., DOUBLE OSTEOTOMY) | |

| Musculoskeletal | General Musculoskeletal | Introduction or Removal |
|------------------------|--|--------------------------------|
| <u>Code</u> | <u>Description</u> | |
| 21084 | IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS | |
| 21085 | IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT | |

| Musculoskeletal | General Musculoskeletal | Repair, Revision and/or Reconstruction |
|------------------------|--|---|
| <u>Code</u> | <u>Description</u> | |
| 21179 | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PRO) | |
| 21180 | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INC. OBT. GRAF) | |

(Continued)

| System | Category | Sub-Category |
|--|--|---|
| Musculoskeletal (Continued) | General Musculoskeletal | Repair, Revision and/or Reconstruction |
| <u>Code</u> | <u>Description</u> | |
| 21181 | REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (E.G., FIBROUS DYSPLASIA), EXTRACRANIAL | |
| 21182 | RECON.OF ORB WALLS, RIMS, FOR, NAS COM FOL IN/EX EX OF BEN TUM OF CR BONE, WITH MUL AU; T.AR LESS 40 CM2 (SEE CPT4 BOOK) | |
| 21183 | REC.OF ORB WALLS, RIMS, FOR, NAS COM FOL IN/EX EX OF BEN TUM OF CR BONE, W/MUL AU; T.AR GR.40CMS BUT L80 (SEE CPT4 BOOK) | |
| 21184 | REC.OF ORB WALLS, RIMS, FOR, NAS COM FOL IN/EX EX OF BEN TUM OF CR BONE, W/MUL AU; T.AR GR. THAN 80 CM2 (SEE CPT4 BOOK) | |
| 21256 | RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAF) | |
| 21260 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM | |
| 21261 | ORBITAL HYPERTFLORISM CORRECTION (PERIORBITAL) OSTEOTOMIES, BILATERAL, WITH BONE GRAFTS (SEE CPT4 BOOK) | |
| 21263 | ORBITAL HYPERTELORISM CORRECTION (PERIORBITAL OPTTEOTOMIES, BILATERAL, WITH BONE GRAFTS) (SEE CPT4 BOOK) | |
| 21267 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH | |
| 21268 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA-EXTRACRANIAL APPROACH (SEE CPT4 BOOK) | |
| 21275 | SECONDARY REVISION FOR ORBITOCRANIOFACIAL RECONSTRUCTION | |
| 21280 | MEDIAL CANTHOPLASTY | |
| 21282 | LATERAL CANTHOPEXY | |

| System | Category | Sub-Category |
|------------------------|---|---|
| Musculoskeletal | Leg and Ankle Joint | Repair, Revision and/or Reconstruction |
| <u>Code</u> | <u>Description</u> | |
| 27680 | TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE | |
| 27681 | TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH | |
| 27685 | LENGTHENING OR SHORTENING OF TENDON; SINGLE (SEPARATE PROCEDURE) | |
| 27686 | LENGTHENING OR SHORTENING OF TENDON; MULTIPLE (THROUGH SAME INCISION), EACH | |
| 27690 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICI (SEE CPT4 BOOK) | |
| 27691 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); ANTERIOR (SEE CPT4 BOOK) | |
| 27692 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON | |

| Not In HCPC Book | |
|-------------------------|--------------------|
| <u>Code</u> | <u>Description</u> |
| W9094 | BILIRUBIN BLANKET |
| Z4510 | DISPOSABLE URINAL |

| Pathology and Lab | Microbiology | Immunology |
|--------------------------|--------------------------------------|-------------------|
| <u>Code</u> | <u>Description</u> | |
| 86311 | HIV ANTIGEN TEST***DELETED CODE 1998 | |

| Respiratory | Nose | Excision |
|--------------------|--|-----------------|
| <u>Code</u> | <u>Description</u> | |
| 30140 | SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE | |

| System | Category | Sub-Category |
|--------------------|---|---------------------|
| Respiratory | Nose | Repair |
| <u>Code</u> | <u>Description</u> | |
| 30460 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT | |
| 30462 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT | |
| 30520 | SEPTOPLASTY WITH OR WITHOUT CARTILAGE IMPLANT (SEPARATE PROCEDURE) | |
| 30620 | RECONSTRUCTION, FUNCTIONAL, NOSE (SEPTAL OR OTHER INTRANASAL DERMATOPLASTY) (SEE CPT4 BOOK) | |
| 30630 | REPAIR NASAL SEPTAL PERFORATIONS | |