



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

BT200207

FEBRUARY 15, 2002

To: All Providers

Subject: New 2002 Health Care Procedure Coding System Codes

Overview

The purpose of this bulletin is to introduce the new 2002 Health Care Procedure Coding System (HCPCS) codes that have been added to the IndianaAIM claims processing system. The new 2002 HCPCS codes are identified in Table 1.1 by code, description, prior authorization (PA) requirements, allowed modifiers, and coverage status. The codes that were deleted, according to the 2002 HCPCS codes update, are identified in Table 1.2 with the replacement codes that should be used, when appropriate. **Table 1.3 and Table 1.4 contain transportation and local codes that are being replaced with national HCPCS codes. Please note that these replacement codes include codes used for care coordination and Federally Qualified Health Centers (FQHC).** 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 2002 Codes

Please note that the following codes are effective for dates of service on or after April 1, 2002. 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 April 1, 2002, will be denied.

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
0001T	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; modular bifurcated prosthesis (two docking limbs)	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0002T	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; aorto-uni-iliac or aorto-unifemoral prosthesis	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0003T	Cervicography	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
0005T	Transcatheter placement of extracranial cerebrovascular artery stent(s), percutaneous; initial vessel	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0006T	Transcatheter placement of extracranial cerebrovascular artery stent(s), percutaneous; each additional vessel (list separately in addition to code for primary procedure)	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0007T	Transcatheter placement of extracranial cerebrovascular artery stent(s), percutaneous, radiological supervision and interpretation, each vessel	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0008T	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate, with suturing of the esophagogastric junction	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0009T	Endometrial cryoablation with ultrasonic guidance	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0010T	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
0012T	Arthroscopy, knee, surgical, implantation of osteochondral graft(s) for treatment of articular surface defect; autografts	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0013T	Arthroscopy, knee, surgical, implantation of osteochondral graft(s) for treatment of articular surface defect; allografts	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0014T	Meniscal transplantation, medial or lateral, knee (any method)	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0016T	Destruction of localized lesion of choroid (eg, choroidal neovascularization), transpupillary thermotherapy	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C

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Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
0017T	Destruction of macular drusen, photocoagulation	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0018T	Delivery of high power, focal magnetic pulses for direct stimulation to cortical neurons	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
0019T	Extracorporeal shock wave therapy; involving musculoskeletal system	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
0020T	Extracorporeal shock wave therapy; involving plantar fascia	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
0021T	Insertion of transcervical or transvaginal fetal oximetry sensor	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
0023T	Infectious agent drug susceptibility phenotype prediction using genotypic comparison to known genotypic/phenotypic database, HIV 1	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
0024T	Non-surgical septal reduction therapy (eg, alcohol ablation), for hypertrophic obstructive cardiomyopathy, with coronary arteriograms, with or without temporary pacemaker	No All Programs, No Package C	AA, AD, AS, QS, QX, QY, QZ, P1, P2, P3, P4, P5, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
0025T	Determination of corneal thickness (eg, pachymetry) with interpretation and report, bilateral	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
0026T	Lipoprotein, direct measurement, intermediate density lipoproteins (IDL) (remnant lipoproteins)	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non- reimbursable Package C
00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non- reimbursable Package C
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transsection	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non- reimbursable Package C
00869	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; vasectomy, unilateral/bilateral	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non- reimbursable Package C
01905	Anesthesia for myelography, diskography, vertebroplasty	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non- reimbursable Package C
01924	Anesthesia for therapeutic interventional radiologic procedures involving the arterial system; not otherwise specified	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non- reimbursable Package C

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Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
01925	Anesthesia for therapeutic interventional radiologic procedures involving the arterial system; carotid or coronary	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01926	Anesthesia for therapeutic interventional radiologic procedures involving the arterial system; intracranial, intracardiac, or aortic	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01930	Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01931	Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transcutaneous porto-caval shunt (tips))	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01932	Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01933	Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01960	Anesthesia for; vaginal delivery only	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01961	Anesthesia for; cesarean delivery only	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01962	Anesthesia for; urgent hysterectomy following delivery	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01963	Anesthesia for; cesarean hysterectomy without any labor analgesia/anesthesia care	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01964	Anesthesia for; abortion procedures	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C

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Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01968	Cesarean delivery following neuraxial labor analgesia/anesthesia (list separately in addition to code for primary procedure)	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
01969	Cesarean hysterectomy following neuraxial labor analgesia/ anesthesia (list separately in addition to code for primary procedure)	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
10021	Fine needle aspiration; without imaging guidance	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, TC, W5, W6, W7, X6, 26, 80, 81, 82	Covered All Programs, Covered Package C
10022	Fine needle aspiration; with imaging guidance	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, TC, W5, W6, W7, X6, 26, 80, 81, 82	Covered All Programs, Covered Package C
11981	Insertion, non-biodegradable drug delivery implant (See Local Code replacement, Table 1.4)	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
11982	Removal, non-biodegradable drug delivery implant (See Local Code replacement, Table 1.4)	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
11983	Removal with reinsertion, non-biodegradable drug delivery implant (See Local Code replacement, Table 1.4)	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51	Covered All Programs, Covered Package C
20551	Injection; tendon origin/insertion	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51	Covered All Programs, Covered Package C
20552	Injection; single or multiple trigger point(s), one or two muscle group(s)	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51	Covered All Programs, Covered Package C
20553	Injection; single or multiple trigger point(s), three or more muscle groups	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51	Covered All Programs, Covered Package C

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Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
24300	Manipulation, elbow, under anesthesia	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79,	Covered All Programs, Covered Package C
24332	Tenolysis, triceps	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 50, 80, 80, 82, AS51 54, 55, 56, 57, 58, 76, 77, 78, 79,	Covered All Programs, Covered Package C
24343	Repair lateral collateral ligament, elbow, with local tissue	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
24345	Repair medial collateral ligament, elbow, with local tissue	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	No All Programs, No Package C	AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
25024	Decompression fasciotomy, forearm and/or wrist, flexor and extensor compartment; without debridement of nonviable muscle and/or nerve	No All Programs, No Package C	AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
25025	Decompression fasciotomy, forearm and/or wrist, flexor and extensor compartment; with debridement of nonviable muscle and/or nerve	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C

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Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
25259	Manipulation, wrist, under anesthesia	No All Programs, No Package C	AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
25394	Osteoplasty, carpal bone, shortening	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
25430	Insertion of vascular pedicle into carpal bone (eg, Harii procedure)	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
25651	Percutaneous skeletal fixation of ulnar styloid fracture	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
25652	Open treatment of ulnar styloid fracture	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79	Covered All Programs, Covered Package C
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
26340	Manipulation, finger joint, under anesthesia, each joint	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
29086	Application, cast; finger (eg, contracture)	No All Programs, No Package C	AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51,	Covered All Programs, Covered Package C

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Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	No All Programs, No Package C	AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79	Covered All Programs, Covered Package C
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	No All Programs, No Package C	AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79	Covered All Programs, Covered Package C
29807	Arthroscopy, shoulder, surgical; repair of slap lesion	No All Programs, No Package C	AA, AD, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79	Covered All Programs, Covered Package C
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (mumford procedure)	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, stenar lesion)	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
29999	Unlisted procedure, arthroscopy	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 62, 80, 81, 82	Covered All Programs, Covered Package C
33967	Insertion of intra-aortic balloon assist device, percutaneous	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C

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Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
35647	Bypass graft, with other than vein; aortofemoral	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (list separately in addition to code for primary procedure)	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 80, 81, 82	Covered All Programs, Covered Package C
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (list separately in addition to code for primary procedure)	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 80, 81, 82	Covered All Programs, Covered Package C
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 50, 51	Covered All Programs, Covered Package C
36820	Arteriovenous anastomosis, open; by forearm vein transposition	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
38220	Bone marrow aspiration	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
38221	Bone marrow biopsy, needle or trocar	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
43313	Esophagoplasty for congenital defect, (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
43314	Esophagoplasty for congenital defect, (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (list separately in addition to code for primary procedure)	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 62, 80, 81, 82	Covered All Programs, Covered Package C
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (list separately in addition to code for primary procedure)	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 62, 80, 81, 82	Covered All Programs, Covered Package C
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
45136	Excision of ileoanal reservoir with ileostomy	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
46020	Placement of seton	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
47370	Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
47371	Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
47380	Ablation, open, of one or more liver tumor(s); radiofrequency	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
47381	Ablation, open, of one or more liver tumor(s); cryosurgical	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
47382	Ablation, one or more liver tumor(s), percutaneous, radio frequency	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
49491	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks post-conceptual age, with or without hydrocelectomy; reducible	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
49492	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks post-conceptual age, with or without hydrocelectomy; incarcerated or strangulated	No All Programs, No Package C	AA, AD, AS, LT, P1, P2, P3, P4, P5, QS, QX, QY, QZ, RT, W5, W6, W7, X6, 50, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
52001	Cystourethroscopy with irrigation and evacuation of clots	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51	Covered All Programs, Covered Package C
52347	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 80, 81, 82	Covered All Programs, Covered Package C
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, tenago, leadbetter procedure)	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
53444	Insertion of tandem cuff (dual cuff)	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
53853	Transurethral destruction of prostate tissue; by water-induced thermotherapy	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
54162	Lysis or excision of penile post-circumcision adhesions	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
54163	Repair incomplete circumcision	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
54164	Frenulotomy of penis	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
57155	Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
58346	Insertion of heyman capsules for clinical brachytherapy	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	No All Programs, No Package C	AA, AD, AS, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 62, 76, 77, 78, 79, 80, 81, 82	Covered All Programs, Covered Package C
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51	Covered All Programs, Covered Package C
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
64821	Sympathectomy; radial artery	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
64822	Sympathectomy; ulnar artery	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
64823	Sympathectomy; superficial palmar arch	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6, 51, 54, 55, 56, 57, 58, 76, 77, 78, 79	Covered All Programs, Covered Package C
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (list separately in addition to code for primary eye treatment)	No All Programs, No Package C	AA, AD, P1, P2, P3, P4, P5, QS, QX, QY, QZ, W5, W6, W7, X6	Covered All Programs, Covered Package C
76085	Digitization of film radiographic images with computer analysis for lesion detection and further physician review for interpretation, screening mammography (list separately in addition to code for primary procedure)	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
76362	Computerized axial tomographic guidance for, and monitoring of, tissue ablation	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
76394	Magnetic resonance guidance for, and monitoring of, tissue ablation	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
76490	Ultrasound guidance for, and monitoring of, tissue ablation	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams (eg, binary, dynamic MLC), per treatment session	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	No All Programs, No Package C	QW	Covered All Programs, Covered Package C
83950	Oncoprotein, her-2/neu	No All Programs, No Package C		Covered All Programs, Covered Package C
86141	C-reactive protein; high sensitivity (HSCRIP)	No All Programs, No Package C		Covered All Programs, Covered Package C
86336	Inhibin A	No All Programs, No Package C		Covered All Programs, Covered Package C
87198	Cytomegalovirus, direct fluorescent antibody (DFA)	No All Programs, No Package C		Covered All Programs, Covered Package C
87199	Enterovirus, direct fluorescent antibody (DFA)	No All Programs, No Package C		Covered All Programs, Covered Package C
87802	Infectious agent antigen detection by immunoassay with direct optical observation; streptococcus, group B	No All Programs, No Package C		Covered All Programs, Covered Package C
87803	Infectious agent antigen detection by immunoassay with direct optical observation; clostridium difficile toxin A	No All Programs, No Package C		Covered All Programs, Covered Package C
87804	Infectious agent antigen detection by immunoassay with direct optical observation; influenza	No All Programs, No Package C		Covered All Programs, Covered Package C
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); hepatitis C virus	No All Programs, No Package C		Covered All Programs, Covered Package C
88380	Microdissection (eg, mechanical, laser capture)	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non- reimbursable Package C
90474	Immunization administration by intranasal or oral route; 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		Non-reimbursable all programs, Non- reimbursable Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
90939	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; transcutaneous measurement and disconnection	No All Programs, No Package C		Covered All Programs, Covered Package C
91123	Pulsed irrigation of fecal impaction	No All Programs, No Package C		Covered All Programs, Covered Package C
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
92973	Percutaneous transluminal coronary thrombectomy (list separately in addition to code for primary procedure)	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (list separately in addition to code for primary procedure)	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
93613	Intracardiac electrophysiologic 3-dimensional mapping (list separately in addition to code for primary procedure)	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
93701	Bioimpedance, thoracic, electrical	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
95250	Glucose monitoring for up to 72 hours by continuous recording and storage of glucose values from interstitial tissue fluid via a subcutaneous sensor (includes hook-up, calibration, patient initiation and training, recording, disconnection, downloading)	Yes All Programs, Yes Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
95965	Magnetoencephalography (meg), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
95966	Magnetoencephalography (meg), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
95967	Magnetoencephalography (meg), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (list separately in addition to code for primary procedure)	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
96000	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics;	Yes All Programs, Yes Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
96001	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics; with dynamic plantar pressure measurements during walking	Yes All Programs, Yes Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	Yes All Programs, Yes Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	Yes All Programs, Yes Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
96004	Physician review and interpretation of comprehensive computer based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with w	Yes All Programs, Yes Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment (Follow CPT Guidelines)	No All Programs, No Package C	AH, AJ, AK, AL, AN, AS, AU, AV, YK, 80, 81, 82	Covered All Programs, Covered Package C
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment (Follow CPT Guidelines)	No All Programs, No Package C	AH, AJ, AK, AL, AN, AS, AU, AV, YK, 80, 81, 82	Covered All Programs, Covered Package C
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual (Follow CPT Guidelines)	No All Programs, No Package C	AH, AJ, AK, AL, AN, AS, AU, AV, YK, 80, 81, 82	Covered All Programs, Covered Package C
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients) (Follow CPT Guidelines)	No All Programs, No Package C	AH, AJ, AK, AL, AN, AS, AU, AV, YK, 80, 81, 82	Covered All Programs, Covered Package C
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present) (Follow CPT Guidelines)	No All Programs, No Package C	AH, AJ, AK, AL, AN, AS, AU, AV, YK, 80, 81, 82	Covered All Programs, Covered Package C
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present) (Follow CPT Guidelines)	No All Programs, No Package C	AH, AJ, AK, AL, AN, AS, AU, AV, YK, 80, 81, 82	Covered All Programs, Covered Package C
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session	No All Programs, No Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
97005	Athletic training evaluation	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
97006	Athletic training re-evaluation	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/ or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of	No All Programs, No Package C		Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
99289	Physician constant attention of the critically ill or injured patient during an interfacility transport; first 30-74 minutes	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
99290	Physician constant attention of the critically ill or injured patient during an interfacility transport; each additional 30 minutes (list separately in addition to code for primary service)	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99501	Home visit for postnatal assessment and follow-up care	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99502	Home visit for newborn care and assessment (See Local Code replacement, Table 1.4)	No All Programs, No Package C	AH, AJ, AK, AL, AN, AU, AV, YK	Covered All Programs, Covered Package C
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99504	Home visit for patients receiving mechanical ventilation	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99506	Home visit for intramuscular injections	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99508	Home visit for polysomnography and sleep studies	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99509	Home visit for assistance with activities of daily living and personal care	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
99510	Home visit for individual, family, or marriage counseling	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99511	Home visit for fecal impaction management and enema administration	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99512	Home visit for hemodialysis, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99539	Unlisted home visit service or procedure	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99551	Home infusion for pain management (intravenous or subcutaneous), per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99552	Home infusion for pain management (epidural or intrathecal), per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99553	Home infusion for tocolytic therapy, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99554	Home infusion for hematopoietic hormones (eg, erythropoietin, G-CSF, CM-CSF) or platelets, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99555	Home infusion for chemotherapy, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99556	Home infusion for antibiotics/antifungals/antivirals, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99557	Home infusion of continuous anticoagulant therapy (eg, heparin), per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99558	Home infusion of immunotherapy, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
99559	Home infusion of peritoneal dialysis, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99560	Home infusion of enteral nutrition, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99561	Home infusion of hydration therapy, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99562	Home infusion of total parenteral nutrition, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99563	Home administration of aerosolized pentamidine, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99564	Home infusion for anti-hemophilic agents (eg, factor viii), per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99565	Home infusion of alpha-1-proteinase inhibitor (eg, prolastin), per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99566	Home infusion for uninterrupted, long-term intravenous treatment (eg, epoprostenol), per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99567	Home infusion of sympathomimetic agents (eg, dobutamine), per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99568	Home infusion of miscellaneous drugs, per diem	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
99569	Home infusion, each additional therapy given on same day (list separately in addition to code for primary visit)	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	No All Programs, No Package C		Covered All Programs, Covered Package C
A4360	Adult incontinence garment (e.g. brief, diaper), each	No All Programs, No Package C		Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A4651	Calibrated microcapillary tube, each	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4652	Microcapillary tube sealant	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4656	Needle, any size, for dialysis, each	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4657	Syringe, with or without needle, for dialysis, each	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4708	Acetate concentrate solution, for hemodialysis, per gallon	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4709	Acid concentrate, solution, for hemodialysis, per gallon	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4719	Y set tubing for peritoneal dialysis	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc, but less than or equal to 1999cc, for peritoneal dialysis	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc, but less than or equal to 2999cc, for peritoneal dialysis	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc, but less than or equal to 3999cc, for peritoneal dialysis	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc, but less than or equal to 4999cc, for peritoneal dialysis	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc, but less than or equal to 5999cc, for peritoneal dialysis	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4736	Topical anesthetic, for dialysis, per gram	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4737	Injectable anesthetic, for dialysis, per 10 ml	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4801	Heparin, any type, for hemodialysis, per 1000 units	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4802	Protamine sulfate, for hemodialysis, per 50 mg	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4911	Drain bag/bottle, for dialysis, each	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4928	Surgical mask, for dialysis, per 20	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
A4929	Tourniquet for dialysis, each	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
A5509	For diabetics only, direct formed, molded to foot with external heat source (i.e. heat gun) multiple density insert (s), prefabricated, per shoe	No All Programs, No Package C	NU	Covered All Programs, Covered Package C
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	No All Programs, No Package C		Covered All Programs, Covered Package C
A5511	For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe	No All Programs, No Package C		Covered All Programs, Covered Package C
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	No All Programs, No Package C		Covered All Programs, Covered Package C
A6010	Collagen based wound filler, dry form, per gram of collagen	No All Programs, No Package C		Covered All Programs, Covered Package C
A9511	Supply of radiopharmaceutical diagnostic imaging agent, technetium TC 99m, depreotide, per MCI	No All Programs, No Package C		Covered All Programs, Covered Package C
B4086	Gastrostomy / jejunostomy tube, any material, any type, (standard or low profile), each	No All Programs, No Package C		Covered All Programs, Covered Package C
E0169	Commode chair with seat lift mechanism	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C
E0221	Infrared heating pad system	No All Programs, No Package C	NU, RR	Covered All Programs, Covered Package C
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	No All Programs, No Package C	NU, RR	Covered All Programs, Covered Package C
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	No All Programs, No Package C	NU, RR	Covered All Programs, Covered Package C
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C
E0481	Intrapulmonary percussive ventilation system and related accessories	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C
E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C
E0603	Breast pump, electric (AC and/or DC), any type	Yes All Programs, Yes Package C	RR	Covered All Programs, Covered Package C
E0604	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and / or DC)	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non- reimbursable Package C
E0620	Skin piercing device for collection of capillary blood, laser, each	No All Programs, No Package C		Covered All Programs, Covered Package C
E0752	Implantable neurostimulator electrode, each	No All Programs, No Package C		Covered All Programs, Covered Package C
E0754	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E0759	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C
E1500	Centrifuge, for dialysis	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
E1637	Hemostats, for dialysis, each	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
E1638	Heating pad, for peritoneal dialysis, any size, each	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
E1639	Scale, for dialysis, each	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
E1801	Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs	Yes All Programs, Yes Package C	RR	Covered All Programs, Covered Package C
E1806	Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs	Yes All Programs, Yes Package C	RR	Covered All Programs, Covered Package C
E1811	Bi-directional static progressive stretch knee device with range of motion adjustment, includes cuffs	Yes All Programs, Yes Package C	RR	Covered All Programs, Covered Package C
E1816	Bi-directional static progressive stretch ankle device with range of motion adjustment, includes cuffs	Yes All Programs, Yes Package C	RR	Covered All Programs, Covered Package C
E1818	Bi-directional static progressive stretch forearm pronation / supination device with range of motion adjustment, includes cuffs	Yes All Programs, Yes Package C	RR	Covered All Programs, Covered Package C
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Yes All Programs, Yes Package C	RR	Covered All Programs, Covered Package C
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	Yes All Programs, Yes Package C	RR	Covered All Programs, Covered Package C
E1902	Communication board, non-electronic augmentative or alternative communication device	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C
E2000	Gastric suction pump, home model, portable or stationary, electric	No All Programs, No Package C	NU, RR	Covered All Programs, Covered Package C
E2100	Blood glucose monitor with integrated voice synthesizer	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C
E2101	Blood glucose monitor with integrated lancing/blood sample	Yes All Programs, Yes Package C	NU, RR	Covered All Programs, Covered Package C
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
G0202	Screening mammography, producing direct digital image, bilateral, all views	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0210	PET imaging whole body; full- and partial-ring PET scanners only, diagnosis; lung cancer, non-small cell	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0211	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; lung cancer; non-small cell	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0212	PET imaging whole body; full- and partial-ring PET scanners only, restaging; lung cancer; non-small cell	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0213	PET imaging whole body; full- and partial ring PET scanners only, diagnosis; colorectal cancer	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0214	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; colorectal cancer	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0215	PET imaging whole body; full- and partial-ring PET scanners only, restaging; colorectal cancer (replaces G0163)	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0216	PET imaging whole body; full- and partial-ring PET scanners only, diagnosis; melanoma	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0217	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; melanoma	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0218	PET imaging whole body; full- and partial-ring PET scanners only, restaging; melanoma (replaces G0165)	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0219	PET imaging whole body; full- and partial-ring PET scanners, for non-covered indications	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
G0220	PET imaging whole body; full- and partial-ring PET scanners only, diagnosis; lymphoma	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0221	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; lymphoma (replaces G0164)	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0222	PET imaging whole body; full- and partial-ring PET scanners only, restaging; lymphoma (replaces G0164)	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0223	PET imaging whole body or regional; full- and partial-ring PET scanners only, diagnosis; head and neck cancer; excluding thyroid and CNS cancers	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0224	PET imaging whole body or regional; full- and partial-ring PET scanners only, initial staging; head and neck cancer; excluding thyroid and CNS cancers	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0225	PET imaging whole body or regional; full- and partial-ring PET scanners only, restaging; head and neck cancer, excluding thyroid and CNS cancers	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0226	PET imaging whole body; full- and partial-ring PET scanners only, diagnosis; esophageal cancer	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0227	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; esophageal cancer	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0228	PET imaging whole body; full- and partial-ring PET scanners only, restaging; esophageal cancer	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0229	PET imaging; metabolic brain imaging for pre-surgical evaluation of refractory seizures; full- and partial-ring PET scanners only	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0230	PET imaging; metabolic assessment for myocardial viability following inconclusive spect study; full- and partial-ring PET scanners only	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0231	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0232	PET, whole body, for staging and characterization of lymphoma; gamma cameras only	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0233	PET, whole body, for recurrence of melanoma or melanoma metastatic cancer; gamma cameras only	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0234	PET, regional or whole body, for solitary pulmonary nodule following CT or for initial staging of pathologically diagnosed nonsmall cell lung cancer; gamma cameras only	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0236	Digitization of film radiographic images with computer analysis for lesion detection and further physician review for interpretation, diagnostic mammography(list separately in addition to code for primary procedure)	No All Programs, No Package C	AS, TC, 26, 80, 81, 82	Covered All Programs, Covered Package C
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)	Yes All Programs, Yes Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)	Yes All Programs, Yes Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
G0239	Therapeutic procedures to improve respiratory function, other than services described by G0237, two or more (includes monitoring)	Yes All Programs, Yes Package C	AS, 80, 81, 82	Covered All Programs, Covered Package C
G0240	Critical care service delivered by a physician, face to face; during interfacility transport of a critically ill or critically injured patient; first 30-74 minutes of active transport	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
G0241	Each additional 30 minutes (list separately in addition to G0240)	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
G0242	Multi-source photon stereotactic radiosurgery (cobalt 60 multi-source converging beams) plan, including dose volume histograms for target and critical structure tolerances, plan optimization performed for highly conformal distributions, plan position	No All Programs, No Package C		Covered All Programs, Covered Package C
G0243	Multi-source photon stereotactic radiosurgery, delivery including collimator changes and custom plugging, complete course of treatment, all lesions	No All Programs, No Package C		Covered All Programs, Covered Package C
G0244	Observation care provided by a facility to a patient with CHF, chest pain, or asthma, minimum eight hours, maximum forty eight hours	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
G9009	Coordinated care fee, risk adjusted maintenance, level 3	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
G9010	Coordinated care fee, risk adjusted maintenance, level 4	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
G9011	Coordinated care fee, risk adjusted maintenance, level 5	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
G9012	Other specified case management service not elsewhere classified	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
H1000	Prenatal care, at-risk assessment (See Local Code replacement, Table 1.4)	No All Programs, No Package C		Covered All Programs, Covered Package C
H1001	Prenatal care, at-risk enhanced service; antepartum management	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
H1002	Prenatal care, at risk enhanced service; care coordination	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
H1003	Prenatal care, at-risk enhanced service; education	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
H1004	Prenatal care, at-risk enhanced service; follow-up home visit (See Local Code replacement, Table 1.4)	No All Programs, No Package C		Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
J0587	Botulinum toxin type b, per 100 units	No All Programs, No Package C		Covered All Programs, Covered Package C
J0692	Injection, cefepime hydrochloride, 500 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J0706	Injection, caffeine citrate, 5 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J1056	Injection, medroxyprogesterone acetate / estradiol cypionate, 5mg / 25 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J1270	Injection, doxercalciferol, 1 mcg	No All Programs, No Package C		Covered All Programs, Covered Package C
J1590	Injection, gatifloxacin, 10 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J1655	Injection, tinzaparin sodium, 1000 IU	No All Programs, No Package C		Covered All Programs, Covered Package C
J1755	Injection, iron sucrose, 20 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J1835	Injection, itraconazole, 50 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J2020	Injection, linezolid, 200 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J2940	Injection, somatrem, 1 mg	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C
J2941	Injection, somatropin, 1 mg	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C
J3100	Injection, tenecteplase, 50 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J3395	Injection, verteporfin, 15 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	No All Programs, No Package C		Covered All Programs, Covered Package C
J7195	Factor IX (antihemophilic factor, recombinant) per IU	No All Programs, No Package C		Covered All Programs, Covered Package C
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J7308	Aminolevulinic acid HCL for topical administration, 20%, single unit dosage form (354 mg)	No All Programs, No Package C		Covered All Programs, Covered Package C
J7316	Sodium hyaluronate, 5 mg for intra-articular injection	No All Programs, No Package C		Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
J7340	Dermal and epidermal, tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter	No All Programs, No Package C		Covered All Programs, Covered Package C
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J7622	Beclomethasone, inhalation solution administered through DME, unit dose form, per milligram	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
J7624	Betamethasone, inhalation solution administered through DME, unit dose form, per milligram	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
J7626	Budesonide inhalation solution, administered through DME, unit dose form, 0.25 mg	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
J7641	Flunisolide, inhalation solution administered through DME, unit dose, per milli gram	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
J9017	Arsenic trioxide, 1 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
J9300	Gemtuzumab ozogamicin, 5 mg	No All Programs, No Package C		Covered All Programs, Covered Package C
K0551	Residual limb support system, solid base with adjustable drop hooks, mounts to wheelchair frame, each	No All Programs, No Package C		Covered all programs, Covered Package C
L0321	TLSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	No All Programs, No Package C		Covered All Programs, Covered Package C
L0331	TLSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	No All Programs, No Package C		Covered All Programs, Covered Package C
L0391	TLSO, anterior-posterior-lateral-rotary control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	No All Programs, No Package C		Covered All Programs, Covered Package C
L0561	LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated	No All Programs, No Package C		Covered All Programs, Covered Package C
L0986	Addition to spinal orthosis, rigid or semi-rigid abdominal panel, prefabricated	No All Programs, No Package C		Covered All Programs, Covered Package C
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	No All Programs, No Package C		Covered All Programs, Covered Package C
L2768	Orthotic side bar disconnect device, per bar	No All Programs, No Package C		Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment	No All Programs, No Package C		Covered All Programs, Covered Package C
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	No All Programs, No Package C		Covered All Programs, Covered Package C
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	No All Programs, No Package C		Covered All Programs, Covered Package C
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	No All Programs, No Package C		Covered All Programs, Covered Package C
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	No All Programs, No Package C		Covered All Programs, Covered Package C
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	No All Programs, No Package C		Covered All Programs, Covered Package C
L5671	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	No All Programs, No Package C		Covered All Programs, Covered Package C
L5847	Addition, endoskeletal knee-shin system, microprocessor control feature, stance phase	No All Programs, No Package C		Covered All Programs, Covered Package C
L5989	Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors	No All Programs, No Package C		Covered All Programs, Covered Package C
L5990	Addition to lower extremity prosthesis, user adjustable heel height	No All Programs, No Package C		Covered All Programs, Covered Package C
L6881	Automatic grasp feature, addition to upper limb prosthetic terminal device	No All Programs, No Package C		Covered All Programs, Covered Package C
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	No All Programs, No Package C		Covered All Programs, Covered Package C
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	No All Programs, No Package C		Covered All Programs, Covered Package C
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	No All Programs, No Package C		Covered All Programs, Covered Package C
L8505	Artificial larynx replacement battery / accessory, any type	No All Programs, No Package C		Covered All Programs, Covered Package C
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	No All Programs, No Package C		Covered All Programs, Covered Package C
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	No All Programs, No Package C		Covered All Programs, Covered Package C
L8510	Voice amplifier	No All Programs, No Package C		Covered All Programs, Covered Package C
P9045	Infusion, albumin (human), 5%, 250 ml	No All Programs, No Package C		Covered All Programs, Covered Package C
P9046	Infusion, albumin (human), 25%, 20 ml	No All Programs, No Package C		Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
P9047	Infusion, albumin (human), 25%, 50 ml	No All Programs, No Package C		Covered All Programs, Covered Package C
P9048	Infusion, plasma protein fraction (human), 5%, 250ml	No All Programs, No Package C		Covered All Programs, Covered Package C
P9050	Granulocytes, pheresis, each unit	No All Programs, No Package C		Covered All Programs, Covered Package C
Q3017	Ambulance service, advanced life support (ALS) assessment, no other ALS services provided	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
Q4001	Casting supplies, body cast adult, with or without head, plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4002	Cast supplies, body cast adult, with or without head, fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4049	Finger splint, static	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4050	Cast supplies, for unlisted types and materials of casts	No All Programs, No Package C		Covered All Programs, Covered Package C
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	No All Programs, No Package C		Covered All Programs, Covered Package C
S0215	Non-emergency transportation; mileage	No All Programs, No Package C		Covered All Programs, Covered Package C
S0516	Safety eyeglass frames	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C
S8185	Flutter device	No All Programs, No Package C		Covered All Programs, Covered Package C
S8401	Child-size incontinence garment, diaper, each	No All Programs, No Package C		Covered All Programs, Covered Package C
S8403	Adult-sized incontinence garment, disposable, pull-up brief, each	No All Programs, No Package C		Covered All Programs, Covered Package C
S8404	Child-size incontinence garment, disposable, pull-up brief, each	No All Programs, No Package C		Covered All Programs, Covered Package C
T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non- reimbursable Package C
T1001	Nursing assessment / evaluation	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non- reimbursable Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
T1002	RN services, up to 15 minutes	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
T1003	LPN/LVN services, up to 15 minutes	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
T1004	Services of a qualified nursing aide, up to 15 minutes	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
T1005	Respite care services, up to 15 minutes	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
T1006	Alcohol and/or substance abuse services, family/couple counseling	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
T1008	Day treatment for individual alcohol and/or substance abuse services	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
T1011	Alcohol and/or substance abuse services, not otherwise classified	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
T1012	Alcohol and/or substance abuse services, skills development	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non-reimbursable Package C
T1013	Sign language or oral interpreter services	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
T1014	Telehealth transmission, per minute, professional services bill separately	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
T1015	Clinic visit/encounter, all-inclusive (See Local Code replacement, Table 1.4)	No All Programs, No Package C		Covered All Programs, Covered Package C
V5241	Dispensing fee, monaural hearing aid, any type	No All Programs, No Package C		Covered All Programs, Covered Package C
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5243	Hearing aid, analog, monaural, ITC (in the canal)	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5244	Hearing aid, digitally programmable analog, monaural, CIC	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C
V5248	Hearing aid, analog, binaural, CIC	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5249	Hearing aid, analog, binaural, ITC	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5250	Hearing aid, digitally programmable analog, binaural, CIC	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5251	Hearing aid, digitally programmable analog, binaural, ITC	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
V5252	Hearing aid, digitally programmable, binaural, ITE	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5253	Hearing aid, digitally programmable, binaural, BTE	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C
V5254	Hearing aid, digital, monaural, CIC	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5255	Hearing aid, digital, monaural, ITC	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5256	Hearing aid, digital, monaural, ITE	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5257	Hearing aid, digital, monaural, BTE	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C
V5258	Hearing aid, digital, binaural, CIC	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5259	Hearing aid, digital, binaural, ITC	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5260	Hearing aid, digital, binaural, ITE	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5261	Hearing aid, digital, binaural, BTE	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C
V5262	Hearing aid, disposable, any type, monaural	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5263	Hearing aid, disposable, any type, binaural	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5264	Ear mold/insert, not disposable, any type	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C
V5265	Ear mold/insert, disposable, any type	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C

(Continued)

Table 1.1 – HCPCS 2002 Add Codes

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
V5266	Battery for use in hearing device	No All Programs, No Package C		Covered All Programs, Covered Package C
V5267	Hearing aid supplies / accessories	Yes All Programs, Yes Package C		Covered All Programs, Covered Package C
V5268	Assistive listening device, telephone amplifier, any type	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5269	Assistive listening device, alerting, any type	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5270	Assistive listening device, television amplifier, any type	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5271	Assistive listening device, television caption decoder	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5272	Assistive listening device, TDD	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5273	Assistive listening device, for use with cochlear implant	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5274	Assistive learning device, not otherwise specified	Not Applicable All Programs, Not Applicable Package C		Non-covered all programs, Non-covered Package C
V5275	Ear impression, each	Not Applicable All Programs, Not Applicable Package C		Non-reimbursable all programs, Non- reimbursable 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. IHCP does not reimburse codes C1000 to C9702.

S Codes

The S codes are used by the Blue Cross Blue Shield Association and the Health Insurance Association of America to report drugs, services, and supplies for which there are no national codes but for which codes are needed by the private sector to implement policies, programs, or claims processing. Medicaid does not routinely use these codes when other national codes are available.

Q Codes

Q codes were developed by the Center for Medicare and Medicaid Services (CMS) 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.

2002 Deleted Codes

Providers have 45 days from the date of this bulletin to use deleted codes and modifiers. After April 1, 2002, the replacement codes must be used. Claims submitted with dates of service on or after April 1, 2002, with deleted codes and modifiers will be denied.

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
00850	Cesarean section	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
00855	Cesarean hysterectomy	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
00857	Continuous epidural analgesia for labor and cesarean section	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
00884	Tranvenous umbrella insertion	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
00946	Vaginal delivery	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
00955	Continuous epidural analgesia, for labor and vaginal delivery	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.

(Continued)

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
01904	Anesthesia for injection procedure for pneumoencephalography	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
01906	Anesthesia for injection procedure for myelography; lumbar	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
01908	Cervical	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
01910	Posterior fossa	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
01912	Anesthesia for injection procedure for diskography; lumbar	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
01914	Cervical	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
01918	Retrograde, brachial or femoral	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
01921	Anesthesia for angioplasty	IHCP anesthesia reimbursement is determined by the appropriate CPT service or procedure code with the appropriate anesthesia modifiers.
26585	Repair bifid digit	26587
26597	Release of scar contracture, flexor or extensor, with skin grafts, rearrangement flaps or z-plasty	11041-11042, 14040-14041, or 15120, 15240
29815	Arthroscopy shoulder, diagnostic, with or without synovial biopsy (separate procedure)	29805
29909	Unlisted procedure, arthroscopy	29999
53443	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence	53431
54402	Removal or replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis	54415, 54416
54407	Removal, repair, or replacement of inflatable (multi-component) penile prosthesis, including pump and/or reservoir and/or cylinders	54406, 54408, 54410

(Continued)

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
54409	Surgical correction of hydraulic abnormality of inflatable (multi-component) prosthesis including pump and/or reservoir and/or cylinders	This is a non-covered code under IHCP. No replacement code is necessary.
54510	Excision of local lesion of testis	54512
80072	Arthritis panel	84550, 85651, 86255, 86430
85095	Bone marrow smear and/or cell block; aspiration	38220
85102	Bone marrow biopsy, needle or trocar;	38221
85535	Iron stain (RBC or bone marrow smears)	85536
86683	Antibody; hemoglobin, fecal	82274
88170	Fine needle aspiration with or without/preparation of smears; superficial tissue	10021
88171	Fine needle aspiration w/without preparation of smears; deep tissue under radiologic guidance	10022
93536	Percutaneous insertion of intra-aortic balloon catheter	33967
93607	Left ventricular recording;	93622
93737	Electronic analysis of cardioverter/defibrillator	93741 or 93743
93738	Electronic analysis of cardioverter/defibrillator	93742 or 93744
A4329	External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch and accessories (tubing, clamps, etc.), 7 day supply	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4650	Centrifuge (includes calibrated microcapillary tubes and sealease)	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4655	Needles and syringes for dialysis	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4700	Standard dialysate solution, each	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4705	Bicarbonate dialysate solution, each	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4735	Local/topical anesthetics for dialysis only	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.

(Continued)

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
A4780	Sterilizing agent for dialysis equipment, per gallon	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4790	Cleansing agents for equipment for dialysis only	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4800	Heparin for dialysis and antidote, any strength, porcine or beef, up to 1000 units, 10-30 ml (for parenteral use see B4216)	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4820	Hemodialysis kit supplies	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4850	Hemostats with rubber tips for dialysis	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4880	Storage tanks utilized in connection with water purification system, replacement tanks for dialysis	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4900	Continuous ambulatory peritoneal dialysis (CAPD) supply kit	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4901	Continuous cycling peritoneal dialysis (CCPD) supply kit	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4905	Intermittent peritoneal dialysis (IPD) supply kit	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4910	Non-medical supplies for dialysis, (i.e., scale, scissors, stopwatch, etc.)	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4912	Gomco drain bottle	A4911
A4914	Preparation kits	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4919	Dialyzer holder, each	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4920	Harvard pressure clamp, each	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A4921	Measuring cylinder, any size, each	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
A5064	Pouch, drainable; with face plate attached; plastic or rubber	A4361-A4421

(Continued)

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
A5074	Pouch, urinary; with faceplate attached; plastic or rubber	A4361-A4421
A5075	Pouch, urinary; for use on faceplate; plastic or rubber	A4361-A4421
A5502	For diabetics only, multiple density insert(s), per shoe	A5509, A5510 or A5511
A9160	Non-covered service. By podiatrist	This is a non-covered code under IHCP. No replacement code is necessary.
A9170	Non-covered service. By chiropractor	This is a non-covered code under IHCP. No replacement code is necessary.
B4084	Gastrostomy/jejunostomy tubing	B4086
B4085	Gastrostomy tube, silicone with sliding ring, each	B4086
E0298	Hospital bed, heavy duty, extra wide, with any type side rails, with mattress	K0456
E0609	Blood glucose monitor with special features (eg., Voice synthesizers automatic timers, etc.)	E2100, E2101
E0753	Implantable neurostimulator electrodes/leads	E0752
E1640	Replacement components for hemodialysis and/or peritoneal dialysis machines that are owned or being purchased by the patient	The IHCP Provider Manual states this is non-reimbursable. Dialysis payment for this is inclusive in the composite fee.
E1900	Synthesized speech augmentative communication device with dynamic display	E1902
G0016	Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) and 24 hour attended monitoring, per 30 day period; physician review and interpretation only	93014
G0126	PET lung imaging of solitary pulmonary nodules, using 2-(fluorine-18)-fluoro-2-deoxy -d-glucose (FDG), following CT (71250/71260 or 71270); initial staging of pathologically diagnosed non-small cell lung cancer	G0211, G0212
G0159	Percutaneous thrombectomy and/or revision, arteriovenous fistula, autogenous or nonautogenous dialysis graft	36831
G0160	Cryosurgical ablation of localized prostate cancer, primary treatment only (post operative irrigations and aspiration of sloughing tissue included)	55873
G0163	Positron emission tomography (PET), whole body, for recurrence of colorectal metastatic cancer	G0215

(Continued)

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
G0164	Positron emission tomography (PET), whole body, for staging and characterization of lymphoma	G0221, G0222
G0165	Positron emission tomography (PET), whole body, for recurrence of melanoma or melanoma metastatic cancer	G0218
G0174	Intensity modulated radiation therapy plan, per session	77301
G0178	Intensity modulated radiation therapy (IMRT) delivery to multiple areas with treatment setup and verification images	77418
G0184	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, (for example by laser) one or more sessions (add on does not reimburse separately for AA)	67221
G0188	Full length radiography of lower extremity, which includes hip, knee and ankle	73500 - 73725
G0190	Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections; each additional vaccine (single or combination vaccine/toxoid)	90585-90749
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	90585-90749
G0203	Screening mammography, film processed to produce digital images analyzed for potential abnormalities, bilateral, all views	76092
G0205	Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, bilateral, all views	G0204 and G0206
G0207	Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, unilateral, all views	G0204 and G0206
J0340	Injection, nandrolone phenpropionate, up to 50 mg	Use J3490 and the appropriate NDC number.
J0400	Injection, trimethaphan camsylate, up to 500 mg (arfonad)	Use J3490 and the appropriate NDC number.

(Continued)

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
J0510	Injection, benzquinamide HCL, up to 50 mg	Use J3490 and the appropriate NDC number.
J0590	Injection, ethylnorepinephrine HCL, 1 ml	Use J3490 and the appropriate NDC number.
J0695	Injection, cefonicid sodium, 1 gram	Use J3490 and the appropriate NDC number.
J0730	Injection, chlorpheniramine maleate, up to 200 mg	Use J3490 and the appropriate NDC number.
J0810	Injection, cortisone, up to 50 mg	Use J3490 and the appropriate NDC number.
J1090	Injection, testosterone cypionate, 1 cc, 50 mg	Use J3490 and the appropriate NDC number.
J1362	Injection, erythromycin gluceptate, per 250 mg	Use J3490 and the appropriate NDC number.
J1690	Injection, prednisolone tebutate, up to 20 mg	Use J3490 and the appropriate NDC number.
J1739	Injection, hydroxyprogesterone caproate 125 mg/ml	Use J3490 and the appropriate NDC number.
J1741	Injection, hydroxyprogesterone caproate, 250 mg/ml	Use J3490 and the appropriate NDC number.
J1930	Injection, propiomazine, up to 20 mg	Use J3490 and the appropriate NDC number.
J1970	Injection, methotrimeprazine, up to 20 mg	Use J3490 and the appropriate NDC number.
J2240	Injection, metocurine iodide, up to 2 mg	Use J3490 and the appropriate NDC number.
J2330	Injection, thiothixene, up to 4 mg	Use J3490 and the appropriate NDC number.
J2350	Injection, niacinamide, niacin, up to 100 mg	Use J3490 and the appropriate NDC number.
J2480	Injection, hydrochlorides of opium alkaloids, up to 20 mg	Use J3490 and the appropriate NDC number.
J2512	Injection, pentagastrin, per 2 ml	Use J3490 and the appropriate NDC number.
J2640	Injection, prednisolone sodium phosphate, to 20 mg	Use J3490 and the appropriate NDC number.
J2675	Injection, progesterone	Use J3490 and the appropriate NDC number.
J2860	Injection, secobarbital sodium, up to 250 mg	Use J3490 and the appropriate NDC number.
J2970	Injection, methicillin sodium, up to 1 gm	Use J3490 and the appropriate NDC number.
J3080	Injection, chlorprothixene, up to 50 mg	Use J3490 and the appropriate NDC number.
J3270	Injection, imipramine HCL, up to 25 mg	Use J3490 and the appropriate NDC number.

(Continued)

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
J3390	Injection, methoxamine, up to 20 mg	Use J3490 and the appropriate NDC number.
J3450	Injection, mephentermine sulfate, up to 30 mg	Use J3490 and the appropriate NDC number.
J7315	Sodium hyaluronate, 20 mg, for intra articular injection	Use J3490 and the appropriate NDC number.
K0008	Custom manual wheelchair/base	E0950-E1298
K0013	Custom motorized/power wheelchair base	E0950-E1298
L5300	Below knee, molded socket, SACH foot, endoskeletal system including soft cover and finishing	L5331
L5310	Knee disarticulation (or through knee), molded socket, SACH endoskeletal system, including soft cover and finishing	L5311
L5320	Above-knee, molded socket, open end, SACH endoskeletal system, single axis knee, including soft cover and finishing	L5321
L5330	Hip disarticulation, Canadian type; molded socket, endoskeletal system single axis knee, SACH foot, including soft cover & finishing	L5331
L5340	Hemipelvectomy, Canadian type; molded socket, endoskeletal system, hip joint, single axis knee SACH foot, including soft cover & finishing	L5341
L5667	Addition to lower extremity. Below knee socket insert suction suspension with locking mechanism	L5610-L5675
L5669	Addition to lower extremity. Below knee socket insert suction suspension without locking mechanism	L5660, L5662, L5663, L5664
M0302	Assessment of cardiac output by electrical biopendance	93701
P9042	Infusion, albumin (human), 25%, 10 ml	Use J3490 and the appropriate NDC number.
Q0086	Physical therapy evaluation/treatment	97001-97799
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram	Use J3490 and the appropriate NDC number.

(Continued)

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
Q0160	Factor IX (antihemophilic factor, purified, non-recombinant) per I.U.	J7193
Q0161	Factor IX (antihemophilic factor, recombinant) per I.U..	J7195
Q0185	Dermal and epidermal, tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter	J7340
Q2015	Injection, somatrem, 5 mg	J2940
Q2016	Injection, somatropin, 1 mg	J2941
Q3013	Injection, verteporfin, 15 mg	J3395
S0024	Injection, ciprofloxacin, 200 mg	J0744
S0029	Injection, fluconazole, 400 mg	J1450
S0086	Injection, verteporfin, 15 mg	J3395
S0096	Injection, itraconazole, 200 mg	Use J3490 and the appropriate NDC number.
S2052	Transplantation of small intestine allograft	44135
S2210	Cryosurgical ablation (in situ destruction) of tumorous tissue, one or more lesions; liver	17003
S2220	Thrombectomy, coronary; by mechanical means (e.g. using rheolytic catheter)	34001 – 34490
S3700	Bladder tumor-associated antigen test	82378
S3906	Transfusion, direct, blood or blood components	36430
S4980	Levonorgestrel - releasing intrauterine system, each	Use J3490 and the appropriate NDC number.
S5002	Fat emulsion 10% in 250 ml, with administration set	Use J3490 and the appropriate NDC number.
S5003	Fat emulsion 20% in 250 ml, with administration set	Use J3490 and the appropriate NDC number.
S5016	Antibiotic administration supplies (with pump), per diem	Non-reimbursable
S5017	Antibiotic administration supplies (without pump), per diem	Non-reimbursable
S5018	Pain therapy administration supplies (PCA or continuous), per diem	Non-reimbursable
S5019	Chemotherapy administration supplies (with pump), per diem	Non-reimbursable

(Continued)

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
S5020	Chemotherapy administration supplies (without pump), per diem	Non-reimbursable
S5021	Hydration therapy administration supplies, per diem	Non-reimbursable
S5022	Growth hormone therapy (e.g., protropin, humatrope)	J2940
S5025	Infusion pump rental, per diem	Non-reimbursable
S5503	Maintenance of implanted vascular access device, including supplies; per diem	Non-reimbursable
S8001	Radio frequency stimulation of the thalamus for tremor accomplished by stereotactic method, including burr holes, localizing and recording techniques and placement of the electrode(s)	E0758
S8400	Incontinence pants, each	S8403 (adult), S8404 (child size)
S8402	Diapers, each	A4360 (adult), S8401 (child size)
S9023	Xenon regional cerebral blood flow studies	78615
S9035	Medical equipment or supplies distributed by home care provider without professional nursing intervention, per diem	Non-reimbursable
S9085	Meniscal allograft transplantation	0014T
S9200	Nursing services and all necessary supplies (including PCA pump rental) for home administration of patient controlled analgesia (PCA) per diem (drugs not included)	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9210	Nursing services and all necessary equipment and supplies for continuous, uninterrupted infusion of epoprostenol (includes venous access device, infusion pump, back up pump, ice packs for cassettes, batteries, all related supplies, and all nursing services including follow-up visits, telephone monitoring, 24 hour/7 day a week availability, and all education to patient and care givers); per diem	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9220	Nursing services and all necessary equipment and supplies for home administration of controlled rate intravenous infusion (e.g. dobutamine) requiring prolonged attendance by the nurse, per diem (drugs not included)	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.

(Continued)

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
S9225	Nursing services and all necessary equipment and supplies for home administration of intravenous tocolytic therapy, per diem	Z5016
S9230	Nursing services and all necessary equipment and supplies for home administration of heparin, per diem	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9300	Nursing services and all necessary supplies for home enteral feeding by gravity, per diem (enteral formula not included)	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9308	Nursing services and all necessary supplies for home enteral feeding by pump, including pump rental, per diem (enteral formula not included)	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9310	Nursing services and all necessary supplies for home parenteral nutrition without lipids, including pump rental, per diem (parenteral solutions not included)	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9395	Nursing services and all necessary supplies and additives for home IV hydration (via gravity or pump), per diem (hydration solution and drugs not included)	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9420	Nursing services and all necessary supplies for interim home maintenance of implanted vascular access port/catheter/reservoir, per diem (for interim maintenance of vascular access not currently in use)	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9423	Nursing services, patient assessment and education, follow-up visits, electronic programmer and equipment (use of computer), programming of the pump, all necessary supplies, products or services for intrathecal drug infusion, per diem	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.

(Continued)

Table 1.2 – HCPCS 2002 Deleted Codes

Procedure Code	Description	Replacement Code(s)
S9425	Nursing services and all necessary supplies and additives for home IV chemotherapy (via IV push, gravity drip, stationary pump, ambulatory belt pump), per diem (hydration solution and drugs not included)	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9526	Skilled nursing visits for blood product administration, including pump and all related supplies; per service	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9527	Insertion of a peripherally inserted central venous catheter (PICC), including nursing services and all supplies	36489 - 36491. Use the appropriate HCPCS code to indicate specific supplies utilized.
S9528	Insertion of midline central venous catheter, including nursing services and all supplies	36489 - 36491. Use the appropriate HCPCS code to indicate specific supplies utilized.
S9533	Pain management, intravenous, epidural or subcutaneous, including solution, equipment rental, nursing care, and supplies; per diem (drugs not included)	Use the appropriate CPT, HCPCS, and drug code to indicate specific procedure performed, equipment rented, drugs used and supplies required.
S9535	Administration of hematopoietic hormones (e.g. erythropoietin, G-CSF, GM-CSF) or platelets, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9539	Administration of antibiotics, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9545	Administration of immune globulin, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9550	Home iv therapy, hydration fluids and electrolytes, including all nursing care, equipment, and supplies; per diem	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.
S9555	Additional home infusion therapy, including all nursing care, equipment, and supplies; each therapy, per diem (S9555 should be used in addition to the code for the primary therapy)	Home health agencies bill only for services provided in the home by a RN, LPN, or home health aide on the UB-92 claim form using the appropriate HCPCS codes as stated in the IHCP Provider Manual. DME reimbursement is available using a HCFA 1500 indicating the supplies used.

Transportation Codes

Many transportation HCPCS codes have been deleted in the past and have remained active as level III local codes in IndianaAIM. After April 1, 2002, the replacement codes must be used. Claims submitted with dates of service on or after April 1, 2002, with deleted codes and modifiers will be denied.

Table 1.3 – Deleted Transportation Codes

Procedure Code	Description	Replacement Code(s)
A0010	Ambulance service, basic life support (BLS)	A0429
A0020	Ambulance service, (BLS) per mile, transport, one way	A0380
A0220	Ambulance service, advanced life support (ALS) base rate, all included services, emergency. Transportation, one way.	A0427
A0221	Ambulance service, (ALS) per mile, transport, one way	A0390
A0150	Non-emergency transportation, ambulance, base rate one way	A0426, A0428

Local Codes

The following IHCP local codes are being deleted and replaced by HCPCS level I and level II codes. After April 1, 2002, the replacement codes must be used. Claims submitted with dates of service on or after April 1, 2002, with deleted codes and modifiers will be denied.

Table 1.4 – Deleted Local Codes

Procedure Code	Description	Replacement Code
X3000	Implantation of Norplant	11981
X3001	Removal of Norplant only	11982
X3002	Removal of Norplant with reimplantation of new drug system same incision site	11983
X3003	Removal of Norplant with reimplantation new drug alternative different incision site	11983
X3004	FQHC services	T1015
Y9008	Mileage, up through 99 miles	S0215
Z5059	NCP system - includes generator, bipolar lead, tunneling tool, hand-held wand, programming software, & both magnets	E0752
Z5060	NCP generator only	E0756
Z5061	Bipolar VNS lead only	E0752
Z5062	Disposable tunneling tool only	E0756
Z5063	Hand-held magnet, each (horseshoe or block)	E0756

(Continued)

Table 1.4 – Deleted Local Codes

Procedure Code	Description	Replacement Code
Z5101	Enclosed bed, includes bed/mattress and mesh canopy. Manually operated	E0316
Z5102	Cubicle bed, a type of enclosed bed with padded walls and a mattress for TBI patients	E0316
Z5103	Pediatric hospital beds, high side rails and protective top covering	E0316
Z5900	Care coordination-initial assessment	H1000
Z5901	Care coordination-reassessment	H1004
Z5092	Care coordination postpartum assessment/outcome	99502