



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 Program Providers

**Subject: New 2001 Health Care Financing Administration
Common Procedure Codes**

Overview

The purpose of this bulletin is to introduce the new 2001 Health Care Financing Administration (HCFA) Common Procedures Coding System (HCPCS) codes that have been added to the IndianaAIM claims processing system. The 2001 HCPCS codes are identified in Table 1.1 by code, description, prior authorization requirements, coverage status, and allowed modifiers.

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

New HCPCS 2001 Codes

Please note that the following codes are effective for dates of service on or after January 1, 2001. Also, the standard global billing procedures and edits apply when using the new codes. Indiana Health Coverage Programs (IHCP) generally recognizes the same deleted HCPCS codes as Medicare. A list of deleted codes is included in Table 1.2. Claims submitted using the deleted codes listed in Table 1.2, with dates of service on or after May 15, 2001, will be denied.

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
00537	Anesthesia for Cardiac Electrophysiologic Procedures Including Radiofrequency Ablation	Not Applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
00550	Anesthesia for Sternal Debridement	Not Applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
00563	Anesthesia for Procedures on Heart, Pericardium, and Great Vessels of Chest; With Pump Oxygenator With Hypothermic Circulatory Arrest	Not Applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
00566	Anesthesia for Direct Coronary Artery Bypass Grafting Without Pump Oxygenator	Not Applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
00635	Anesthesia for Procedures In Lumbar Region; Diagnostic or Therapeutic Lumbar Puncture	Not Applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
01112	Anesthesia for Bone Marrow Aspiration and/or Biopsy, Anterior or Posterior Iliac Crest	Not Applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
01215	Anesthesia for Open Procedures Involving Hip Joint; Revision of Total Hip Arthroplasty	Not Applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
01951	Anesthesia for Second and Third Degree Burn Excision or Debridement With or Without Skin Grafting, Any Site, for Total Body Surface Area (TBSA) Treated During Anesthesia and Surgery; Less Than One Percent Total Body Surface Area	Not Applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
01952	Anesthesia for Second and Third Degree Burn Excision or Debridement With or Without Skin Grafting, Any Site, for Total Body Surface Area (TBSA) Treated During Anesthesia and Surgery; One Percent To Nine Percent Total Body Surface Area	Not Applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
01953	Anesthesia for Second and Third Degree Burn Excision or Debridement With or Without Skin Grafting, Any Site, for Total Body Surface Area (TBSA) Treated During Anesthesia and Surgery; Each Additional Nine Percent Total Body Surface Area or Part Thereof	Not Applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C

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Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
15342	Application of Bilaminare Skin Substitute/Neodermis; 25 sq. cm	No All Programs, No Package C	51, 58, 59, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, W6, W7, QK, QS, QX, QY, QZ, X6, 54, 55, 56	Covered All Programs, Covered Package C
15343	Application of Bilaminare Skin Substitute/Neodermis; Each Additional 25 sq. cm (List Separately In Addition To Code for Primary Procedure)	No All Programs, No Package C	54, 55, 56, 58, 59, 78, 79, 80, 81, 82, AS	Covered All Programs, Covered Package C
16036	Escharotomy; Each Additional Incision (List Separately In Addition To Code for Primary Procedure)	No All Programs, No Package C	54, 55, 56, 58, 59, 78, 79, 80, 81, 82, AS	Covered All Programs, Covered Package C
19102	Biopsy of Breast; Percutaneous, Needle Core, Using Imaging Guidance	No All Programs, No Package C	50, 51, AA, AD, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
19103	Biopsy of Breast; Percutaneous, Automated Vacuum Assisted or Rotating Biopsy Device, Using Imaging Guidance	No All Programs, No Package C	50, 51, AA, AD, LT, P1, P2, P3, P4, P5, QK, QX, QZ, QS, QY, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
19295	Image Guided Placement, Metallic Localization Clip, Percutaneous, During Breast Biopsy (List Separately In Addition To Code for Primary Procedure)	No All Programs, No Package C	None	Covered All Programs, Covered Package C
21199	Osteotomy, Mandible, Segmental; With Genioglossus Advancement	Yes All Programs, Yes Package C	51, 54, 55, 56, 58, 59, 62, 78, 79, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
22520	Percutaneous Vertebroplasty, One Vertebral Body, Unilateral or Bilateral Injection; Thoracic	No All Programs, No Package C	51, 54, 55, 56, 58, 78, 79, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, W5, W6, W7, QS, QX, QY, QZ, AS, X6, QK	Covered All Programs, Covered Package C
22521	Percutaneous Vertebroplasty, One Vertebral Body, Unilateral or Bilateral Injection; Lumbar	No All Programs, No Package C	51, 54, 55, 56, 58, 78, 79, 80, 81, 82, AS, AD, AA, P1, P2, P3, P4, P5, QX, QY, QZ, QS, X6, QK, W5, W6, W7	Covered All Programs, Covered Package C
22522	Percutaneous Vertebroplasty, One Vertebral Body, Unilateral or Bilateral Injection; Each Additional Thoracic or Lumbar Vertebral Body (List Separately In Addition To Code for Primary Procedure)	No All Programs, No Package C	54, 55, 56, 58, 59, 78, 79, 80, 81, 82, AS	Covered All Programs, Covered Package C

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Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
30465	Repair of Nasal Vestibular Stenosis (e.g., Spreader Grafting, Lateral Nasal Wall Reconstruction)	No All Programs, No Package C	54, 55, 56, 58, AA, AD, P1, P2, P3, P4, P5, QX, QY, QZ, W5, W6, W7, QS, X6, 78, 79, 51, QK	Covered All Programs, Covered Package C
33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed At The Time of Other Open Cardiac Procedure(s) (List Separately In Addition To Code for Primary Procedure)	No All Programs, No Package C	54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AS	Covered All Programs, Covered Package C
34800	Endovascular Repair of Infrarenal Abdominal Aortic Aneurysm or Dissection; Using Aorto-Aortic Tube Prosthesis	No All Programs, No Package C	54, 55, 56, 58, 62, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, W5, W6, W7, QX, QY, QZ, X6, 78, 79, 51, QK	Covered All Programs, Covered Package C
34802	Endovascular Repair of Infrarenal Abdominal Aortic Aneurysm or Dissection; Using Modular Bifurcated Prosthesis (One Docking Limb)	No All Programs, No Package C	51, 54, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
34804	Endovascular Repair of Infrarenal Abdominal Aortic Aneurysm or Dissection; Using Unibody Bifurcated Prosthesis	No All Programs, No Package C	51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
34808	Endovascular Placement of Iliac Artery Occlusion Device (List Separately In Addition To Code for Primary Procedure)	No All Programs, No Package C	54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AS	Covered All Programs, Covered Package C
34812	Open Femoral Artery Exposure for Delivery of Aortic Endovascular Prosthesis, By Groin Incision, Unilateral	No All Programs, No Package C	51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
34813	Placement of Femoral-Femoral Prosthetic Graft During Endovascular Aortic Aneurysm Repair (List Separately In Addition To Code for Primary Procedure)	No All Programs, No Package C	54, 55, 56, 58, 59, 62, 78, 79, 80, 81, 82, AS	Covered All Programs, Covered Package C
34820	Open Iliac Artery Exposure for Delivery of Endovascular Prosthesis or Iliac Occlusion During Endovascular Therapy, By Abdominal or Retroperitoneal Incision, Unilateral	No All Programs, No Package C	51, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QY, QX, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
34825	Placement of Proximal or Distal Extension Prosthesis for Endovascular Repair of Infrarenal Abdominal Aortic Aneurysm; Initial Vessel	No All Programs, No Package C	51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C

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Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
34826	Placement of Proximal or Distal Extension Prosthesis for Endovascular Repair of Infrarenal Abdominal Aortic Aneurysm; Each Additional Vessel (List Separately In Addition To Code for Primary Procedure)	No All Programs, No Package C	54, 55, 56, 68, 59, 62, 78, 79, 80, 81, 82, AS	Covered All Programs, Covered Package C
34830	Open Repair of Infrarenal Aortic Aneurysm or Dissection, Plus Repair of Associated Arterial Trauma, Following Unsuccessful Endovascular Repair; Tube Prosthesis	No All Programs, No Package C	51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
34831	Open Repair of Infrarenal Aortic Aneurysm or Dissection, Plus Repair of Associated Arterial Trauma, Following Unsuccessful Endovascular Repair; Aorto-Bi-Iliac Prosthesis	No All Programs, No Package C	51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
34832	Open Repair of Infrarenal Aortic Aneurysm or Dissection, Plus Repair of Associated Arterial Trauma, Following Unsuccessful Endovascular Repair; Aorto-Bifemoral Prosthesis	No All Programs, No Package C	51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QX, QY, QZ, W5, W6, W7, X7	Covered All Programs, Covered Package C
35600	Harvest of Upper Extremity Artery, One Segment, for Coronary Artery Bypass Procedure	No All Programs, No Package C	50, 54, 55, 56, 58, 59, 62, 78, 79, 80, 81, 82, AA, AD, AS, LT, P1, P2, P3, P4, P5, QK, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
36540	Collection of Blood Specimen From A Partially or Completely Implantable Venous Access Device	No All Programs, No Package C	AK, AL, AN, AU, AV, AW, AY	Covered All Programs, Covered Package C
36870	Thrombectomy, Percutaneous, Arteriovenous Fistula, Autogenous or Nonautogenous Graft (Includes Mechanical Thrombus Extraction and Intra-Graft Thrombolysis)	No All Programs, No Package C	50, 51, 54, 55, 56, 58, 78, 79, 80, 81, 82, AA, AD, AS, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
43231	Esophagoscopy, Rigid or Flexible; With Endoscopic Ultrasound Examination	No All Programs, No Package C	51, AA, AD, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
43232	Esophagoscopy, Rigid or Flexible; With Transendoscopic Ultrasound-Guided Intramural or Transmural Fine Needle Aspiration/Biopsy(s)	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
43240	Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either The Duodenum and/or Jejunum as Appropriate; With Transmural Drainage of Pseudocyst	No All Programs, No Package C	QS, AA, AD, P1, P2, P3, P4, P5, QX, QY, QZ, X6, QK, W5, W6, W7	Covered All Programs, Covered Package C

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Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
43242	Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either The Duodenum and/or Jejunum as Appropriate; With Transendoscopic Ultrasound-Guided Intramural or Transmural Fine Needle Aspiration/Biopsy(s)	No All Programs, No Package C	51, AA, AD, QS, P1, P2, P3, P4, P5, QX, QY, QZ, X6, W5, W6, W7, QK	Covered All Programs, Covered Package C
43256	Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either The Duodenum and/or Jejunum as Appropriate; With Transendoscopic Stent Placement (Includes Predilation)	No All Programs, No Package C	51, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QS, X6, QK, W5, W6, W7	Covered All Programs, Covered Package C
43752	Naso- or Oro-Gastric Tube Placement, Necessitating Physician's Skill	No All Programs, No Package C	None	Covered All Programs, Covered Package C
44132	Donor Enterectomy, Open, With Preparation and Maintenance of Allograft; From Cadaver Donor	Yes All Programs, Not Applicable for Package C	AA, AD, QX, QY, QZ, P6, W6, W7, X6, 51, AS, QK, 80, 81, 82, 51, 54, 55, 58, 78, 79, 62, AS, P1, P2, P3, P4, P5, W5	Covered All Programs, Non-Covered Package C
44133	Donor Enterectomy, Open, With Preparation and Maintenance of Allograft; Partial, From Living Donor	Yes All Programs, Not Applicable for Package C	54, 55, 56, 58, AS, QX, QY, QZ, AA, AD, W5, W6, W7, P1, P2, P3, P4, P5, X6, 78, 79, 51, QK, 80, 81, 82, 62	Covered All Programs, Non-Covered Package C
44135	Intestinal Allotransplantation; From Cadaver Donor	Yes All Programs, Not Applicable for Package C	51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Non-Covered Package C
44136	Intestinal Allotransplantation; From Living Donor	Yes All Programs, Not Applicable for Package C	51, 54, 55, 56, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Non-Covered Package C
44370	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion of Duodenum, Not Including Ileum; With Transendoscopic Stent Placement (Includes Predilation)	No All Programs, No Package C	51, 55, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
44379	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion of Duodenum, Including Ileum; With Transendoscopic Stent Placement (Includes Predilation)	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W5, W7, X6	Covered All Programs, Covered Package C
44383	Ileoscopy, Through Stoma; With Transendoscopic Stent Placement (Includes Predilation)	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C

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Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
44397	Colonoscopy Through Stoma; With Transendoscopic Stent Placement (Includes Predilation)	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
45327	Proctosigmoidoscopy, Rigid; With Transendoscopic Stent Placement (Includes Predilation)	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
45341	Sigmoidoscopy, Flexible; With Endoscopic Ultrasound Examination	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
45342	Sigmoidoscopy, Flexible; With Transendoscopic Ultrasound Guided Intramural or Transmural Fine Needle Aspiration/Biopsy(s)	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
45345	Sigmoidoscopy, Flexible; With Transendoscopic Stent Placement (Includes Predilation)	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
45387	Colonoscopy, Flexible, Proximal To Splenic Flexure; With Transendoscopic Stent Placement (Includes Predilation)	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
47379	Unlisted Laparoscopic Procedure, Liver	No All Programs, No Package C	51, 54, 56, 58, 62, 78, 79, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
50545	Laparoscopy, Surgical; Radical Nephrectomy (Includes Removal of Gerota's Fascia and Surrounding Fatty Tissue, Removal of Regional Lymph Nodes, and Adrenalectomy)	No All Programs, No Package C	51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
50947	Laparoscopy, Surgical; Ureteroneocystostomy With Cystoscopy and Ureteral Stent Placement	No All Programs, No Package C	54, 55, 56, 58, 62, AS, 80, 81, 82, AA, AD, P1, P2, P3, P4, P5, QX, QY, QZ, W5, W6, W7, 78, 79, X6, QK, 51	Covered All Programs, Covered Package C
50948	Laparoscopy, Surgical; Ureteroneocystostomy Without Cystoscopy and Ureteral Stent Placement	No All Programs, No Package C	50, 51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C

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Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
50949	Unlisted Laparoscopy Procedure, Ureter	No All Programs, No Package C	51, 54, 55, 56, 58, 62, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, 78, 79, X6	Covered All Programs, Covered Package C
52341	Cystourethroscopy; With Treatment of Ureteral Stricture (e.g., Balloon Dilation, Laser, Electrocautery, and Incision)	No All Programs, No Package C	50, 51, AA, AD, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
52342	Cystourethroscopy; With Treatment of Ureteropelvic Junction Stricture (such as, Balloon Dilation, Laser, Electrocautery, and Incision)	No All Programs, No Package C	50, 51, AA, AD, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
52343	Cystourethroscopy; With Treatment of Intra-Renal Stricture (such as, Balloon Dilation, Laser, Electrocautery, and Incision)	No All Programs, No Package C	50, 51, AA, AD, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
52344	Cystourethroscopy With Ureteroscopy; With Treatment of Ureteral Stricture (such as, Balloon Dilation, Laser, Electrocautery, and Incision)	No All Programs, No Package C	50, 51, AA, AD, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
52345	Cystourethroscopy With Ureteroscopy; With Treatment of Ureteropelvic Junction Stricture (such as, Balloon Dilation, Laser, Electrocautery, and Incision)	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
52346	Cystourethroscopy With Ureteroscopy; With Treatment of Intra-Renal Stricture (such as, Balloon Dilation, Laser, Electrocautery, and Incision)	No All Programs, No Package C	51, AA, D, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
52351	Cystourethroscopy, With Ureteroscopy and/or Pyeloscopy; Diagnostic	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
52352	Cystourethroscopy, With Ureteroscopy and/or Pyeloscopy; With Removal or Manipulation of Calculus (Ureteral Catheterization Is Included)	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
52353	Cystourethroscopy, With Ureteroscopy and/or Pyeloscopy; With Lithotripsy (Ureteral Catheterization Is Included)	No All Programs, No Package C	50, 51, AA, AD, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
52354	Cystourethroscopy, With Ureteroscopy and/or Pyeloscopy; With Biopsy and/or Fulguration of Lesion	No All Programs, No Package C	50, 51, AA, AD, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C

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Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
52355	Cystourethroscopy, With Ureteroscopy and/or Pyeloscopy; With Resection of Tumor	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
52400	Cystourethroscopy With Incision, Fulguration, or Resection of Congenital Posterior Urethral Valves, or Congenital Obstructive Hypertrophic Mucosal Folds	No All Programs, No Package C	51, 54, 55, 56, 58, 78, 79, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
54512	Excision of Extraparenchymal Lesion of Testis	No All Programs, No Package C	50, 51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, LT, QK, QS, QX, QY, QZ, P1, P2, P3, P4, P5, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
54522	Orchiectomy, Partial	No All Programs, No Package C	50, 51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, LT, QK, QS, QX, QY, QZ, P1, P2, P3, P4, P5, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
55873	Cryosurgical Ablation of The Prostate (Includes Ultrasonic Guidance for Interstitial Cryosurgical Probe Placement)	No All Programs, No Package C	54, 55, 56, 58, AA, AD, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 78, 79, 51, QK	Covered All Programs, Covered Package C
57022	Incision and Drainage of Vaginal Hematoma; Post-Obstetrical	No All Programs, No Package C	54, 55, 56, 58, AA, AD, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 79, 78, 51, QK	Covered All Programs, Covered Package C
57023	Incision and Drainage of Vaginal Hematoma; Non-Obstetrical (such as, Post-Trauma, Spontaneous Bleeding)	No All Programs, No Package C	54, 55, 56, 58, AA, AD, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 78, 79, 51, QK	Covered All Programs, Covered Package C
57287	Removal or Revision of Sling for Stress Incontinence (such as, Fascia or Synthetic)	No All Programs, No Package C	54, 55, 56, 58, 62, AA, AD, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, 80, 81, 82, AS, 51, X6, 78, 79, QK	Covered All Programs, Covered Package C
58353	Endometrial Ablation, Thermal, Without Hysteroscopic Guidance	No All Programs, No Package C	50, 51, 54, 55, 56, 58, 62, 78, 79, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6, LT, RT	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
61697	Surgery of Complex Intracranial Aneurysm, Intracranial Approach; Carotid Circulation	No All Programs, No Package C	54, 55, 56, 58, 62, AA, AD, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, 78, 79, QK, 51, 80, 81, 82, AS, X6	Covered All Programs, Covered Package C
61698	Surgery of Complex Intracranial Aneurysm, Intracranial Approach; Vertebrobasilar Circulation	No All Programs, No Package C	54, 55, 56, 58, 62, AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 78, 79, 80, 81, 82, 51, QK	Covered All Programs, Covered Package C
62252	Reprogramming of Programmable CSF Shunt	No All Programs, No Package C	26, TC	Covered All Programs, Covered Package C
63043	Laminotomy (Hemilaminectomy), With Decompression of Nerve Root(s), Including Partial Facetectomy, Foraminotomy and/or Excision of Herniated Intervertebral Disk, Reexploration, Single Interspace; Each Additional Cervical Interspace (List Separately)	No All Programs, No Package C	54, 55, 56, 58, 78, 79	Covered All Programs, Covered Package C
63044	Laminotomy (Hemilaminectomy), With Decompression of Nerve Root(s), Including Partial Facetectomy, Foraminotomy and/or Excision of Herniated Intervertebral Disk, Reexploration, Single Interspace; Each Additional Lumbar Interspace (List Separately)	No All Programs, No Package C	54, 55, 56, 58, 78, 79	Covered All Programs, Covered Package C
64614	Chemodeneration of Muscle(s); Extremity(s) and/or Trunk Muscle(s) (e.g., for Dystonia, Cerebral Palsy, Multiple Sclerosis)	No All Programs, No Package C	50, 51, 54, 55, 56, 58, 78, 79, AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, QK	Covered All Programs, Covered Package C
66982	Extracapsular Cataract Removal With Insertion of Intraocular Lens Prosthesis (One Stage Procedure), Manual or Mechanical Technique (e.g., Irrigation and Aspiration or Phacoemulsification), Complex, Requiring Devices or Techniques Not Generally Used	No All Programs, No Package C	50, 51, 54, 55, 56, 58, 78, 79, AA, AD, LT, QS, QX, QY, QZ, P1, P2, P3, P4, P5, RT, W5, W6, W7, X6, QK	Covered All Programs, Covered Package C
67221	Destruction of Localized Lesion of Choroid (e.g., Choroidal Neovascularization); Photodynamic Therapy (Includes Intravenous Infusion)	No All Programs, No Package C	51, AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7	Covered All Programs, Covered Package C
69714	Implantation, Osseointegrated Implant, Temporal Bone, With Percutaneous Attachment To External Speech Processor/Cochlear Stimulator; Without Mastoidectomy	No All Programs, No Package C	54, 55, 56, 58, AA, AD, QS, QX, QY, QZ, W5, W6, W7, P1, P2, P3, P4, P5, 78, 79, 51, QK	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
69715	Implantation, Osseointegrated Implant, Temporal Bone, With Percutaneous Attachment To External Speech Processor/Cochlear Stimulator; With Mastoidectomy	No All Programs, No Package C	54, 55, 56, 58, AA, AD, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, 78, 79, 51, QK	Covered All Programs, Covered Package C
69717	Replacement (Including Removal of Existing Device), Osseointegrated Implant, Temporal Bone, With Percutaneous Attachment To External Speech Processor/Cochlear Stimulator; Without Mastoidectomy	No All Programs, No Package C	54, 55, 56, 58, AA, AD, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, 78, 79, 51, QK	Covered All Programs, Covered Package C
69718	Replacement (Including Removal of Existing Device), Osseointegrated Implant, Temporal Bone, With Percutaneous Attachment To External Speech Processor/Cochlear Stimulator; With Mastoidectomy	No All Programs, No Package C	54, 55, 56, 58, AA, AD, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, 78, 79, 51, QK	Covered All Programs, Covered Package C
70496	Computed Tomographic Angiography, Head, Without Contrast Material(s), Followed By Contrast Material(s) and Further Sections, Including Image Post-Processing	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QS, X6, QK, W5, W6, W7	Covered All Programs, Covered Package C
70498	Computed Tomographic Angiography, Neck, Without Contrast Material(s), Followed By Contrast Material(s) and Further Sections, Including Image Post-Processing	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
70542	Magnetic Resonance (e.g., Proton) Imaging, Orbit, Face, and Neck; With Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QS, QK, X6, W5, W6, W7	Covered All Programs, Covered Package C
70543	Magnetic Resonance (e.g., Proton) Imaging, Orbit, Face, and Neck; Without Contrast Material(s), Followed By Contrast Material(s) and Further Sequences	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
70544	Magnetic Resonance Angiography, Head; Without Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
70545	Magnetic Resonance Angiography, Head; With Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
70546	Magnetic Resonance Angiography, Head; Without Contrast Material(s), Followed By Contrast Material(s) and Further Sequences	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
70547	Magnetic Resonance Angiography, Neck; Without Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
70548	Magnetic Resonance Angiography, Neck; With Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
70549	Magnetic Resonance Angiography, Neck; Without Contrast Material(s), Followed By Contrast Material(s) and Further Sequences	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
71275	Computed Tomographic Angiography, Chest, Without Contrast Material(s), Followed By Contrast Material(s) and Further Sections, Including Image Post-Processing	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
71551	Magnetic Resonance (e.g., Proton) Imaging, Chest (e.g., for Evaluation of Hilar and Mediastinal Lymphadenopathy); With Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
71552	Magnetic Resonance (e.g., Proton) Imaging, Chest (e.g., for Evaluation of Hilar and Mediastinal Lymphadenopathy); Without Contrast Material(s) and Further Sequences	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
72191	Computed Tomographic Angiography, Pelvis, Without Contrast Material(s), Followed By Contrast Material(s) and Further Sections, Including Image Post-Processing	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
72195	Magnetic Resonance (e.g., Proton) Imaging, Pelvis; Without Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
72197	Magnetic Resonance (e.g., Proton) Imaging, Pelvis; Without Contrast Material(s), Followed By Contrast Material(s) and Further Sequences	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
73206	Computed Tomographic Angiography, Upper Extremity, Without Contrast Material(s), Followed By Contrast Material(s) and Further Sections, Including Image Post-Processing	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
73218	Magnetic Resonance (e.g., Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
73219	Magnetic Resonance (e.g., Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
73222	Magnetic Resonance (e.g., Proton) Imaging, Any Joint of Upper Extremity; With Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
73223	Magnetic Resonance (e.g., Proton) Imaging, Any Joint of Upper Extremity; Without Contrast Material(s), Followed By Contrast Material(s) and Further Sequences	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
73706	Computed Tomographic Angiography, Lower Extremity, Without Contrast Material(s), Followed By Contrast Material(s) and Further Sections, Including Image Post-Processing	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
73718	Magnetic Resonance (e.g., Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
73719	Magnetic Resonance (e.g., Proton) Imaging, Lower Extremity Other Than Joint; With Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
73722	Magnetic Resonance (e.g., Proton) Imaging, Any Joint of Lower Extremity; With Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
73723	Magnetic Resonance (e.g., Proton) Imaging, Any Joint of Lower Extremity; Without Contrast Material(s), Followed By Contrast Material(s) and Further Sequences	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
74175	Computed Tomographic Angiography, Abdomen, Without Contrast Material(s), Followed By Contrast Material(s) and Further Sections, Including Image Post-Processing	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
74182	Magnetic Resonance (e.g., Proton) Imaging, Abdomen; With Contrast Material(s)	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
74183	Magnetic Resonance (e.g., Proton) Imaging, Abdomen; Without Contrast Material(s), Followed By With Contrast Material(s) and Further Sequences	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
75635	Computed Tomographic Angiography, Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Runoff, Radiological Supervision and Interpretation, Without Contrast Material(s), Followed By Contrast Material(s) and Further Sections, Including Image Post-processing	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
75952	Endovascular Repair of Infrarenal Abdominal Aortic Aneurysm or Dissection, Radiological Supervision and Interpretation	No All Programs, No Package C	X6	Covered All Programs, Covered Package C
75953	Placement of Proximal or Distal Extension Prosthesis for Endovascular Repair of Infrarenal Abdominal Aortic Aneurysm, Radiological Supervision and Interpretation	No All Programs, No Package C	X6	Covered All Programs, Covered Package C
76012	Radiological Supervision and Interpretation, Percutaneous Vertebroplasty, Per Vertebral Body; Under Fluoroscopic Guidance	No All Programs, No Package C	X6	Covered All Programs, Covered Package C
76013	Radiological Supervision and Interpretation, Percutaneous Vertebroplasty, Per Vertebral Body; Under CT Guidance	No All Programs, No Package C	X6	Covered All Programs, Covered Package C
76393	Magnetic Resonance Guidance for Needle Placement (e.g., for Biopsy, Needle Aspiration, Injection, or Placement of Localization Device) Radiological Supervision and Interpretation	No All Programs, No Package C	26, TC, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, QS, X6, W5, W6, W7	Covered All Programs, Covered Package C
76819	Fetal Biophysical Profile; Without Stress or Non-Stress Testing	No All Programs, No Package C	26, TC	Covered All Programs, Covered Package C
77522	Proton Treatment Delivery; Simple, With Compensation	No All Programs, No Package C	26, AA, AD, QX, QY, QZ, P1, P2, P3 P4, P5, QS, QK, TC, W5, W6, W7, X6	Covered All Programs, Covered Package C
77525	Proton Treatment Delivery; Complex	No All Programs, No Package C	26, AA, AD, QX, QY, QK, QZ, P1, P2, P3 P4, P5, QS, TC, W5, W6, W7, X6	Covered All Programs, Covered Package C
80157	Carbamazepine; Free	No All Programs, No Package C	None	Covered All Programs, Covered Package C
80173	Haloperidol	No All Programs, No Package C	None	Covered All Programs, Covered Package C
82373	Carbohydrate Deficient Transferrin	No All Programs, No Package C	None	Covered All Programs, Covered Package C
82945	Glucose, Body Fluid, Other Than Blood	No All Programs, No Package C	None	Covered All Programs, Covered Package C
83090	Homocystine	No All Programs, No Package C	None	Covered All Programs, Covered Package C
83663	Fetal Lung Maturity Assessment; Fluorescence Polarization	No All Programs, No Package C	None	Covered All Programs, Covered Package C
83664	Fetal Lung Maturity Assessment; Lamellar Body Density	No All Programs, No Package C	None	Covered All Programs, Covered Package C
83921	Organic Acid, Single, Quantitative	No All Programs, No Package C	None	Covered All Programs, Covered Package C
84152	Prostate Specific Antigen (PSA); Complexed (Direct Measurement)	No All Programs, No Package C	None	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
84591	Vitamin, Not Otherwise Specified	No All Programs, No Package C	None	Covered All Programs, Covered Package C
85307	Activated Protein C (APC) Resistance Assay	No All Programs, No Package C	None	Covered All Programs, Covered Package C
85536	Iron Stain, Peripheral Blood	No All Programs, No Package C	None	Covered All Programs, Covered Package C
86001	Allergen Specific IGG Quantitative or Semiquantitative, Each Allergen	No All Programs, No Package C	None	Covered All Programs, Covered Package C
86146	Beta 2 Glycoprotein I Antibody, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
86294	Immunoassay for Tumor Antigen, Qualitative or Semiquantitative (e.g., Bladder Tumor Antigen)	No All Programs, No Package C	None	Covered All Programs, Covered Package C
86300	Immunoassay for Tumor Antigen, Quantitative; CA15-3 (27.29)	No All Programs, No Package C	None	Covered All Programs, Covered Package C
86301	Immunoassay for Tumor Antigen, Quantitative; CA19-9	No All Programs, No Package C	None	Covered All Programs, Covered Package C
86304	Immunoassay for Tumor Antigen, Quantitative; CA125	No All Programs, No Package C	None	Covered All Programs, Covered Package C
86611	Antibody; Bartonella	No All Programs, No Package C	None	Covered All Programs, Covered Package C
86666	Antibody; Ehrlichia	No All Programs, No Package C	None	Covered All Programs, Covered Package C
86683	Antibody; Hemoglobin, Fecal	No All Programs, No Package C	QW	Covered All Programs, Covered Package C
86696	Antibody; Herpes Simplex, Type 2	No All Programs, No Package C	None	Covered All Programs, Covered Package C
86757	Antibody; Rickettsia	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87046	Culture, bacterial; stool, additional pathogens, isolation and preliminary examination (eg, Campylobacter, Versinia, Vibro, E.Coli o157), each plate	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87071	Culture, Bacterial; Quantitative, Aerobic With Isolation and Presumptive Identification of Isolates, Any Source Except Urine, Blood or Stool	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87073	Culture, Bacterial; Quantitative, Anaerobic With Isolation and Presumptive Identification of Isolates, Any Source Except Urine, Blood or Stool	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87077	Culture, Bacterial; Aerobic Isolate, Additional Methods Required for Definitive Identification, Each Isolate	No All Programs, No Package C	QW	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
87107	Culture, Fungi, Definitive Identification, Each Organism; Mold	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87149	Culture, Typing; Identification By Nucleic Acid Probe	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87152	Culture, Typing; Identification By Pulse Field Gel Typing	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87168	Macroscopic Examination; Arthropod	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87169	Macroscopic Examination; Parasite	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87172	Pinworm Exam (e.g., Cellophane Tape Prep)	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87185	Susceptibility Studies, Antimicrobial Agent; Enzyme Detection (e.g., Beta Lactamase), Per Enzyme	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87254	Virus Isolation; Shell Vial, Includes Identification With Immunofluorescence Stain, Each Virus	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87273	Infectious Agent Antigen Detection By Immunofluorescent Technique; Herpes Simplex Virus Type 2	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87275	Infectious Agent Antigen Detection By Immunofluorescent Technique; Influenza B Virus	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87277	Infectious Agent Antigen Detection By Immunofluorescent Technique; Legionella micdadei	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87279	Infectious Agent Antigen Detection By Immunofluorescent Technique; Parainfluenza Virus, Each Type	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87281	Infectious Agent Antigen Detection By Immunofluorescent Technique; Pneumocystis carinii	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87283	Infectious Agent Antigen Detection By Immunofluorescent Technique; Rubeola	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87300	Infectious Agent Antigen Detection By Immunofluorescent Technique, Polyvalent for Multiple Organisms, Each Polyvalent Antiserum	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87327	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple Step Method; Cryptococcus Neoformans	No All Programs, No Package C	None	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
87336	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple Step Method; Entamoeba histolytica Dispar Group	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87337	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple Step Method; Entamoeba histolytica Group	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87339	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple Step Method; Helicobacter pylori	No All Programs, No Package C	QW	Covered All Programs, Covered Package C
87341	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple Step Method; Hepatitis B Surface Antigen (HBSAG) Neutralization	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87400	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple Step Method; Influenza, A or B, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87427	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple Step Method; Shiga-like Toxin	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87451	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique Qualitative or Semiquantitative; Multiple Step Method, Polyvalent for Multiple Organisms, Each Polyvalent Antiserum	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87800	Infectious Agent Detection By Nucleic Acid (DNA or RNA), Multiple Organisms; Direct Probe(s) Technique	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87801	Infectious Agent Detection By Nucleic Acid (DNA or RNA), Multiple Organisms; Amplified Probe(s) Technique	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87901	Infectious Agent Genotype Analysis By Nucleic Acid (DNA or RNA), HIV 1, Reverse Transcriptase and Protease	No All Programs, No Package C	None	Covered All Programs, Covered Package C
87903	Infectious Agent Phenotype Analysis By Nucleic Acid (DNA or RNA) With Drug Resistance Tissue Culture Analysis, HIV 1; Up To 10 Drugs	No All Programs, No Package C	None	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
87904	Infectious Agent Phenotype Analysis By Nucleic Acid (DNA or RNA) With Drug Resistance Tissue Culture Analysis, HIV 1; Each Additional Drug, Up To 5 Drugs (List Separately In Addition To Code for Primary Procedure)	No All Programs, No Package C	None	Covered All Programs, Covered Package C
88400	Bilirubin, Total, Transcutaneous	No All Programs, No Package C	None	Covered All Programs, Covered Package C
89321	Semen Analysis, Presence and/or Motility of Sperm	No All Programs, No Package C	None	Covered All Programs, Covered Package C
90723	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B, and Poliovirus Vaccine, Inactivated (Dtap-Hepb-IPV), for Intramuscular Use	No All Programs, No Package C	None	Covered All Programs, Covered Package C
90740	Hepatitis B Vaccine, Dialysis or Immunosuppressed Patient Dosage (3 Dose Schedule), for Intramuscular Use	No All Programs, No Package C	None	Covered All Programs, Covered Package C
90743	Hepatitis B Vaccine, Adolescent (2 Dose Schedule), for Intramuscular Use	No All Programs, No Package C	None	Covered All Programs, Covered Package C
90940	Hemodialysis Access Flow Study To Determine Blood Flow In Grafts and Arteriovenous Fistulae By An Indicator Dilution Method, Hook-Up, Measurement and Disconnection	No All Programs, No Package C	None	Covered All Programs, Covered Package C
91132	Electrogastrography, Diagnostic, Transcutaneous	No All Programs, No Package C	None	Covered All Programs, Covered Package C
91133	Electrogastrography, Diagnostic, Transcutaneous; With Provocative Testing	No All Programs, No Package C	None	Covered All Programs, Covered Package C
92586	Auditory Evoked Potentials for Evoked Response Audiometry and/or Testing of the Central Nervous System; Limited	No All Programs, No Package C	None	Covered All Programs, Covered Package C
93318	Echocardiography, Transesophageal (TEE) for Monitoring Purposes, Including Probe Placement, Real Time 2-Dimensional Image Acquisition and Interpretation Leading To Ongoing (Continuous) Assessment of (Dynamically Changing) Cardiac Pumping Function and	No All Programs, No Package C	QS, AA, AD, QX, QY, QZ, P1, P2, P3, P4, P5, QK, W5, W6, W7, X6	Covered All Programs, Covered Package C
93662	Intracardiac Echocardiography During Therapeutic/Diagnostic Intervention, Including Imaging Supervision and Interpretation (List Separately In Addition To Code for Primary Procedure)	No All Programs, No Package C	AA,AD, QS, QX, QY, QZ, P1, P2, P3, P4, P5, QK, W5, W6, W7, X6, TC, 26	Covered All Programs, Covered Package C
93668	Peripheral Arterial Disease (PAD) Rehabilitation, Per Session	No All Programs, No Package C	None	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
97532	Development of Cognitive Skills To Improve Attention, Memory, Problem Solving, (Includes Compensatory Training), Direct (One-on-One) Patient Contact By The Provider, Each 15 Minutes	No All Programs, No Package C	None	Covered All Programs, Covered Package C
97533	Sensory Integrative Techniques To Enhance Sensory Processing and Promote Adaptive Responses To Environmental Demands, Direct (One-on-One) Patient Contact By The Provider, Each 15 Minutes	No All Programs, No Package C	None	Covered All Programs, Covered Package C
97601	Removal of Devitalized Tissue From Wound; Selective Debridement, Without Anesthesia (e.g., High Pressure Waterjet, Sharp Selective Debridement With Scissors, Scalpel and Tweezers), Including Topical Application(s), Wound Assessment, and Instruction(s)	No All Programs, No Package C	None	Covered All Programs, Covered Package C
97602	Removal of Devitalized Tissue From Wound; Non-Selective Debridement, Without Anesthesia (e.g., Wet-To-Moist Dressings, Enzymatic, Abrasion), Including Topical Application(s), Wound Assessment, and Instruction(s) for Ongoing Care, Per Session	No All Programs, No Package C	None	Covered All Programs, Covered Package C
97802	Medical Nutrition Therapy; Initial Assessment and Intervention, Individual, Face-To-Face With The Patient, Each 15 Minutes	No All Programs, No Package C	None	Covered All Programs, Covered Package C
97803	Medical Nutrition Therapy; Re-Assessment and Intervention, Individual, Face-To-Face With The Patient, Each 15 Minutes	No All Programs, No Package C	None	Covered All Programs, Covered Package C
97804	Medical Nutrition Therapy; Group (2 or More Individual(s)), Each 30 Minutes	No All Programs, No Package C	None	Covered All Programs, Covered Package C
99172	Visual Function Screening, Automated or Semi-Automated Bilateral Quantitative Determination of Visual Acuity, Ocular Alignment, Color Vision By Pseudoisochromatic Plates, and Field of Vision (May Include All or Some Screening of The Determination(s))	No All Programs, No Package C	AW, AY, AV, AK, AL, AN, AU	Covered All Programs, Covered Package C
A0425	Ground Mileage, Per Statute Mile	Not Applicable all Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
A0426	Ambulance Service, Advanced Life Support, Non-Emergency Transport, Level 1 (ALS 1)	No All Programs, No Package C	None	Covered All Programs, Not Covered Package C
A0427	Ambulance Service, Advanced Life Support, Emergency Transport, Level 1 (ALS1-Emergency)	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport, (BLS)	No All Programs, No Package C	None	Covered All Programs, Not Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
A0429	Ambulance Service, Basic Life Support, Emergency Transport (BLS-Emergency)	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A0430	Ambulance Service, Conventional Air Services, Transport, One Way (Fixed Wing)	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C
A0431	Ambulance Service, Conventional Air Services, Transport, One Way (Rotary Wing)	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C
A0432	Paramedic Intercept (PI), Rural Area, Transport Furnished By A Volunteer Ambulance Company Which Is Prohibited By State Law From Billing Third Party Payers	Not Applicable All Programs, Not applicable Package C	None	Not Reimbursable All Programs, Not Reimbursable Package C
A0433	Advanced Life Support, Level 2 (ALS 2), Administration of at least three different medications or the provision of one or more of the following ALS procedures: manual defibrillation, endotracheal intubation, central venous line, chest decompression, surgical airway, or intraosseous line.	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A0434	Specialty Care Transport (Sct)	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C
A0435	Fixed Wing Air Mileage, Per Statute Mile	Not Applicable All Programs, Not applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
A0436	Rotary Wing Air Mileage, Per Statute Mile	Not Applicable All Programs, Not applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
A4290	Sacral Nerve Stimulation Test Lead, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4319	Sterile Water Irrigation Solution, 1000 ml	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4324	Male External Catheter, With Adhesive Coating, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4325	Male External Catheter, With Adhesive Strip, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4331	Extension Drainage Tubing, Any Type, Any Length, With Connector/Adaptor, for Use With Urinary Leg Bag or Urostomy Pouch, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4332	Lubricant, Individual Sterile Packet, for Insertion of Urinary Catheter, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4333	Urinary Catheter Anchoring Device, Adhesive Skin Attachment, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4334	Urinary Catheter Anchoring Device, Leg Strap, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4348	Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month)	No All Programs, No Package C	None	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
A4396	Ostomy Belt With Peristomal Hernia Support	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4464	Joint Supportive Device/Garment, Elastic or Equal, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4561	Pessary, Rubber, Any Type	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4562	Pessary, Non Rubber, Any Type	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A4608	Transtracheal Oxygen Catheter, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A6021	Collagen dressing, pad size 16 sq. in. or less, each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A6022	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A6023	Collagen dressing, pad size more than 48 sq. in., each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A6024	Collagen Dressing Wound Filler, Per 6 Inches	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A6231	Gauze, Impregnated, Hydrogel, for Direct Wound Contact, Pad Size 16 sq. in. or less, Each Dressing	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A6232	Gauze, Impregnated, Hydrogel, for Direct Wound Contact, Pad Size Greater Than 16 sq. in., But Less Than or Equal To 48 sq. in., Each Dressing	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A6233	Gauze, Impregnated, Hydrogel for Direct Wound Contact, Pad Size More Than 48 sq. in., Each Dressing	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A7018	Water, Distilled, Used With Large Volume Nebulizer, 1000 ml	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A7019	Saline Solution, Per 10 ml, Metered Dose Dispenser, for Use With Inhalation Drugs	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A7020	Sterile Water or Sterile Saline, 1000 ml, Used With Large Volume Nebulizer	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A7501	Tracheostoma Valve, Including Diaphragm, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A7502	Replacement Diaphragm/Faceplate for Tracheostoma Valve, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A7503	Filter Holder or Filter Cap, Reusable, for Use In A Tracheostoma Heat and Moisture Exchange System, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A7504	Filter for Use In A Tracheostoma Heat and Moisture Exchange System, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
A7505	Housing, Reusable Without Adhesive, for Use In A Heat and Moisture Exchange System and/or With A Tracheostoma Valve, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A7506	Adhesive Disc for Use In A Heat and Moisture Exchange System and/or With Tracheostoma Valve, Any Type Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A7507	Filter Holder and Integrated Filter Without Adhesive, for Use In A Tracheostoma Heat and Moisture Exchange System, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A7508	Housing and Integrated Adhesive, for Use In A Tracheostoma Heat and Moisture Exchange System and/or With A Tracheostoma Valve, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A7509	Filter Holder and Integrated Filter Housing, and Adhesive, for Use as A Tracheostoma Heat and Moisture Exchange System, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A9508	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Iobenguane Sulfate I-131, Per 0.5 MCI	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A9510	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Technetium TC99m Disofenin, Per Vial	No All Programs, No Package C	None	Covered All Programs, Covered Package C
A9700	Supply of Injectionectable Contrast Material for Use In Echocardiography, Per Study	No All Programs, No Package C	None	Covered All Programs, Covered Package C
E0148	Walker, Heavy Duty, Without Wheels, Rigid or Folding, Any Type, Each	No All Programs, No Package C	NU, RR	Covered All Programs, Covered Package C
E0149	Walker, Heavy Duty, Wheeled, Rigid or Folding, Any Type, Each	No All Programs, No Package C	NU, RR	Covered All Programs, Covered Package C
E0168	Commode Chair, Extra Wide and/or Heavy Duty, Stationary or Mobile, With or Without Arms, Any Type, Each	No All Programs, No Package C	NU, RR	Covered All Programs, Covered Package C
E0298	Hospital Bed, Heavy Duty, Extra Wide, With Any Type Side Rails, With Mattress	No All Programs, No Package C	RR	Covered All Programs, Covered Package C
E0571	Aerosol Compressor, Battery Powered, for Use With Small Volume Nebulizer	No All Programs, No Package C	RR	Covered All Programs, Covered Package C
E0572	Aerosol Compressor, Adjustable Pressure, Light Duty for Intermittent Use	No All Programs, No Package C	RR	Covered All Programs, Covered Package C
E0574	Ultrasonic Generator With Small Volume Ultrasonic Nebulizer	No All Programs, No Package C	RR	Covered All Programs, Covered Package C
E0617	External Defibrillator With Integrated Electrocardiogram Analysis	No All Programs, No Package C	None	Not Covered All Programs, Not Covered Package C
E0756	Implantable Neurostimulator Pulse Generator	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C
E0757	Implantable Neurostimulator Radiofrequency Receiver	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
E0758	Radiofrequency Transmitter (External) for Use With Implantable Neurostimulator Radiofrequency Receiver	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C
E0765	FDA Approved Nerve Stimulator, With Replaceable Batteries, for Treatment of Nausea and Vomiting	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C
E0786	Implantable Programmable Infusion Pump, Replacement (Excludes Implantable Intraspinal Catheter)	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C
E0830	Ambulatory Traction Device, All Types, Each	Not applicable all Programs, not applicable Package C	NU, RR	Not Reimbursable All Programs, Not Reimbursable Package C
E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C
G0173	Stereotactic Radiosurgery, Complete Course of Therapy In One Session	No All Programs, No Package C	54, 55, 56, 62, 80, 81, 82, AA, AD, AS, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6, 58	Covered All Programs, Covered Package C
G0174	Intensity Modulated Radiation Therapy Plan, Per Session	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
G0175	Scheduled Interdisciplinary Team Conference (Minimum of Three Exclusive of Patient Care Nursing Staff) With Patient Present	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0176	Activity Therapy, Such as Music, Dance, Art or Play Therapies Not for Recreation, Related To The Care and Treatment of Patient's Disabling Mental Health Problems, Per Session (45 Minutes or More)	Not applicable all programs, not applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0177	Training and Educational Services Related To The Care and Treatment of Patient's Disabling Mental Health Problems Per Session (45 Minutes or More)	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0178	Intensity Modulated Radiation Therapy (IMRT) Delivery To Multiple Areas With Treatment Setup and Verification Images	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
G0179	Intensity Modulated Radiation Therapy (IMRT) Planning, Includes Dose Volume Histograms, Inverse Plan Optimization, Plan Positional Accuracy and Dose Verification	Not applicable All Programs, Not Applicable for Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, W5, W6, W7, X6, QK, QY, QZ	Not Reimbursable All Programs, Not Reimbursable Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
G0180	Physician Certification Services for Medicare-Covered Services Provided By A Participating Home Health Agency (Patient Not Present), Including Review of Initial or Subsequent Reports of Patient Status, Review of Patient's Responses To The Oasis Assessment	Not applicable All Programs, Not Applicable for Package C	Not applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0181	Physician Supervision of A Patient Receiving Medicare-Covered Services Provided By A Participating Home Health Agency (Patient Not Present) Requiring Complex and Multidisciplinary Care Modalities Involving Regular Physician Development and/or Revision of care plans	Not Applicable All Programs, Not Applicable Package C	Not applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0182	Physician Supervision of A Patient Under A Medicare-Approved Hospice (Patient Not Present) Requiring Complex and Multidisciplinary Care Modalities Involving Regular Physician Development and/or Revision of Care Plans, Review of Subsequent reports	Not Applicable All Programs, Not Applicable Package C	Not applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0183	Destruction of Localized Lesion of Choroid (for Example, Choroidal Neovascularization); Ocular Photodynamic Therapy (Includes Intravenous Infusion)	Not Applicable All Programs, Not Applicable Package C	Not applicable	Not Reimbursable All Programs, Not Reimbursable Package C,
G0184	Destruction of Localized Lesion of Choroid (for Example, Choroidal Neovascularization); Photocoagulation, (for Example By Laser) One or More Sessions	No All Programs, No Package C	54, 55, 56, 58, 78, 79, LT, RT	Covered All Programs, Covered Package C
G0185	Destruction of Localized Lesion of Choroid (for Example, Choroidal Neovascularization); Transpupillary Thermotherapy (One or More Sessions)	No All Programs, No Package C	50, 51, 54, 55, 56, 58, 78, 79, AA, AD, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
G0186	Destruction of Localized Lesion of Choroid (for Example, Choroidal Neovascularization); Photocoagulation, Feeder Vessel Technique (One or More Sessions)	No All Programs, No Package C	50, 51, 54, 55, 56, 58, 78, 79, AA, AD,LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
G0187	Destruction of Macular DRusen, Photocoagulation (One or More Sessions)	No All Programs, No Package C	50, 51, 54, 55, 56, 58, 78, 79, AA, AD, LT, P1, P2, P3, P4, P5, QK, QS, QX, QY, QZ, RT, W5, W6, W7, X6	Covered All Programs, Covered Package C
G0188	Full Length Radiography of Lower Extremity, Which Includes Hip, Knee and Ankle	No All Programs, No Package C	26, TC	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
G0190	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Intramuscular and Jet Injections; Each Additional Vaccine (Single or Combination Vaccine/Toxoid)	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0191	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Intramuscular and Jet Injections); Each Additional Vaccine (Single or Combination Vaccine/Toxoid) List Separately In Addition To Code for Primary Procedure	Not Applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0192	Intranasal or Oral Administration; One Vaccine (Single or Combination Vaccine/Toxoid)	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0193	Endoscopic Study of Swallowing Function [Also Fiberoptic Endoscopic Evaluation of Swallowing (FEES)]	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0194	Sensory Testing During Endoscopic Study of Swallowing (Add On Code) Referred To as Fiberoptic Endoscopic Evaluation of Swallowing With Sensory Testing (FEEST)	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0195	Clinical Evaluation of Swallowing Function (Not Involving Interpretation of Dynamic Radiological Studies or Endoscopic Study of Swallowing)	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0196	Evaluation of Swallowing Involving Swallowing of Radio-Opaque Materials	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0197	Evaluation of Patient for Prescription of Speech Generating Devices	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0198	Patient Adaptation and Training for Use of Speech Generating Devices	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0199	Re-Evaluation of Patient Using Speech Generating Devices	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G0200	Evaluation of Patient for Prescription of Voice Prosthetic	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
G0201	Modification or Training In Use of Voice Prosthetic	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G9001	Coordinated Care Fee, Initial Rate	Not applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C,
G9002	Coordinated Care Fee, Maintenance Rate	Not applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G9003	Coordinated Care Fee, Risk Adjusted High, Initial	Not applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G9004	Coordinated Care Fee, Risk Adjusted Low, Initial	Not applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G9005	Coordinated Care Fee, Risk Adjusted Maintenance	Not applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G9006	Coordinated Care Fee, Home Monitoring	Not applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G9007	Coordinated Care Fee, Scheduled Team Conference	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G9008	Coordinated Care Fee, Physician Coordinated Care Oversight Services	Not applicable All Programs, Not Applicable Package C	Not Applicable	Not Reimbursable All Programs, Not Reimbursable Package C
G9016	Smoking Cessation Counseling, Individual, In The Absence of or In Addition To Any Other Evaluation and Management Service, Per Session (6-10 Minutes) Demo Project Code Only	Not applicable All Programs, Not Applicable Package C	None	Not Reimbursable All Programs, Not Reimbursable Package C
J0282	Injection, Amiodarone Hydrochloride, 30 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J1452	Injection, Fomivirsen Sodium, Intraocular, 1.65 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J1563	Injection, Immune Globulin, Intravenous, 1G	No All Programs, No Package C	None	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
J2770	Injection, Quinupristin/Dalfopristin, 500 mg (150/350)	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J2795	Injection, Ropivacaine Hydrochloride, 1 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J2915	Injection, Sodium Ferric Gluconate Complex In Sucrose Injection, 62.5 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J2993	Injection, Reteplase, 18.8 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J2997	Injection, Alteplase Recombinant, 1 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J3485	Injection, Zidovudine, 10 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J7330	Autologous Cultured Chondrocytes, Implant	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J7520	Sirolimus, Oral, 1 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J7525	Tacrolimus, Parenteral, 5 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J8700	Temozolamide, Oral, 5 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J9160	Denileukin Diftitox, 300 mcg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J9180	Epirubicin Hydrochloride, 50 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
J9219	Leuprolide Acetate Implant, 65 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
K0538	Negative Pressure Wound Therapy Electrical Pump, Stationary or Portable	Yes All Programs, Yes Package C	RR	Covered All Programs, Covered Package C
K0539	Dressing Set for Negative Pressure Wound Therapy Electrical Pump, Stationary or Portable, Each	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C
K0540	Canister Set for Negative Pressure Wound Therapy Electrical Pump, Stationary or Portable, Each	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C
K0541	Speech Generating Device, Digitized Speech Using Pre-Recorded Messages, Less Than or Equal To 8 Minutes Recording Time	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C
K0542	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 8 Minutes Recording Time	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C
K0543	Speech Generating Device, Synthesized Speech, Requiring Message Formulation By Spelling and Access By Physical Contact With The Device	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
K0544	Speech Generating Device, Synthesized Speech, Permitting Multiple Methods of Message Formulation and Multiple Methods of Device Access	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C
K0545	Speech Generating Software Program, for Personal Computer or Personal Digital Assistant	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C
K0546	Accessory for Speech Generating Device, Mounting System	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C
K0547	Accessory for Speech Generating Device, Not Otherwise Classified	Yes All Programs, Yes Package C	None	Covered All Programs, Covered Package C
L3760	Elbow Orthosis, With Adjustable Position Locking Joint(s), Prefabricated, Includes Fitting and Adjustments, Any Type	No All Programs, No Package C	None	Covered All Programs, Covered Package C
L3923	Hand Finger Orthosis, Without Joint(s), Prefabricated, Includes Fitting and Adjustments, Any Type	No All Programs, No Package C	None	Covered All Programs, Covered Package C
L8040	Nasal Prosthesis, Provided By A Non-Physician	No All Programs, No Package C	KM, KN	Covered All Programs, Covered Package C
L8041	Midfacial Prosthesis, Provided By A Non-Physician	No All Programs, No Package C	KM, KN	Covered All Programs, Covered Package C
L8042	Orbital Prosthesis, Provided By A Non-Physician	No All Programs, No Package C	KM, KN	Covered All Programs, Covered Package C
L8043	Upper Facial Prosthesis, Provided By A Non-Physician	No All Programs, No Package C	KM, KN	Covered All Programs, Covered Package C
L8044	Hemi-Facial Prosthesis, Provided By A Non-Physician	No All Programs, No Package C	KM, KN	Covered All Programs, Covered Package C
L8045	Auricular Prosthesis, Provided By A Non-Physician	No All Programs, No Package C	KM, KN	Covered All Programs, Covered Package C
L8046	Partial Facial Prosthesis, Provided By A Non-Physician	No All Programs, No Package C	KM, KN	Covered All Programs, Covered Package C
L8047	Nasal Septal Prosthesis, Provided By A Non-Physician	No All Programs, No Package C	KM, KN	Covered All Programs, Covered Package C
L8048	Unspecified Maxillofacial Prosthesis, By Report, Provided By A Non-Physician	No All Programs, No Package C	KM, KN	Covered All Programs, Covered Package C
L8049	Repair or Modification of Maxillofacial Prosthesis, Labor Component, 15 Minute Increments, Provided By A Non-Physician	No All Programs, No Package C	None	Covered All Programs, Covered Package C
L8606	Injectionectable Bulking Agent, Synthetic Implant, Urinary Tract, 1 ml Syringe, Includes Shipping and Necessary Supplies	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9031	Platelets, Leukocytes Reduced, Each Unit	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9032	Platelets, Irradiated, Each Unit	No All Programs, No Package C	None	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
P9033	Platelets, Leukocytes Reduced, Irradiated, Each Unit	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9034	Platelets, Pheresis, Each Unit	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9035	Platelets, Pheresis, Leukocytes Reduced, Each Unit	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9036	Platelets, Pheresis, Irradiated, Each Unit	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9037	Platelets, Pheresis, Leukocytes Reduced, Irradiated, Each Unit	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9038	Red Blood Cells, Irradiated, Each Unit	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9039	Red Blood Cells, Deglycerolized, Each Unit	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9040	Red Blood Cells, Leukocytes Reduced, Irradiated, Each Unit	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9041	Infusion, Albumin (Human), 5%, 50 ml	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9042	Infusion, Albumin (Human), 25%, 10 ml	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9043	Infusion, Plasma Protein Fraction (Human), 5%, 50 ml	No All Programs, No Package C	None	Covered All Programs, Covered Package C
P9044	Plasma, Cryoprecipitate Reduced, Each Unit	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2001	Oral, Cabergoline, 0.5 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2002	Injection, Elliotts B Solution, Per ml	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2003	Injection, aprotinin, 10,000 kiu	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2004	Irrigation Solution for Treatment of Bladder Calculi, For Example, Renacidin, Per 500 ml	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2005	Injection, Corticorelin Ovine Triflutate, Per Dose	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2006	Injection, Digoxin Immune Fab (Ovine), Per Vial	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2007	Injection, Ethanolamine Oleate, 100 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2008	Injection, Fomepizole, 1.5 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2009	Injection, Fosphenytoin, 50 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2010	Injection, Glatiramer Acetate, Per Dose	No All Programs, No Package C	None	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
Q2011	Injection, Hemin, Per 1 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2012	Injection, Pegademase Bovine, 25 IU	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2013	Injection, Pentastarch, 10% Solution, Per 100 ml	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2014	Injection, Sermorelin Acetate, 0.5 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2015	Injection, Somatrem, 5 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2016	Injection, Somatropin, 1 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2017	Injection, Teniposide, 50 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2018	Injection, Urofollitropin, 75 IU	Not applicable All Programs, Not Applicable for Package C	Not Applicable	Not Covered All Programs, Not Covered Package C
Q2019	Injection, Basiliximab, 20 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2020	Injection, Histrelin Acetate, 10 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2021	Injection, Lepirudin, 50 mg	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q2022	Von Willebrand Factor Complex, Human, Per IU	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q3001	Radioelements for Brachytherapy, Any Type, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q3002	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Gallium GA 67, Per MCI	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q3003	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Technetium TC99m Bicisate, Per Unit Dose	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q3004	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Xenon XE 133, Per 10 MCI	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q3005	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Technetium TC-99m Mertiatide, Per MCI	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q3006	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Technetium TC 99m Glucepatate, Per 5 MCI	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q3007	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Sodium Phosphate P32, Per MCI	No All Programs, No Package C	None	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS for 2001

Code	Long Description	Prior Authorization Required?	Modifiers	Program Coverage
Q3008	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Indium 111-In Pentetreotide, Per 3 MCI	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q3009	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Technetium TC99m Oxidronate, Per MCI	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q3010	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Technetium TC99m - Labeled Red Blood Cells, Per MCI	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q3011	Supply of Radiopharmaceutical Diagnostic Imaging Agent, Chromic Phosphate P32 Suspension, Per MCI	No All Programs, No Package C	None	Covered All Programs, Covered Package C
Q3012	Supply of Oral Radiopharmaceutical Diagnostic Imaging Agent, Cyanocobalamin Cobalt Co57, Per 0.5 MCI	No All Programs, No Package C	None	Covered All Programs, Covered Package C
S8400	Incontinence Pants, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
S8402	Diapers, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
S8405	Incontinence Liners, Each	No All Programs, No Package C	None	Covered All Programs, Covered Package C
V2790	Amniotic Membrane for Surgical Reconstruction, Per Procedure	No All Programs, No Package C	None	Covered All Programs, Covered Package C

Description of New Codes

C codes

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

H codes

H codes are temporary codes that were established based on requests from state and federal agencies other than Medicare or Medicaid. The IHCP does not reimburse codes H0001 to H0030.

S codes

S codes are developed by commercial payors to report drugs, services, and supplies. These codes are not to be used by IHCP except to replace a local code in an effort to comply with HIPAA regulations.

Q codes

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

2001 Deleted Codes and Modifiers

Providers have 45 days from the date of this bulletin to use deleted codes and modifiers. After May 15, 2001, the replacement codes must be used. Claims submitted with dates of service on or after May 15, 2001, with deleted codes and modifiers will be denied.

Note: The IHCP will continue to accept HCPCS codes A0380 (BLS mileage per mile) and A0390 (ALS mileage per mile) for ambulance mileage, even though they have been deleted from the HCPCS at this time. Procedure code A0425 will not be used.

Table 1.2 – Deleted codes and Modifiers for 2001

Code	Short Description	Replacement Code
00900	Anesth, Perineal Procedure	Medicare Anesthesia codes not used by IHCP
01784	Anesth, AV Fistula Repair	Medicare anesthesia codes not used by IHCP
52335	Endoscopy Of Urinary Tract	CPT 52351
52336	Cystoscopy, Stone Removal	CPT 52352
52337	Cystoscopy, Stone Removal	CPT 52353
52338	Cystoscopy and Treatment	CPT 52354
52339	Cystoscopy and Treatment	CPT 52355
52340	Cystoscopy and Treatment	CPT 52400
70541	Magnetic Image, Head (MRA)	CPT 70544-70546 or 70547-70549
71036	X-Ray Guidance For Biopsy	CPT 76003
76365	Cat Scan For Cyst Aspiration	CPT 76360 and see appropriate organ site
76934	Echo Guide For Chest Tap	32000 and 76942
76938	Echo Exam For Drainage	CPT 76942 and see appropriate organ site

(Continued)

Table 1.2 – Deleted codes and Modifiers for 2001

Code	Short Description	Replacement Code
76960	Echo Guidance Radiotherapy	CPT 76950
82251	Assay Of Bilirubin	CPT 82247 and 82248
87060	Nose/Throat Culture, Bacterial	CPT 87070 or 87081
87072	Culture Of Specimen By Kit	CPT 87076 or 87077
87082	Culture Of Specimen By Kit	CPT 87081
87083	Culture Of Specimen By Kit	CPT 87081
87085	Culture Of Specimen By Kit	CPT 87086
87087	Urine Bacteria Culture	CPT 87088
87117	Mycobacteria Culture	CPT 87015 for concentration
87145	Culture Typing, Phage Method	No Replacement Code, test not available for use.
87151	Culture Typing, Serologic	CPT 87147
87155	Culture Typing, Precipitin	CPT 87147
87163	Special Microbiology Culture	CPT 87076 OR 87077
87174	Endotoxin, Bacterial	No Replacement Code, test not available for use.
87175	Assay, Endotoxin, Bacterial	No Replacement Code, test not available for use.
87192	Antibiotic Sensitivity	CPT 87181, 87184, 87186, 87187 or 87188. For fungal susceptibility.
87208	Smear, Stain & Interpretation	CPT 87205 or 87117
87211	Smear, Stain & Interpretation	CPT 87177.
97770	Cognitive Skills Development	CPT 97532 & 97533
99378	Hospice Care Supervision	Non-Covered Code per IHCP
A0030	Air Ambulance Service	HCPCS A0430
A0040	Helicopter Ambulance Service	HCPCS A0431
A0050	Water Amb Service Emergency	HCPCS A0429
A0300	Ambulance Basic Non-Emergency	HCPCS A0428
A0302	Ambulance Basic Emergency	HCPCS A0429
A0304	Ambulance Advanced Non-Emergency	HCPCS A0428
A0306	Ambulance Advanced Non-Emergency Service	HCPCS A0426
A0308	Ambulance Advanced Emergency No Service	HCPCS A0429
A0310	Ambulance Advanced Emergency Service	HCPCS A0427
A0320	Ambulance Basic Non-Emergency + Supplies	HCPCS A0428
A0322	Ambulance Basic Emergency + Supplies	HCPCS A0429
A0324	Advanced Non-Emergency Service + Mileage	HCPCS A0428

(Continued)

Table 1.2 – Deleted codes and Modifiers for 2001

Code	Short Description	Replacement Code
A0326	Advanced Non-Emergency No Service + Mileage	HCPCS A0426
A0328	Advanced Emergency No Serv Sep Mileage	HCPCS A0429
A0330	Advanced Emergency Spec Serv Sep Mileage	HCPCS A0427
A0340	Amb Basic Non-Emergency + Mileage	HCPCS A0428
A0342	Ambul Basic Emergency + Mileage	HCPCS A0429
A0344	Ambulance Non-Emergency, No Specialized ALS services	HCPCS A0428
A0346	Ambulance Non-Emergency Service + Mileage	HCPCS A0426
A0348	Advanced Emergency No Specialized Services + Mileage	HCPCS A0429
A0350	Advanced Emergency Specialized Services + Mileage	HCPCS A0427
A0360	Basic Non-Emergency + Mileage	HCPCS A0428
A0362	Basic Emergency Sep Mile & Sup	HCPCS A0429
A0364	Advanced Non-Emergency No specialized Services + Mileage	HCPCS A0428
A0366	Advanced Non-Emergency Specialized Services + Mileage	HCPCS A0426
A0370	Advanced Emergency Specialized Services + Mileage	HCPCS A0427
A4560	Pessary	HCPCS A4561 and A4562
A5065	Drain Ostomy Pouch On FCP	HCPCS A5064
A5149	Incontinence/Ostomy Supply	Non-Covered Code per IHCP
C1005	Sensar Post Chamber Iol	No replacement code, test not available for use.
C1531	Bard Colorectal Stent--60	Reimbursement should be included in ASC rate for procedure. C-codes have not been reimbursed by IHCP.
C8515	Mentor Alpha I Penile Prothesis	Penile implants are not covered per 405 IAC 5-29-1(20). C-codes have not been reimbursed by IHCP.
C8517	Ambicor Penile Prosthesis	Penile implants are not covered per 405 IAC 5-29-1(20). C-codes have not been reimbursed by IHCP.
E0751	Pulse Generator Or Receiver	HCPCS E0756
E1375	Oxygen Supply Nebulizer Portable	There are several codes that can be used as alternative to E1375. (E0570, E0575, E0585, E0571*, E0572*, and E0574*). Asterisked codes (*) are 2001 HCPCS codes.
E1377	Oxygen Concentrator To 24	Non-Covered Code per IHCP
E1378	Oxygen Concentrator To 48	Non-Covered Code per IHCP
E1379	Oxygen Concentrator To 73	Non-Covered Code per IHCP
E1380	Oxygen Concentrator To 97	Non-Covered Code per IHCP

(Continued)

Table 1.2 – Deleted codes and Modifiers for 2001

Code	Short Description	Replacement Code
E1381	Oxygen Concentrator To 1220	Non-Covered Code per IHCP
E1382	Oxygen Concentrator To 1464	Non-Covered Code per IHCP
E1383	Oxygen Concentrator To 1708	Non-Covered Code per IHCP
E1384	Oxygen Concentrator To 1952	Non-Covered Code per IHCP
E1385	Oxygen Concentrator > 195	Non-Covered Code per IHCP
G0159	Percutaneous Thrombectomy Dialysis Graft	CPT 36870
G0160	Cryo. Ablation, prostate	CPT 55873
G0161	Echo Guide For Cryo Probe	Included in CPT 55873, no separate reimbursement
G0169	Removal Tissue; No Anesthesia	CPT 97601 and 97602
G0170	Skin Biograft	CPT 15342
G0171	Skin Biograft add-on	CPT 15343
G0172	Training & Educational, Per Day	Not Covered Per IAC 5-29-1(7)
J1562	Immune Globulin 5 Grams	HCPCS code J1563 with different dosage
J2994	Retepase Double Bolus	HCPCS code J2993 with different dosage
J2996	Alteplase Recombinant Injection	HCPCS code J2997 with different dosage
J7610	Acetylcysteine 10% Injection	Not Reimbursed By IHCP
J7615	Acetylcysteine 20% Injection	Not Reimbursed By IHCP
J7620	Albuterol Sulfate .083%/M	Not Reimbursed By IHCP
J7625	Albuterol Sulfate .5% Injection	Not Reimbursed By IHCP
J7627	Bitolterolmesylate Inhaler	Not Reimbursed By IHCP
J7630	Cromolyn Sodium Injection	Not Reimbursed By IHCP
J7640	Epinephrine Injection	Not Reimbursed By IHCP
J7645	Ipratropium Bromide .02%	Not Reimbursed By IHCP
J7650	Isoetharine Hcl .1% Injection	Not Reimbursed By IHCP
J7651	Isoetharine Hcl .125% Injection	Not Reimbursed By IHCP
J7652	Isoetharine Hcl .167% Injection	Not Reimbursed By IHCP
J7653	Isoetharine Hcl .2%/ Injection	Not Reimbursed By IHCP
J7654	Isoetharine Hcl .25% Injection	Not Reimbursed By IHCP
J7655	Isoetharine Hcl 1% Injection	Not Reimbursed By IHCP
J7660	Isoproterenol Hcl .5% Injection	Not Reimbursed By IHCP
J7665	Isoproterenol Hcl 1% Injection	Not Reimbursed By IHCP
J7670	Metaproterenol Sulfate .4	Not Reimbursed By IHCP
J7672	Metaproterenol Sulfate .6	Not Reimbursed By IHCP
J7675	Metaproterenol Sulfate 5%	Not Reimbursed By IHCP
K0182	Water Distilled W/ Nebulizer	HCPCS code A7018
K0269	Aerosol Compressor adjustable pressure	HCPCS code E0572

(Continued)

Table 1.2 – Deleted codes and Modifiers for 2001

Code	Short Description	Replacement Code
K0270	Ultrasonic Generator W Nebulizer	HCPCS code E0574
K0280	Extension Drainage Tubing	HCPCS code A4331
K0281	Lubricant Catheter Insertion	HCPCS code A4332
K0283	Saline Solution Dispenser	HCPCS code A7019
K0407	Urinary Catheter Skin Attachment	HCPCS A4333
K0408	Urinary Catheter Leg Strap	HCPCS A4334
K0409	Sterile H2o Irrigation Solution	HCPCS A4319
K0410	Male External Cathether W/Adhesive Coating	HCPCS A4324
K0411	Male External Cathether W/Adhesive Strip	HCPCS A4325
K0440	Nasal Prosthesis	HCPCS code L8040
K0441	Midfacial Prosthesis	HCPCS code L8041
K0442	Orbital Prosthesis	HCPCS code L8042
K0443	Upper Facial Prosthesis	HCPCS code L8043
K0444	Hemi-Facial Prosthesis	HCPCS code L8044
K0445	Auricular Prosthesis	HCPCS code L8045
K0446	Partial Facial Prosthesis	HCPCS code L8046
K0447	Nasal Septal Prosthesis	HCPCS code L8047
K0448	Unspecified Maxillofacial Prosthesis	HCPCS code L8048
K0449	Repair Maxillofacial Prosthesis	HCPCS code L8049
K0450	Liquid Adhesive For Facial Prosthesis	HCPCS code A4364
K0451	Adhesive Remover Wipes	HCPCS code A4365
K0456	Heavy Duty/Extra Wide Hospital	HCPCS code E0298
K0457	Heavy Duty/Wide Commode Ch	HCPCS code E0168
K0458	Heavy Duty Walker No Wheel	HCPCS code E0148
K0459	Heavy Duty Wheeled Walker	HCPCS code E0149
K0501	Aerosol Compressor battery powered	HCPCS code E0571
K0529	Sterile H2O Or Sterile saline	HCPCS code A7020
K0535	Hydrogel Primary Dressing	HCPCS code A6231
K0536	Hydrogel Primary Dressing	HCPCS code A6232
K0537	Hydrogel Primary Dressing	HCPCS code A6233
P9013	Unit/S Blood Fibrinogen	CPT 86985
P9018	Plasma Protein Fract, Unit	Infusion P9043, Preparation CPT 86985
Q0034	Admin Of Influenza Vaccine	CPT 90657, 90658, 90659, 90660
Q0082	Activity Therapy W/Partial	Non-Covered Code per IHCP

(Continued)

Table 1.2 – Deleted codes and Modifiers for 2001

Code	Short Description	Replacement Code
Q0156	Human Albumin 5%	HCPCS P9041 and P9042 with different dose
Q0157	Human Albumin 25%	HCPCS P9041 and P9042 with different dose
Q0186	Paramedic Intercept, Rural	HCPCS A0432; Not reimbursed by IHCP
Q0188	Echocardiography Contrast	HCPCS A9700
S0010	Injection, Somatrem, 5 Mg	HCPCS Q2015
S0011	Injection, Somatropin, 5	HCPCS Q2016 with different dose
S0097	Injection, Ibutilide Fumarate	HCPCS J1742
S0098	Injection, Sodium Ferric	HCPCS J2915
S2050	Donor Enterectomy, With P	CPT 44132
S2109	Autologous Chondrocyte Tr	HCPCS J7330
S2190	Subcutaneous Implantation	CPT 11980
S2204	Transmyocardial Laser Revision	CPT 33141 or 33140
S8048	Isolated Limb Perfusion	Not Reimbursed By IHCP
S8300	Sacral Nerve Stimulation	A4290
S9033	Gait Analysis	Not Reimbursed By IHCP
S8060	Supply Of Contrast Material	HCPCS A9700