



P R O V I D E R B U L L E T I N

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To: All Indiana Health Coverage Programs Providers

Subject: New 2000 HCPCS Codes

Overview

The purpose of this bulletin is to introduce the new 2000 Health Care Financing Administration (HCFA) Common Procedures Coding System (HCPCS) codes that have been added to the IndianaAIM claims processing system. The 2000 HCPCS codes are identified in Table 1.1 by code, description, prior authorization requirements, coverage status, allowed modifiers, and rate.

Note: Some of the HCPCS codes listed in this bulletin do not contain a complete list of allowed modifiers. Please refer to Indiana Medicaid Update E96-31, IndianaAIM Medicaid Modifier; E97-02, New 1997 HCPCS Codes; E98-15, New 1998 HCPCS Codes; and BT199910, New 1999 HCPCS Codes for complete information on modifiers recognized by IndianaAIM.

If there are questions about the contents of this bulletin, please contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

New HCPCS 2000 Codes

Please note that the following codes are effective for dates of service on or after January 1, 2000. Also, please note that the standard global billing procedures and edits apply when using the new codes. Indiana Health Coverage Programs recognizes the same deleted HCPCS codes as Medicare. A list of deleted codes is included in Table 1.3.

Claims submitted using the deleted codes and modifiers listed in Table 1.3, with dates of service on or after **May 19, 2000**, will be denied.

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

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin) <i>405 IAC 5-24-3 (a) (1) – A legend drug is covered by Indiana Medicaid if the drug is approved by the United States Food and Drug Administration.</i> Note: Covered for testosterone pellets in males only. FDA has not approved the pellet form of estradiol.		Yes-Male No-Female	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$81.44
13102	Repair, complex, trunk; each additional five cm or less (list separately in addition to code for primary procedure)		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$54.33
13122	Repair, complex, scalp, arms, and/or legs; each additional five cm or less (list separately in addition to code for primary procedure)		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$63.19
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional five cm or less (list separately in addition to code for primary procedure)		Yes	51, AA, AD, P1, P2, P3, P4, P5, QR, QS, QZ, W5, W6, W7, X6	\$93.73
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional five cm or less (list separately in addition to code for primary procedure)		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$102.86
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) <i>405 IAC 5-29-1 (1) – The following services are not covered by Medicaid: Services that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$962.40
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$1,074.35
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid		Yes	50, 51, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6.	\$290.06
32997	Total lung lavage (unilateral)		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$235.82
33140	Transmyocardial laser revascularization, by thoracotomy (separate procedure)		Yes	51, 54, 55, 56, 80, 81, 82, AA, AD P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$805.94
33282	Implantation of patient-activated cardiac event recorder		Yes	51, 54, 55, 56, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$169.02
33284	Removal of an implantable, patient-activated cardiac event recorder		Yes	51, 54, 55, 56, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6.	\$101.38

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$1,323.35
33968	Removal of intra-aortic balloon assist device, percutaneous		Yes	51, 54, 55, 56, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$28.40
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$645.47
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$726.32
36521	Therapeutic apheresis; with extracorporeal affinity column adsorption and plasma reinfusion		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W7, W6, X6	\$683.76
36550	Declotting by thrombolytic agent of implanted vascular access device or catheter		Yes	80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W7, W6, X6	\$17.93
36819	Arteriovenous anastomosis, open; by basilic vein transposition		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W7, W6, X6	\$550.57

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
38120	Laparoscopy, surgical, splenectomy		Yes	80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	Manual pricing
38129	Unlisted laparoscopy procedure, spleen		Yes	50, 51, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$405.95
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$534.17
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$627.62
38589	Unlisted laparoscopy procedure, lymphatic system		Yes	51, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	Manual pricing
39560	Resection, diaphragm; with simple repair (for example, primary suture)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$468.65

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
39561	Resection, diaphragm; with complex repair (for example, prosthetic material, local muscle flap)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$683.57
43280	Laparoscopy, surgical, esophagogastric fundoplasty (for example, Nissen, Toupet procedures)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6	\$759.94
43289	Unlisted laparoscopy procedure, esophagus		Yes	50, 51, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
43651	Laparoscopy, surgical; transection of vagus nerves, truncal		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$421.70
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$502.41
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (for example, Stamm procedure) (separate procedure)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6	\$352.72
43659	Unlisted laparoscopy procedure, stomach		Yes	50, 51, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
44200	Laparoscopy, surgical; enterolysis (freeing of intestinal adhesion) (separate procedure)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$612.62
44201	Laparoscopy, surgical; jejunostomy (for example, for decompression or feeding)		Yes	AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	Manual pricing
44202	Laparoscopy, surgical; intestinal resection, with anastomosis (intra or extracorporeal)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$942.31
44209	Unlisted laparoscopy procedure, intestine (except rectum)		Yes	50, 51, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
44970	Laparoscopy, surgical, appendectomy		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$368.74
44979	Unlisted laparoscopy procedure, appendix		Yes	50, 51, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
47560	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy		Yes	51, 54, 55, 56, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$207.33

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
47561	Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy		Yes	51, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$233.48
47562	Laparoscopy, surgical; cholecystectomy		Yes	51, 54, 55, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$493.00
47563	Laparoscopy, surgical; cholecystectomy with cholangiography		Yes	51, 54, 55, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$528.11
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$619.61
47570	Laparoscopy, surgical; cholecystoenterostomy		Yes	51, 54, 55, 56, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$563.32
47579	Unlisted laparoscopy procedure, biliary tract		Yes	50, 51, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT W5, W6, W7, X6	Manual pricing
49320	Laparoscopy, surgical, abdomen, peritoneum, and omentum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)		Yes	51, 54, 55, 56, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$237.45

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
49321	Laparoscopy, surgical, abdomen, peritoneum, and omentum; with biopsy (single or multiple)		Yes	54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5 W6, W7, X6	\$253.92
49322	Laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)		Yes	51, 54, 55,56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$263.63
49323	Laparoscopy, surgical, abdomen, peritoneum, and omentum; with drainage of lymphocele to peritoneal cavity		Yes	51, 54, 55, 56, 62, 80, 81, 82 AA, AD, P1, P2, P3 ,P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$419.42
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum		Yes	50, 51, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT W5, W6, W7, X6	Manual pricing
49650	Laparoscopy, surgical; repair initial inguinal hernia		Yes	50, 51, 54, 55, 62, 80, 81, 82, AA, AD, LT, P2, P3 ,P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	\$278.94
49651	Laparoscopy, surgical; repair recurrent inguinal hernia		Yes	50, 51, 54, 55, 62, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	\$356.03

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy		Yes	50, 51, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
50541	Laparoscopy, surgical; ablation of renal cysts		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$603.89
50544	Laparoscopy, surgical; pyeloplasty		Yes	51, 54, 55, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$847.49
50546	Laparoscopy, surgical; nephrectomy		Yes	50, 51, 54, 55, 56, 62, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	\$775.50
50547	Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft)		Yes	50, 51, 54, 55, 62, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	\$984.87
50548	Laparoscopically assisted nephroureterectomy		Yes	51, 54, 55, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6	\$921.47

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
50549	Unlisted laparoscopy procedure, renal		Yes	50, 51, 54, 55, 56, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
50945	Laparoscopy, surgical, ureterolithotomy		Yes	51, 54, 55, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$679.64
51990	Laparoscopy, surgical; urethral suspension for stress incontinence		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$482.42
51992	Laparoscopy, surgical; sling operation for stress incontinence (for example, fascia or synthetic)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$533.67
54690	Laparoscopy, surgical; orchiectomy		Yes	50, 51, 54, 55, 56, 62, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	\$466.88
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis		Yes	50, 51, 54, 55, 62, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	\$496.18

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
54699	Unlisted laparoscopy procedure, testis		Yes	50, 51, 54, 55, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele		Yes	50, 51, 54, 55, 6, 62, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	\$280.88
55559	Unlisted laparoscopy procedure, spermatic cord		Yes	50, 51, 54, 55, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
58550	Laparoscopy, surgical; with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy)	Yes	Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6	\$616.20
58551	Laparoscopy, surgical; with removal of leiomyomata (single or multiple)		Yes	51, 54, 55, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$553.92
58555	Hysteroscopy, diagnostic (separate procedure)		Yes	51, 62, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$157.79
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C		Yes	51, 62, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$206.33

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)		Yes	51, 62, AA, AD, P1, P2, P3 ,P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$264.23
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)		Yes	51, 62, ,80, 81, 82, AA, AD, P1, P2, P3 ,P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$292.53
58561	Hysteroscopy, surgical; with removal of leiomyomata		Yes	51, 62, AA, AD, P1, P2, P3 ,P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$411.37
58562	Hysteroscopy, surgical; with removal of impacted foreign body		Yes	51, 62, AA, AD, P1, P2, P3 ,P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$205.58
58563	Hysteroscopy, surgical; with endometrial ablation (any method)		Yes	51, 62, AA, AD, P1, P2, P3 ,P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$272.51
58578	Unlisted laparoscopy procedure, uterus		Yes	50, 51, 54, 55, 56, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
58579	Unlisted hysteroscopy procedure, uterus		Yes	50, 51, 80, 81, 82, AA, AD, LT, P1, P2, P3 ,P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$466.80

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$478.53
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method		Yes	51,54,55,56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5,W6, W7, X6	\$481.41
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6	\$257.61
58671	Laparoscopy, surgical; with occlusion of oviducts by device (for example, band, clip, or Falope ring)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA,AD, P1, P2, P3 ,P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$265.63
58672	Laparoscopy, surgical; with fimbrioplasty This procedure is covered only in conjunction with disease.	Yes	Yes	51, 54, 55, 56, 62, 80, 81, 82, AA,AD, P1, P2, P3 ,P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$513.82
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)		Yes	51, 54, 55, 56, 62, 80, 81, 82, AA,AD, P1, P2, P3 ,P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$539.78

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
58679	Unlisted laparoscopy procedure, oviduct, ovary		Yes	50, 51, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
59898	Unlisted laparoscopy procedure, maternity care and delivery		Yes	50, 51, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal		Yes	AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	Manual pricing
60659	Unlisted laparoscopy procedure, endocrine system		Yes	50, 51, 62, 66, 80, 81, 82, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QZ, RT, W5, W6, W7, X6	Manual pricing
61862	Twist drill, burr hole, craniotomy, or craniectomy for stereotactic implantation of one neurostimulator array in subcortical site, for example, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray	Yes	Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6,	\$831.93
61886	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	Yes	Yes	51, 54, 55, 56, 62, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6.	\$357.78
62263	Percutaneous lysis of epidural adhesions using solution injection (for example, hypertonic saline, enzyme) or mechanical means (for example, spring-wound catheter) including radiologic localization (includes contrast when administered)		Yes	51, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, X6	\$301.14

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
62310	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoids; cervical or thoracic		Yes	51, 54, 55, 56, 62, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$141.28
62311	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; lumbar, sacral (caudal)		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$141.63
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthesia) antispasmodic, opioid, steroid, other solution, epidural or subarachnoid; cervical or thoracic		Yes	51, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$147.11
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthesia) antispasmodic, opioid, steroid, other solution, epidural or subarachnoid; lumbar, sacral (caudal)		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$143.30
64470	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$146.85

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
64472	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level		Yes	AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$122.68
64475	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$130.08
64476	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (list separately in addition to code for primary procedure)		Yes	AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$122.50
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$159.70
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level		Yes	AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$143.19
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$147.44
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (list separately in addition to code for primary procedure)		Yes	AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$135.08
64626	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level		Yes	51, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$188.16
64627	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level		Yes	AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$111.12

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
72275	Epidurography, radiological supervision and interpretation		Yes	26, TC	\$76.94 26: \$21.67 TC: \$57.44
73542	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation		Yes	26, TC	\$75.72 26: \$19.61 TC: \$56.11
76005	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint) including neurolytic agent destruction		Yes	26, TC	\$56.47 26: \$21.67 TC: \$34.80
76873	Echography, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)		Yes	26, TC	\$107.41 26: \$50.86 TC: \$56.55
77427	Radiation treatment management, five treatments		Yes	AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	\$122.39
77520	Proton beam delivery to a single treatment area, single port, custom block, with or without compensation, with treatment set-up and verification images		Yes	AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	Manual pricing
77523	Proton beam delivery to one or two treatment areas, two or more ports, two or more custom blocks, and two or more compensators, with treatment set-up and verification images		Yes	AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, W5, W6, W7, X6	Manual pricing
78267	Urea breath test, C-14; acquisition for analysis		Yes	None	\$10.86

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
78268	Urea breath test, C-14; analysis		Yes	None	\$125.80
78456	Acute venous thrombosis imaging, peptide		Yes	26, TC	\$143.80 26: \$36.54 TC: \$107.26
80048	Basic metabolic panel		Yes	None	\$15.81
80053	Comprehensive metabolic panel		Yes	None	\$14.39
80069	Renal function panel		Yes	None	\$19.74
80074	Acute hepatitis panel		Yes	None	\$60.42
80076	Hepatic function panel		Yes	None	\$8.83
82120	Amines, vaginal fluid, qualitative		Yes	QW	\$5.19
87338	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Helicobacter pylori, stool		Yes	None	Manual pricing
90378***	Respiratory syncytial virus immune globulin (RSV-IGIM), for intramuscular use ***(Synagis)		Yes	None	\$1,281.05 per 100 mg vial. Administration fee not included
<p>***Procedure code 90378 should be billed per vial administered to the patient. It will be appropriate for the practitioner to bill the entire 100 mg in cases in which less than 100 mg are injected in a single patient and the balance of the product is discarded. If more than 100 mg is injected in a single injection, and the remainder is not used for another patient, round up the billed amount on the claim to the nearest 100 mg. Whenever unused respiratory syncytial virus immune globulin (RSV-IGIM) is billed, both the amount of the agent actually administered and the amount discarded is to be documented in the patient's medical record. For example, if 150 mg units administered, billed units = 2 units. Administration procedure code 90782 may be billed in addition to 90378.</p>					
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)		Yes	None	\$173.42

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
93727	Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming)		Yes	None	\$20.31
93741	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber, without reprogramming.		Yes	26, TC	\$49.23 26: \$27.41 TC: \$24.52
93742	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber, with reprogramming		Yes	26, TC	\$61.60 26: \$28.01 TC: \$33.58
93743	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, without programming		Yes	26, TC	\$56.37 26: \$31.85 TC: \$24.52

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
93744	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming		Yes	26, TC	\$70.10 26: \$36.51 TC: \$33.58
96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (list separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)		Yes	51	\$53.36
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (list separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)		Yes	51	\$27.58
99170	Anogenital examination with colposcopic magnification in childhood for suspected trauma		Yes	51	Manual pricing
99173	Screening test of visual acuity, quantitative, bilateral		Yes	None	\$9.98
A4280	Adhesive skin support attachment for use with external breast prosthesis, each		Yes	None	\$4.69
A4369	Ostomy skin barrier, liquid (spray, brush, and so forth), per oz		Yes	None	\$2.30
A4370	Ostomy skin barrier, paste, per oz		Yes	None	\$3.27
A4371	Ostomy skin barrier, powder, per oz		Yes	None	\$3.48
A4372	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each		Yes	None	\$3.98

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), standard wear, with built-in convexity, any size, each		Yes	None	\$5.99
A4374	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, any size, each		Yes	None	\$8.05
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each		Yes	None	\$16.38
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each		Yes	None	\$45.38
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each		Yes	None	\$4.09
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each		Yes	None	\$29.33
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each		Yes	None	\$14.33
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each		Yes	None	\$35.60
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each		Yes	None	\$4.40
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each		Yes	None	\$23.48
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each		Yes	None	\$26.89
A4384	Ostomy faceplate equivalent, silicone ring, each		Yes	None	\$9.18
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each		Yes	None	\$4.86
A4386	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each		Yes	None	\$6.41
A4387	Ostomy pouch closed, with standard wear barrier attached, with built-in convexity (one piece), each		Yes	None	\$3.83

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
A4388	Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (one piece)		Yes	None	\$4.16
A4389	Ostomy pouch, drainable, with standard wear barrier attached, with built-in convexity (one piece), each		Yes	None	\$5.93
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each		Yes	None	\$9.17
A4391	Ostomy pouch, urinary, with extended wear barrier attached, without built-in convexity (one piece), each		Yes	None	\$6.74
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each		Yes	None	\$6.34
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each		Yes	None	\$8.75
A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce		Yes	None	\$2.46
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet		Yes	None	\$0.05
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe		Yes	None	Manual pricing
A7000	Canister, disposable, used with suction pump, each		Yes	NU	\$9.10
A7001	Canister, non-disposable, used with suction pump, each		Yes	NU	\$31.55
A7002	Tubing, used with suction pump, each		Yes	None	\$3.65
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable		Yes	None	\$2.61
A7004	Small volume nonfiltered pneumatic nebulizer, disposable		Yes	None	\$1.72

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable		Yes	None	\$29.40
A7006	Administration set, with small volume filtered pneumatic nebulizer		Yes	None	\$9.10
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor		Yes	None	\$4.40
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor		Yes	None	\$10.49
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer		Yes	None	\$40.10
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet		Yes	None	\$22.50
A7011	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet		Yes	None	Manual pricing
A7012	Water collection device, used with large volume nebulizer		Yes	None	\$3.08
A7013	Filter, disposable, used with aerosol compressor		Yes	None	\$0.79
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator		Yes	None	\$4.28
A7015	Aerosol mask, used with DME nebulizer		Yes	None	\$1.63
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer		Yes	None	\$6.91
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen		Yes	NU, RR	NU: \$127.85 RR: \$12.78
A9504	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m apcitide		Yes	None	Manual pricing
A9900	Miscellaneous supply, accessory, and/or service component of another HCPCS code <i>405 IAC 5-1-5(a) – Providers must submit one (1) billing for a related group of procedures and services provided to a recipient.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
A9901	Delivery, set up, and/or dispensing service component of another HCPCS code 405 IAC 5-1-5(a) – Providers must submit one (1) billing for a related group of procedures and services provided to a recipient.		No	N/A	N/A
D0170	Re-evaluation-limited problem focused (established patient; not postoperative visit)		Yes	None	\$20.00
D0277	Vertical bitewings – seven to eight films 405 IAC 5-14-3(2) – Bitewing, intra-oral, and extra-oral radiographs are limited to one (1) set per recipient every twelve (12) months. One (1) set is defined as a total of four (4) single films.		No	N/A	N/A
D0350	Oral/facial images (includes intra and extraoral images) 405 IAC 5-29-1(1) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.		No	N/A	N/A
D0472	Accession of tissue, gross examination, preparation and transmission of written report		Yes	None	\$5.25
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		Yes	None	\$14.75
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report		Yes	None	\$64.75
D0480	Processing and interpretation of cytologic smears, including the preparation and transmission of written report		Yes	None	\$22.25
D2337	Resin-based composite crown, anterior-permanent 405 IAC 5-29-1(1) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.		No	N/A	N/A
D2388	Resin-based composite – four or more surfaces, posterior permanent		Yes	None	\$104.25

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
D2542	Onlay-metallic-two surfaces <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D2780	Crown – 3/4 cast high noble metal <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D2781	Crown – 3/4 cast predominantly base metal <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D2782	Crown – 3/4 cast noble metal <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D2783	Crown – 3/4 porcelain/ceramic <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D2799	Provisional crown <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D2953	Each additional cast post – same tooth <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
D2957	Each additional prefabricated post – same tooth <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D3221	Gross pulpal debridement, primary and permanent teeth <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D3331	Treatment of root canal obstruction; non-surgical access <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D3332	Incomplete endodontic therapy; inoperable or fractured tooth <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D3333	Internal root repair of perforation defects <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D4245	Apically positioned flap <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D4268	Surgical revision procedure, per tooth <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D5875	Modification of removable prosthesis following implant surgery <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6056	Prefabricated abutment <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6057	Custom abutment <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6058	Abutment supported porcelain/ceramic crown <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6059	Abutment supported porcelain fused to metal crown (high noble metal) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
D6061	Abutment supported porcelain fused to metal crown (noble metal) <i>405 IAC 5-29-1(1) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6062	Abutment supported cast metal crown (high noble metal) <i>405 IAC 5-29-1(1) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6063	Abutment supported cast metal crown (predominantly base metal) <i>405 IAC 5-29-1(1) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6064	Abutment supported cast metal crown (noble metal) <i>405 IAC 5-29-1(1) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6065	Implant supported porcelain/ceramic crown <i>405 IAC 5-29-1(1) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) <i>405 IAC 5-29-1(1) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6068	Abutment supported retainer for porcelain/ceramic FPD <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6072	Abutment supported retainer for cast metal FPD (high noble metal) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6074	Abutment supported retainer for cast metal FPD (noble metal) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6075	Implant supported retainer for ceramic FPD <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6078	Implant/abutment supported fixed denture for completely edentulous arch <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
D6079	Implant/abutment supported fixed denture for partially edentulous arch <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6245	Pontic – porcelain/ceramic <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6519	Inlay/onlay – porcelain/ceramic <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6740	Crown – porcelain/ceramic <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6781	Crown – 3/4 cast predominantly based metal <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6782	Crown – 3/4 cast noble metal <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
D6783	Crown – 3/4 porcelain/ceramic <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6976	Each additional cast post - same tooth <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D6977	Each additional prefabricated post – same tooth <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D7471	Removal of exostosis – per site		Yes	None	\$270.50
D7871	Non-arthroscopic lysis and lavage		Yes	None	\$32.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D8691	Repair of orthodontic appliance for individuals with facial and oral deformities only <i>Note: This code will be covered for individuals with facial deformity due to congenital, developmental, or acquired defects.</i>		Yes	N/A	\$32.50
D8692	Replacement of lost or broken retainer		Yes	N/A	\$32.50
D9241	Intravenous sedation/analgesia – first 30 minutes		Yes	None	\$107.25
D9242	Intravenous sedation/analgesia – each additional 15 minutes		Yes	None	\$25.00
D9248	Non-intravenous conscious sedation		Yes	None	\$38.50
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		Yes	None	\$27.00

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
D9971	Odontoplasty one to two teeth; includes removal of enamel projections <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D9972	External bleaching – per arch <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D9973	External bleaching – per tooth <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
D9974	Internal bleaching – per tooth <i>405 IAC 5-29-1(I) – The following services are not covered by Medicaid: Service that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>		No	N/A	N/A
E0144	Enclosed, framed folding walker, wheeled, with posterior seat	Yes	Yes	None	Manual pricing
E0590	Dispensing fee covered drug administered through DME nebulizer <i>Dispensing fees are not paid for drugs “administered through DME...” and billed with J codes.</i>		No	N/A	N/A
E0602	Breast pump, all types		Yes	None	Manual pricing
E0616	Implantable cardiac event recorder with memory, activator and programmer		Yes	NU	Manual pricing
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion eight hours or greater		Yes	NU	\$15.96
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than eight hours		Yes	RR	\$9.89

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
E1390	Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Yes	Yes	RR	\$228.80
E1900	Synthesized speech augmentative communication device with dynamic display	Yes	Yes	None	Manual pricing
G0102	Prostate cancer screening; digital rectal examination <i>405 IAC 5-1-5(a) – Providers must submit one (1) billing for a related group of procedures and services provided to a recipient. Please use the equivalent Evaluation and Management procedure code.</i>		No	N/A	N/A
G0103	Prostate cancer screening; prostate specific antigen test (PSA), total		Yes	N/A	\$25.42
G0129	Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per day <i>405 IAC 5-29-1(26)(D) – The following services are not covered by Medicaid: Miscellaneous procedures or modalities, including, but not limited to, the following: Day care or partial day care or partial hospitalization except when provided pursuant to 405 IAC 5-23.</i>		No	N/A	N/A
G0151	Services of physical therapist in home health setting, each 15 minutes <i>These services are reimbursable under other CPT-4, HCPCS Level III (local) codes.</i>		No	N/A	N/A
G0152	Services of occupational therapist in home health setting, each 15 minutes <i>These services are reimbursable under other CPT-4, HCPCS Level III (local) codes.</i>		No	N/A	N/A
G0153	Services of speech and language pathologist in home health setting, each 15 minutes <i>These services are reimbursable under other CPT-4, HCPCS Level III (local) codes.</i>		No	N/A	N/A
G0154	Services of skilled nurse in home health setting, each 15 minutes <i>These services are reimbursable under other CPT-4, HCPCS Level III (local) codes.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
G0155	Services of clinical social worker in home health setting, each 15 minutes <i>405 IAC 5-16-2 – Medicaid reimbursement is available to home health agencies for: (1) skilled nursing services provided by a registered nurse or licensed practical nurse; (2) home health aide services; (3) physical, occupational, and respiratory therapy services; (4) speech pathology services; and (5) renal dialysis; when such services are provided within the limitations listed in sections 3 and 3.1 of this rule.</i>		No	N/A	N/A
G0156	Services of home health aide in home health setting, each 15 minutes <i>These services are reimbursable under other CPT4, HCPCS Level III (local) codes.</i>		No	N/A	N/A
G0159	Percutaneous thrombectomy and/or revision, arteriovenous fistula, autogenous or nonautogenous dialysis graft		Yes	51, 54, 55, 56, 80, 81, 82, AA, AD, P1, P2, P3 P4, P5, QS, QX, QZ, W5,W6, W7, X6	Manual pricing
G0160	Cryosurgical ablation of localized prostate cancer, primary treatment only (post operative irrigations and aspiration of sloughing tissue included)		Yes	26, 80, 81, 82, TC	Manual pricing
G0161	Ultrasonic guidance for interstitial placement of cryosurgical probes		Yes	26, 80, 81, 82, AA, AD, P1, P2, P3 P4, P5, QS, QX, QZ, TC, W5, W6, W7, X6	Manual pricing
G0163	Positron emission tomography (PET), whole body, for recurrence of colorectal metastatic cancer		Yes	26, 80, 81, 82, AA, AD, P1, P2, P3 P4, P5, QS, QX, QZ, TC, W5, W6, W7, X6	Global: \$1,405.01 26: \$57.07 TC: \$1,374.94
G0164	Positron emission tomography (PET), whole body, for staging and characterization of lymphoma		Yes	26, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, TC, W5, W6, W7, X6	Global: \$1,419.01 26: \$71.07 TC: \$1,347.94

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
G0165	Positron emission tomography (PET), whole body, for recurrence of melanoma or melanoma metastatic cancer		Yes	26, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QS, QX, QZ, TC, W5, W6, W7, X6	Global: \$1,405.01 26: \$57.07 TC: \$1,347.94
G0166	External counterpulsation, per treatment session		Yes	None	\$90.14
G0167	Hyperbaric oxygen treatment not requiring physician attendance, per treatment session		Yes	None	\$19.20
G0168	Wound closure utilizing tissue adhesive(s) only		Yes	None	\$41.91
G0169	Removal of devitalized tissue, without use of anesthesia (conscious sedation, local, regional, general)		Yes	None	\$23.93
G0170	Application of tissue cultured skin grafts, including bilaminar skin substitutes or neodermis, including site preparation, initial 25 sq cms <i>405 IAC 5-29-1(4) – The following services are not covered by Medicaid: Any new product, service, or technology not specifically covered in this article. The product, service or technology will remain a noncovered product, service, or technology until such time as the office authorizes the coverage of the product, service, or technology. This subdivision does not apply to legend drugs.</i>		No	N/A	N/A
G0171	Application of tissue cultured skin grafts, including bilaminar skin substitutes or neodermis, including site preparation, each additional 25 sq cms <i>405 IAC 5-29-1(4) – The following services are not covered by Medicaid: Any new product, service, or technology not specifically covered in this article. The product, service or technology will remain a noncovered product, service, or technology until such time as the office authorizes the coverage of the product, service, or technology. This subdivision does not apply to legend drugs.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
G0172	Training and educational services furnished as a component of a partial hospitalization treatment program, per day <i>405 IAC 5-29-1(26)(D) – The following service are not covered by Medicaid: Miscellaneous procedures or modalities, including, but not limited to, the following: Day care or partial day care or partial hospitalization except when provided pursuant to 405 IAC 5-23.</i>		No	N/A	N/A
J0200	Injection, alatrofloxacin mesylate, 100 mg		Yes	None	\$21.34
J0456	Injection, azithromycin, 500 mg		Yes	None	\$13.07
J1327	Injection, eptifibatide, 5 mg		Yes	None	\$13.40
J1438	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)		Yes	None	\$140.40
J1450	Injection fluconazole, 200 mg		Yes	None	\$88.51
J1745	Injection infliximab, 10 mg		Yes	None	\$64.03
J1750	Injection, iron dextran, 50 mg		Yes	None	\$21.75
J2352	Injection, octreotide acetate, 1 mg		Yes	None	\$122.38
J2500	Injection, paricalcitol, 5 mcg		Yes	None	\$29.38
J2543	Injection, piperacillin sodium/tazobactam sodium, (1.125 grams)		Yes	None	\$8.30
J2780	Injection, ranitidine hydrochloride, 25 mg		Yes	None	\$4.44
J3245	Injection, tirofiban hydrochloride, 12.5 mg		Yes	None	\$422.90
J7198	Anti-inhibitor, per I.U.		Yes	None	Manual pricing
J7199	Hemophilia clotting factor, not otherwise classified		Yes	None	Manual pricing
J7502	Cyclosporine, oral, 100 mg		Yes	None	\$5.50
J7515	Cyclosporine, oral, 25 mg		Yes	None	\$1.53
J7516	Cyclosporin, parenteral, 250 mg		Yes	None	\$29.16
J7517	Mycophenolate mofetil, oral, 250 mg		Yes	None	\$2.25

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
* J codes containing the description "administered through DME...." are non-reimbursable. Please use the previously established equivalent J code or NDC.					
*J7608	Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram		*	N/A	N/A
*J7618	Albuterol, inhalation solution administered through DME, concentrated form, per milligram		*	N/A	N/A
*J7619	Albuterol, inhalation solution administered through DME, unit dose form, per milligram		*	N/A	N/A
*J7628	Bitolterol mesylate, inhalation solution administered through DME, concentrated form, per milligram		*	N/A	N/A
*J7629	Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per milligram		*	N/A	N/A
*J7631	Cromolyn sodium, inhalation solution administered through DME, unit dose form, per 10 milligrams		*	N/A	N/A
*J7635	Atropine, inhalation solution administered through DME, concentrated form, per milligram		*	N/A	N/A
*J7636	Atropine, inhalation solution administered through DME, unit dose form, per milligram		*	N/A	N/A
*J7637	Dexamethasone, inhalation solution administered through DME, concentrated form, per milligram		*	N/A	N/A
*J7638	Dexamethasone, inhalation solution administered through DME, unit dose form, per milligram		*	N/A	N/A
*J7639	Dornase alpha, inhalation solution administered through DME, unit dose form, per milligram		*	N/A	N/A
*J7642	Glycopyrrolate, inhalation solution administered through DME, concentrated form, per milligram		*	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
*J7643	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per milligram		*	N/A	N/A
*J7644	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per milligram		*	N/A	N/A
*J7648	Isoetharine HCL, inhalation solution administered through DME, concentrated form, per milligram		*	N/A	N/A
*J7649	Isoetharine HCL, inhalation solution administered through DME, unit dose form, per milligram		*	N/A	N/A
*J7658	Isoproterenol HCL, inhalation solution administered through DME, concentrated form, per milligram		*	N/A	N/A
*J7659	Isoproterenol HCL, inhalation solution administered through DME, unit dose form, per milligram		*	N/A	N/A
*J7668	Metaproterenol sulfate, inhalation solution administered through DME, concentrated form, per 10 milligrams		*	N/A	N/A
*J7669	Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 milligrams		*	N/A	N/A
*J7680	Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per milligram		*	N/A	N/A
*J7681	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per milligram		*	N/A	N/A
*J7682	Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME		*	N/A	N/A
*J7683	Triamcinolone, inhalation solution administered through DME, concentrated form, per milligram		*	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
*J7684	Triamcinolone, inhalation solution administered through DME, unit dose form, per milligram		*	N/A	N/A
J8510	Busulfan; oral, 2 mg		Yes	None	\$1.82
J8520	Capecitabine, oral, 150 mg		Yes	None	\$2.04
J8521	Capecitabine, oral, 500 mg		Yes	None	\$6.80
J9001	Doxorubicin hydrochloride, all lipid formulations, 10 mg		Yes	None	\$47.97
J9355	Trastuzumab, 10 mg		Yes	None	\$54.32
J9357	Valrubicin, intravesical, 200 mg		Yes	None	\$392.90
K Codes are for crossover billing only. Use equivalent HCPCS (non-K) Code.					
K0462	Temporary replacement for patient owned equipment being repaired, any type		No	N/A	N/A
K0531	Humidifier, heated, used with positive airway pressure device		No	N/A	N/A
K0532	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, for example, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		No	N/A	N/A
K0533	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, for example, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		No	N/A	N/A
K0534	Respiratory assist device, bi-level pressure capacity, with back up rate feature, used with invasive interface, for example, tracheostomy tube (intermittent assist device with continuous positive airway pressure device)		No	N/A	N/A
L3807	WHFO, extension assist, with inflatable Palmer air support, with or without thumb extension		Yes	None	Manual pricing

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code		Yes	None	Manual pricing
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit		Yes	None	Manual pricing
Q0186	Paramedic intercept, rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers		Yes	None	\$35.00
Q0187	Factor VIIA (coagulation factor, recombinant) per 1.2 mg		Yes	None	\$1.40
Q1001	New technology intraocular lens category 1 as defined in federal register notice <i>405 IAC 5-29-1(4) – The following service are not covered by Medicaid: Any new product, service, or technology not specifically covered in this article. The product, service or technology will remain a noncovered product, service, or technology until such time as the office authorizes the coverage of the product, service, or technology. This subdivision does not apply to legend drugs.</i>		No	N/A	N/A
Q1002	New technology intraocular lens category 2 as defined in federal register notice <i>405 IAC 5-29-1(4) – The following service are not covered by Medicaid: Any new product, service, or technology not specifically covered in this article. The product, service or technology will remain a noncovered product, service, or technology until such time as the office authorizes the coverage of the product, service, or technology. This subdivision does not apply to legend drugs.</i>		No	N/A	N/A
Q1003	New technology intraocular lens category 3 as defined in federal register notice <i>405 IAC 5-29-1(4) – The following service are not covered by Medicaid: Any new product, service, or technology not specifically covered in this article. The product, service or technology will remain a noncovered product, service, or technology until such time as the office authorizes the coverage of the product, service, or technology. This subdivision does not apply to legend drugs.</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
Q1004	New technology intraocular lens category 4 as defined in federal register notice <i>405 IAC 5-29-1(4) – The following service are not covered by Medicaid: Any new product, service, or technology not specifically covered in this article. The product, service or technology will remain a noncovered product, service, or technology until such time as the office authorizes the coverage of the product, service, or technology. This subdivision does not apply to legend drugs.</i>		No	N/A	N/A
Q1005	New technology intraocular lens category 5 as defined in federal register notice <i>405 IAC 5-29-1(4) – The following service are not covered by Medicaid: Any new product, service, or technology not specifically covered in this article. The product, service or technology will remain a noncovered product, service, or technology until such time as the office authorizes the coverage of the product, service, or technology. This subdivision does not apply to legend drugs.</i>		No	N/A	N/A
S Codes have been developed by HCFA for commercial insurers. S Codes are not to be used for billing the Indiana Health Coverage Programs. Use CPT/HCPCS code (other than S code) which describes the service provided.					
S0009	Injection, butorphanol tartrate, 1 mg		No	N/A	N/A
S0010	Injection, somatrem, 5 mg		No	N/A	N/A
S0011	Injection, somatropin, 5 mg		No	N/A	N/A
S0012	Butorphanol tartrate, nasal spray, 25 mg		No	N/A	N/A
S0014	Tacrine hydrochloride, 10 mg		No	N/A	N/A
S0016	Injection, amikacin sulfate, 500 mg		No	N/A	N/A
S0017	Injection, aminocaproic acid, 5 grams		No	N/A	N/A
S0020	Injection, bupivacaine hydrochloride, 30 ml		No	N/A	N/A
S0021	Injection, cefoperazone sodium, 1 gram		No	N/A	N/A
S0023	Injection, cimetidine hydrochloride, 300 mg		No	N/A	N/A
S0024	Injection, ciprofloxacin, 200 mg		No	N/A	N/A
S0028	Injection, famotidine, 20 mg		No	N/A	N/A
S0029	Injection, fluconazole, 400 mg		No	N/A	N/A
S0030	Injection, metronidazole, 500 mg		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
S0032	Injection, nafcillin sodium, 2 grams		No	N/A	N/A
S0034	Injection, ofloxacin, 400 mg		No	N/A	N/A
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml		No	N/A	N/A
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 grams		No	N/A	N/A
S0071	Injection, acyclovir sodium, 50 mg		No	N/A	NA
S0072	Injection, amikacin sulfate, 100 mg		No	N/A	N/A
S0073	Injection, aztreonam, 500 mg		No	N/A	N/A
S0074	Injection, cefotetan disodium, 500 mg		No	N/A	N/A
S0077	Injection, clindamycin phosphate, 300 mg		No	N/A	N/A
S0078	Injection, fosphenytoin sodium, 750 mg		No	N/A	N/A
S0080	Injection, pentamidine isethionate, 300 mg		No	N/A	N/A
S0081	Injection, piperacillin sodium, 500 mg		No	N/A	N/A
S0090	Sildenafil citrate, 25 mg		No	N/A	N/A
S0096	Injection, itraconazole, 200 mg		No	N/A	N/A
S0097	Injection, ibutilide fumarate, 1 mg		No	N/A	N/A
S0098	Injection, sodium ferric gluconate complex in sucrose, 62.5 mg		No	N/A	N/A
S0601	Screening proctoscopy		No	N/A	N/A
S0605	Digital rectal examination, annual		No	N/A	N/A
S0610	Annual gynecological examination, new patient		No	N/A	N/A
S0612	Annual gynecological examination, established patient		No	N/A	N/A
S0620	Routine ophthalmological examination including refraction; new patient		No	N/A	N/A
S0621	Routine ophthalmological examination including refraction; established patient		No	N/A	N/A
S0800	Laser in situ keratomileusis (LASIK)		No	N/A	N/A
S0810	Photorefractive keratectomy (PRK)		No	N/A	N/A
S2050	Donor enterectomy, with preparation and maintenance of allograft; from cadaver donor		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
S2052	Transplantation of small intestine allograft		No	N/A	N/A
S2053	Transplantation of small intestine and liver allografts		No	N/A	N/A
S2054	Transplantation of multivisceral organs		No	N/A	N/A
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor		No	N/A	N/A
S2109	Autologous chondrocyte transplantation (preparation of autologous cultured chondrocytes)		No	N/A	N/A
S2190	Subcutaneous implantation of medication pellet(s)		No	N/A	N/A
S2204	Transmyocardial laser revascularization		No	N/A	N/A
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft		No	N/A	N/A
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts		No	N/A	N/A
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft		No	N/A	N/A
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft		No	N/A	N/A
S2210	Cryosurgical ablation (in situ destruction) of tumorous tissue, one or more lesions; liver		No	N/A	N/A
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy		No	N/A	N/A
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace		No	N/A	N/A
S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)		No	N/A	N/A
S3645	HIV-1 antibody testing of oral mucosal transudate		No	N/A	N/A
S3650	Saliva test, hormone level; during menopause		No	N/A	N/A
S3652	Saliva test, hormone level; to assess preterm labor risk		No	N/A	N/A
S8035	Magnetic source imaging		No	N/A	N/A
S8040	Topographic brain mapping		No	N/A	N/A
S8048	Isolated limb perfusion		No	N/A	N/A
S8049	Intraoperative radiation therapy (single administration)		No	N/A	N/A
S8060	Supply of contrast material for use in echocardiography (use in addition to echocardiography code)		No	N/A	N/A
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)		No	N/A	N/A
S8095	Wig (for medically-induced hair loss)		No	N/A	N/A
S8096	Portable peak flow meter		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
S8110	Peak expiratory flow rate (physician services)		No	N/A	N/A
S8200	Chest compression vest		No	N/A	N/A
S8205	Chest compression system generator and hoses (for use with chest compression vest – S8200)		No	N/A	N/A
S8260	Oral orthotic for treatment of sleep apnea, includes fitting, fabrication, and materials		No	N/A	N/A
S8300	Sacral nerve stimulation test lead kit		No	N/A	N/A
S8950	Complex lymphedema therapy, each 15 minutes		No	N/A	N/A
S9001	Home uterine monitor with or without associated nursing services		No	N/A	N/A
S9022	Digital subtraction angiography (use in addition to CPT code for the procedure for further identification)		No	N/A	N/A
S9023	Xenon regional cerebral blood flow studies		No	N/A	N/A
S9024	Paranasal sinus ultrasound		No	N/A	N/A
S9033	Gait analysis		No	N/A	N/A
S9055	Procuren or other growth factor preparation to promote wound healing		No	N/A	N/A
S9056	Coma stimulation <i>per diem</i>		No	N/A	N/A
S9075	Smoking cessation treatment		No	N/A	N/A
S9085	Meniscal allograft transplantation		No	N/A	N/A
S9090	Vertebral axial decompression, per session		No	N/A	N/A
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour		No	N/A	N/A
S9123	Nursing care, in the home; by registered nurse, per hour		No	N/A	N/A
S9124	Nursing care, in the home; by licensed practical nurse, per hour		No	N/A	N/A
S9125	Respite care, in the home, <i>per diem</i>		No	N/A	N/A
S9126	Hospice care, in the home, <i>per diem</i>		No	N/A	N/A
S9127	Social work visit, in the home, <i>per diem</i>		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
S9128	Speech therapy, in the home, <i>per diem</i>		No	N/A	N/A
S9129	Occupational therapy, in the home, <i>per diem</i>		No	N/A	N/A
S9140	Diabetic management program, follow-up visit to non-MD provider		No	N/A	N/A
S9141	Diabetic management program, follow-up visit to MD provider		No	N/A	N/A
S9455	Diabetic management program, group session		No	N/A	N/A
S9460	Diabetic management program, nurse visit		No	N/A	N/A
S9465	Diabetic management program, dietitian visit		No	N/A	N/A
S9470	Nutritional counseling, dietitian visit		No	N/A	N/A
S9472	Cardiac rehabilitation program, non-physician provider, <i>per diem</i>		No	N/A	N/A
S9473	Pulmonary rehabilitation program, non-physician provider, <i>per diem</i>		No	N/A	N/A
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, <i>per diem</i>		No	N/A	N/A
S9475	Ambulatory setting substance abuse treatment or detoxification services, <i>per diem</i>		No	N/A	N/A
S9480	Intensive outpatient psychiatric services, <i>per diem</i>		No	N/A	N/A
S9485	Crisis intervention mental health services, <i>per diem</i>		No	N/A	N/A
S9524	Nursing services related to home iv therapy, <i>per diem</i>		No	N/A	N/A
S9527	Insertion of a peripherally inserted central venous catheter (PICC), including nursing services and all supplies		No	N/A	N/A
S9528	Insertion of midline central venous catheter, including nursing services and all supplies		No	N/A	N/A

(Continued)

Table 1.1 – HCPCS for 2000

CPT/HCPCS Code	Description	PA Required	Coverage	Modifiers	Rate
S9543	Administration of medication, intramuscularly, epidurally or subcutaneously, in the home setting, including all nursing care, equipment, and supplies; <i>per diem</i>		No	N/A	N/A
S9990	Services provided as part of a phase ii clinical trial		No	N/A	N/A
S9991	Services provided as part of a phase iii clinical trial		No	N/A	N/A
S9992	Transportation costs to and from trial location and local transportation costs (for example, fares for taxicab or bus) for clinical trial participant and one caregiver/companion		No	N/A	N/A
S9994	Lodging costs (for example, hotel charges) for clinical trial participant and one caregiver/companion		No	N/A	N/A
S9996	Meals for clinical trial participant and one caregiver/companion		No	N/A	N/A
S9999	Sales tax		No	N/A	N/A

2000 Modifiers

Table 1.2 – Modifiers for 2000

Modifier	Description	Coverage
G7	Pregnancy resulted from rape or incest or pregnancy certified by physician as life threatening	Yes
G8	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure	Yes
G9	Monitored anesthesia care for patient that has history of severe cardio-pulmonary condition	Yes
32	Mandated services: services related to mandated consultation and/or related <i>405 IAC 5-29-1(I) – The following service are not covered by Medicaid: Services that are not medically reasonable or necessary according to current professional standards commonly held to be applicable to the case.</i>	No
91	Repeat clinical diagnostic lab test. Not to be used to confirm initial results due to testing problems and so forth; or when the code is part of a series of test, for example, glucose tolerance tests; or for lab tests performed more than once on the same day on the same patient	Yes

2000 Deleted Codes and Modifiers

Providers will have 45 days from the date of this bulletin to use deleted codes and modifiers. Claims submitted with dates of service on or after **May 19, 2000**, with deleted codes and modifiers will be denied.

Table 1.3 – Deleted Codes and Modifiers for 2000

Deleted Code	To Report, Use
00420	00300
01000	00400
01110	00300
01240	00400
01300	00400
01460	00400
01600	00400
01700	00400
01800	00400
01900	00952
01902	00214
13300	13102, 13122, 13133, 13153
15580	15574
15625	15620
32001	32997
33242	33218, 33220
33247	33216
56300	49320
56301	58670
56302	58671
56303	58662
56304	58660
56305	49321
56306	49322
56307	58661
56308	58550
56309	58551

(Continued)

Table 1.3 – Deleted Codes and Modifiers for 2000

Deleted Code	To Report, Use
56310	44200
56311	38570
56312	38571
56313	38572
56314	49323
56315	44970
56316	49650
56317	49651
56318	54690
56320	55550
56321	60650
56322	43651
56323	43652
56324	47570
56340	47562
56341	47563
56342	47564
56343	58673
56344	58672
56345	38120
56346	43653
56347	44201
56348	44202
56349	43280
56350	58555
56351	58558
56352	58559
56353	58560
56354	58561
56355	58562
56356	58563
56362	47560

(Continued)

Table 1.3 – Deleted Codes and Modifiers for 2000

Deleted Code	To Report, Use
56363	47561
56399	See site specific, unlisted laparoscopy/hysteroscopy codes
61855	61862
61865	61862
62274	62310, 62311
62275	62310
62276	62318, 62319
62277	62318, 62319
62278	62311
62279	62319
62288	62310, 62311
62289	62311
62298	62310
64440	64479, 64483
64441	64480, 64484
64442	64475
64443	64476
77380	77520
77381	77523
77419	77427
77420	77427
77425	77427
77430	77427
80049	80048
80054	80053
80058	80076
80059	80074
80091	See specific codes for specific tests
80092	See specific codes for specific tests
86588	86403, 87081, 87430, 87880
90592	

(Continued)

Table 1.3 – Deleted Codes and Modifiers for 2000

Deleted Code	To Report, Use
90745	
A4363	
D0471	
D2210	
D2810	
D3960	
D4250	
D7470	D7471
D7942	
D9240	D9241, D9242
E0452	
E0453	
E1400	
E1401	E1390
E1402	E1390
E1403	E1390
E1404	E1390
G0095	
G0096	
G0097	
G0098	
J1760	J1750
J1770	J1750
J1780	J1750
J7196	
J7503	J7516
K0109	
K0119	J7500
K0120	J7501
K0121	J7515
K0122	J7516
K0123	J7504

(Continued)

Table 1.3 – Deleted Codes and Modifiers for 2000

Deleted Code	To Report, Use
K0137	A4369
K0138	A4370
K0139	A4371
K0168	A7003
K0169	A7004
K0170	A7005
K0171	A7006
K0172	A7007
K0173	A7008
K0174	A7009
K0175	A7010
K0176	A7011
K0177	A7012
K0178	A7013
K0179	A7014
K0180	A7015
K0181	A7016
K0190	A7000
K0191	A7001
K0192	A7002
K0193	
K0194	
K0277	A4372
K0278	A4373
K0279	A4374
K0284	E0779
K0400	A4280
K0401	A5508
K0412	J7517
K0417	E0780
K0418	J7502
K0419	A4375

(Continued)

Table 1.3 – Deleted Codes and Modifiers for 2000

Deleted Code	To Report, Use
K0420	A4370
K0421	A4377
K0422	A4378
K0423	A4379
K0424	A4380
K0425	A4381
K0426	A4382
K0427	A4383
K0428	A4384
K0429	A4385
K0430	A4386
K0431	A4387
K0432	A4388
K0433	A4389
K0434	A4390
K0435	A4391
K0436	A4392
K0437	A4393
K0438	A4394
K0439	A4395
K0503	*J7608
K0504	*J7618
K0505	*J7619
K0506	*J7635
K0507	*J7636
K0508	*J7628
K0509	*J7629
K0511	*J7631
K0512	*J7637
K0513	*J7638
K0514	*J7639
K0515	K7642

(Continued)

Table 1.3 – Deleted Codes and Modifiers for 2000

Deleted Code	To Report, Use
K0516	*J7643
K0518	*J7644
K0519	*J7648
K0520	*J7649
K0521	*J7658
K0522	*J7659
K0523	*J7668
K0524	*J7669
K0525	*J7680
K0526	*J7681
K0527	*J7683
K0528	*J7684
K0530	A7017
Q0068	36521
Q0132	E0590
AB	
AC	
AE	
AF	
AG	
QR	91

**Note: J codes containing the description "administered through DME...." are non-reimbursable. Please use the previously established equivalent J code or NDC.*