



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

B T 2 0 0 7 2 5

S E P T E M B E R 2 5 , 2 0 0 7

To: All Providers**Subject: Coverage Determinations for the New 2007 Healthcare
Common Procedure Coding System Codes**

Overview

The purpose of this bulletin is to notify providers of the remaining coverage determinations for the new 2007 Annual Healthcare Common Procedure Coding System (HCPCS) codes. The Indiana Health Coverage Programs (IHCP) has completed the review of the remaining 2007 Annual HCPCS codes to determine coverage and billing guidelines. This bulletin includes the following information:

- Table 1: Coverage determination of remaining 2007 annual HCPCS codes previously under review
- Table 2: 2007 outpatient hospital radiology rates

To view 2007 coverage determinations, please see provider bulletin [BT200701](#).

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

New HCPCS Codes

The new 2007 Annual HCPCS codes in this bulletin are identified by code, description, and coverage. These codes will be added to the IndianaAIM claims processing system, and fees will be posted on the IHCP Web site at www.indianamedicaid.com/ihcp/Publications/MaxFee/fee_schedule.asp, with an effective date of January 1, 2007. Providers may bill these codes for dates of service on or after the effective date of January 1, 2007. The standard global billing procedures and edits will apply when using the new codes.

Claims denying for edit 4021, *Procedure code is not covered for the dates of service for the program billed. Please verify and resubmit*, will be systematically adjusted or reprocessed and will begin appearing on remittance advice (RA) statements dated September 11, 2007.

*Note: As used in Table 1, **non-covered** indicates that the IHCP does not cover the service described in the code; **non-reimbursable** indicates that the service described in the code is either billable under another code, or is part of global reimbursement or billable under another code.*

Table 1 – New 2007 Annual HCPCS Codes

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes for All Programs, Yes for Package C	51, 54, 55, 56, 62, 78, 80, 81, 82, AS, G8, G9	Covered for All Programs, Covered for Package C * 15847 must be billed with the appropriate primary code. 15847 has an ambulatory surgical center (ASC) rate of 3.
00625	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR TRANSTHORACIC APPROACH; NOT UTILIZING ONE LUNG VENTILATION	No for All Programs, No for Package C	P1, P2, P3, P4, P5, QK, QS, QX, QZ	Covered for All Programs, Covered for Package C
00626	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR TRANSTHORACIC APPROACH; UTILIZING ONE LUNG VENTILATION	No for All Programs, No for Package C	P1, P2, P3, P4, P5, QK, QS, QX, QZ	Covered for All Programs, Covered for Package C
0166T	TRANSMYOCARDIAL TRANSCATHETER CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH IMPLANT; WITHOUT CARDIOPULMONARY BYPASS	Yes for All Programs, Yes for Package C	51, 54	Covered for All Programs, Covered for Package C
0167T	TRANSMYOCARDIAL TRANSCATHETER CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH IMPLANT; WITH CARDIOPULMONARY BYPASS	Yes for All Programs, Yes for Package C	51, 54	Covered for All Programs, Covered for Package C
0169T	STEREOTACTIC PLACEMENT OF INFUSION CATHETER(S) IN THE BRAIN FOR DELIVERY OF THERAPEUTIC AGENT(S), INCLUDING COMPUTERIZED STEREOTACTIC PLANNING AND BURR HOLE(S)	Yes for All Programs, Yes for Package C	51, 54	Covered for All Programs, Covered for Package C

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage
0171T	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY REMOVAL OF BONE OR LIGAMENT FOR INSERTION AND IMAGING GUIDANCE), LUMBAR; SINGLE LEVEL	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C
0172T	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY REMOVAL OF BONE OR LIGAMENT FOR INSERTION AND IMAGING GUIDANCE), LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	No for All Programs, No for Package C	51, 54, 55, 56	Covered for All Programs, Covered for Package C
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	No for All Programs, No for Package C	51, 54, 55, 56	Covered for All Programs, Covered for Package C
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	No for All Programs, No for Package C	51, 54, 55, 56	Covered for All Programs, Covered for Package C
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	No for All Programs, No for Package C	51, 54, 55, 56	Covered for All Programs, Covered for Package C
77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING IMAGING GUIDANCE ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All programs, Covered for Package C * 77435 is the professional component for 77373.

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage
94774	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; INCLUDES MONITOR ATTACHMENT, DOWNLOAD OF DATA, PHYSICIAN REVIEW, INTERPRETATION, AND PREPARATION OF A REPORT	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C
94775	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; MONITOR ATTACHMENT ONLY (INCLUDES HOOK-UP, INITIATION OF RECORDING AND DISCONNECTION)	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C
94776	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; MONITORING, DOWNLOAD OF INFORMATION, RECEIPT OF TRANSMISSION(S) AND ANALYSES BY COMPUTER ONLY	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C
94777	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; PHYSICIAN REVIEW, INTERPRETATION AND PREPARATION OF REPORT ONLY	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage
A4559	COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Covered for All Programs, Non-Covered for Package C
A4601	LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Yes for All Programs, Yes for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Yes for All Programs, Yes for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	No for All Programs, No for Package C	No for All Programs, No for Package C	Non-Covered for All Programs, Non-Covered for Package C
C9233	INJECTION, RANIBIZUMAB, 0.5 MG	No for All Programs, No for Package C	No for All Programs, No for Package C	Non-Covered for All Programs, Covered for Package C
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
D0273	BITEWINGS - THREE FILMS	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
D0486	ACCESSION OF BRUSH BIOPSY SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
D1555	REMOVAL OF FIXED SPACE MAINTAINER	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered, used in conjunction with D1510 and D1515

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	No for All Programs, No for Package C	RR	Covered for All Programs, Covered for Package C
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2393	POWER WHEELCHAIR ACCESSORY, VALVE FOR PNEUMATIC TIRE TUBE, ANY TYPE, REPLACEMENT ONLY, EACH	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes for All Programs, Yes for Package C	NU	Covered for All Programs, Covered for Package C
G0377	ADMINISTRATION OF VACCINE FOR PART D DRUG	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Covered for All Programs, Non-Covered for Package C
J1324	INJECTION, ENFUVIRTIDE, 1 MG	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU VWF:RCO	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage
J7319	HYALURONAN(SODIUM HYALURONATE) OR DERIVATIVE ,INTRA-ARTICULAR INJECTION, PER INJECTION	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Reimbursable for All Programs, Non-Reimbursable for Package C *Effective April 1, 2007, providers must bill Q4083, Q4084, Q4085, or Q4086.
J7634	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Covered for All Programs, Non-Covered for Package C
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Covered for All Programs, Non-Covered for Package C
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
L5993	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, FOOT ONLY, (FOR PATIENT WEIGHT GREATER THAN 300 LBS)	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
L5994	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, KNEE ONLY, (FOR PATIENT WEIGHT GREATER THAN 300 LBS)	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
L6639	UPPER EXTREMITY ADDITION, HEAVY DUTY FEATURE, ANY ELBOW	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Covered for All Programs, Non-Covered for Package C
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Covered for All Programs, Non-Covered for Package C

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Not Applicable for All Programs, Not Applicable for Package C	No for All Programs, No for Package C	Non-Covered for All Programs, Non-Covered for Package C
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	No for All Programs, No for Package C	No for All Programs, No for Package C	Non-Covered for All Programs, Non-Covered for Package C
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	Yes for All Programs, Yes for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
Q4083	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ , FOR INTRA-ARTICULA INJECTION, PER DOSE	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
Q4084	HYALURONAN OR DERIVATIVE, SYNVISIC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
Q4085	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION PER DOSE	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
Q4086	HYALURONAN OR DERIVAIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	No for All Programs, No for Package C	No for All Programs, No for Package C	Covered for All Programs, Covered for Package C
S2344	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ENLARGEMENT OF SINUS OSTIUM OPENING USING INFLATABLE DEVICE (I.E., BALLOON SINUPLASTY)	No for All Programs, No for Package C	No for All Programs, No for Package C	Non-Covered for All Programs, Non-Covered for Package C

Outpatient Radiology Codes

These codes listed in Table 2 have been added to the IndianaAIM claims processing system with an effective date of January 1, 2007. Outpatient facility providers may bill these codes on the UB claim form for dates of services on or after the effective date of January 1, 2007.

Table 2 – 2007 Outpatient Radiology Codes

Procedure Code	Description	Effective Date	Pricing for Technical Component
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION	2007/01/01	\$217.31
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING	2007/01/01	\$217.31
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING CAVITY CREATION, PER VERTEBRAL BODY; UNDER FLUOROSCOPIC GUIDANCE	2007/01/01	\$97.82
72292	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING CAVITY CREATION, PER VERTEBRAL BODY; UNDER CT GUIDANCE	2007/01/01	\$97.82
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	2007/01/01	\$59.77
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (CATHETER ONLY OR COMPLETE), OR REMOVAL	2007/01/01	\$38.27
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION LOCALIZATION DEVICE)	2007/01/01	\$36.88
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES, INCLUDING NEUROLYTIC AGENT DESTRUCTION	2007/01/01	\$38.17
77011	COMPUTER TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	2007/01/01	\$156.34

Procedure Code	Description	Effective Date	Pricing for Technical Component
77012	COMPUTER TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	2007/01/01	\$156.34
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	2007/01/01	\$185.37
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	2007/01/01	\$58.89
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT RADIOLOGICAL SUPERVISION AND INTERPRETATION	2007/01/01	\$174.33
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	2007/01/01	\$174.33
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOSPY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	2007/01/01	\$113.30
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	2007/01/01	\$64.94
77051	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION OF FILM RADIOGRAPHIC IMAGES; DIAGNOSTIC MAMMOGRAPHY	2007/01/01	\$5.17
77052	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITATION OF FILM RADIOGRAPHIC IMAGES; SCREENING MAMMOGRAPHY	2007/01/01	\$5.17
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	2007/01/01	\$64.94
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	2007/01/01	\$64.94
77055	MAMMOGRAPHY; UNILATERAL	2007/01/01	\$48.89
77056	MAMMOGRAPHY; BILATERAL	2007/01/01	\$59.97
77057	SCREENING MAMMOGRAPHY, BILATERAL	2007/01/01	\$35.51

Procedure Code	Description	Effective Date	Pricing for Technical Component
77058	MAGNETIC RESONANCE IMAGING BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL	2007/01/01	\$523.05
77059	MAGNETIC RESONANCE IMAGING BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BILATERAL	2007/01/01	\$523.05
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOGRAPHY, INCLUDING CONTRALATERAL JOINT IF INDICATED	2007/01/01	\$27.16
77072	BONE AGE STUDIES	2007/01/01	\$27.16
77073	BONE LENGTH STUDIES	2007/01/01	\$27.16
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED	2007/01/01	\$46.81
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE	2007/01/01	\$46.81
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	2007/01/01	\$27.16
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS	2007/01/01	\$27.16
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	2007/01/01	\$45.02
77079	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON	2007/01/01	\$58.89
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	2007/01/01	\$45.02
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON	2007/01/01	\$21.05
77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; VERTEBRAL FRACTURE ASSESSMENT	2007/01/01	\$27.16
77083	RADIOGRAPHIC ABSORPTIOMETRY, 1 OR MORE SITES	2007/01/01	\$46.81
77084	MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY	2007/01/01	\$174.33
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	2007/01/01	\$5,301.97

Procedure Code	Description	Effective Date	Pricing for Technical Component
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCELERATOR BASED	2007/01/01	\$5250.00
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	2007/01/01	Manual pricing * 77373 is the technical component for 77435.
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME, AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION	2007/01/01	\$59.77
G0389	ULTRASOUND B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOR ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING	2007/01/01	\$59.77

CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS.

If you need additional copies of this bulletin, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/banner_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailling_list/default.asp.