



PROVIDER BULLETIN

BT200430

NOVEMBER 15, 2004

To: All Providers

Subject: New 2005 Health Care Common Procedure Coding System Codes

Overview

The purpose of this bulletin is to introduce the 2005 annual Healthcare Common Procedure Coding System (HCPCS) code and modifier updates that will be added to the IndianaAIM claims processing system January 1, 2005. Table 1 lists the new alpha-numeric and Current Procedural Terminology (CPT) codes, and modifiers. Providers will be notified of coverage determinations for these codes in a separate publication released in December. A list of codes that were deleted and the replacement codes that should be used when appropriate, are identified in Table 2. This table includes procedure code/modifier combination codes that were deleted and their replacement codes. If there are any questions about the contents of this bulletin, contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

HIPAA Requirements for Code Set Usage

Provisions of the Health Insurance Portability and Accountability Act (HIPAA) require usage of national medical code sets and modifiers that are valid at the time that the service is provided. The American Medical Association (AMA) issues new, deleted, and changed CPT codes annually, effective January 1, posted in the Medicare Physician Fee Schedule. The Centers for Medicare and Medicaid Services (CMS) publishes the alpha-numeric codes in October, posted on the Alpha-numeric HCPCS file. The physician fee schedule and alpha-numeric code set-up dates can be found at <http://www.cms.hhs.gov/providers/pufdownload/>.

On January 1, 2005, new covered HCPCS and CPT codes become available in the IndianaAIM claims processing system for billing. The IHCP will deny claims submitted prior to January 1, 2005, with new covered codes. Before January 1, 2005, providers may continue to bill deleted codes for current covered services; after December 31, 2004, providers may no longer bill deleted codes or modifiers.

The following national codes in Table 1 will be loaded for claims processing effective January 1, 2005. Coverage determinations and fees will be published in a later bulletin, targeted for release on December 23, 2004. Follow-up information will be posted on the Indiana Health Coverage Programs (IHCP) Web site.

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period - LMP)
0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period – LMP (Note: If reporting 0501F prenatal flow sheet, it is not necessary to report 0500F initial prenatal care visit)
0502F	Subsequent prenatal care visit
0503F	Postpartum care visit
1000F	Tobacco use, smoking, assessed
1001F	Tobacco use, non-smoking, assessed
1002F	Anginal symptoms and level of activity, assessed
2000F	Blood pressure, measured
4000F	Tobacco use cessation intervention, counseling
4001F	Tobacco use cessation intervention, pharmacologic therapy
4002F	Statin therapy, prescribed
4006F	Beta-blocker therapy, prescribed
4009F	Angiotensin converting enzyme (ACE) inhibitor therapy, prescribed
4011F	Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or combination of aspirin and dipyridamole/aggrenox)
0062T	Percutaneous intradiscal annuloplasty, any method, unilateral or bilateral including fluoroscopic guidance; single level
0063T	Percutaneous intradiscal annuloplasty, any method, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (list separately in addition to 0062T for primary procedure)
0064T	Spectroscopy, expired gas analysis (eg, nitric oxide/carbon dioxide test)
0065T	Ocular photoscreening, with interpretation and report, bilateral
0066T	Computed tomographic (CT) colonography (ie, virtual colonoscopy); screening
0067T	Computed tomographic (CT) colonography (ie, virtual colonoscopy); diagnostic
0068T	Acoustic heart sound recording and computer analysis; with interpretation and report (list separately in addition to codes for electrocardiography)
0069T	Acoustic heart sound recording and computer analysis; acoustic heart sound recording and computer analysis only (list separately in addition to codes for electrocardiography)
0070T	Acoustic heart sound recording and computer analysis; interpretation and report only (list separately in addition to codes for electrocardiography)
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session
0074T	Online evaluation and management service, per encounter, provided by a physician, using the internet or similar electronic communications network, in response to a patient's request, established patient

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (list separately in addition to code for primary procedure)
0077T	Implanting and securing cerebral thermal perfusion probe, including twist drill or burr hole, to measure absolute cerebral tissue perfusion
0078T	Endovascular repair of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac or renal), using fenestrated modular bifurcated prosthesis (two docking limbs)
0079T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch (list separately in addition to code for primary procedure)
0080T	Endovascular repair of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac or renal), using fenestrated modular bifurcated prosthesis (two docking limbs), radiological supervision and interpretation
0081T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation (list separately in addition to code for primary procedure)
0082T	Stereotactic body radiation therapy, treatment delivery, one or more treatment areas, per day
0083T	Stereotactic body radiation therapy, treatment management, per day
0084T	Insertion of a temporary prostatic urethral stent
0085T	Breath test for heart transplant rejection
0086T	Left ventricular filling pressure indirect measurement by computerized calibration of the arterial waveform response to valsalva maneuver
0087T	Sperm evaluation, hyaluronan binding assay
0088T	Submucosal radiofrequency tissue volume reduction of tongue base, one or more sites, per session (ie, for treatment of obstructive sleep apnea syndrome)
00561	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, under one year of age
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure
11008	Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection (list separately in addition to code for primary procedure)
19296	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (list separately in addition to code for primary procedure)

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)
31620	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (list separately in addition to code for primary procedure(s))
31636	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/ bronchial dilation as required), initial bronchus
31637	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; each additional major bronchus stented (list separately in addition to code for primary procedure)
31638	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)
32019	Insertion of indwelling tunneled pleural catheter with cuff
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and roux-en-y gastroenterostomy (roux limb 150 cm or less)
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
44137	Removal of transplanted intestinal allograft, complete
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination
45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into two partial liver grafts (ie, left lateral segment (segments II and III) and right trisegment (segments I and IV through VIII))
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into two partial liver grafts (ie, left lobe segments II, III, and IV) and right lobe (segments I and V through VIII))
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (list separately in addition to code for primary procedure)
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
63050	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;
63051	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (list separately in addition to code for primary procedure)
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic
76077	Dual energy x-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment
76510	Ophthalmic ultrasound, diagnostic; b-scan and quantitative a-scan performed during the same patient encounter
76820	Doppler velocimetry, fetal; umbilical artery
76821	Doppler velocimetry, fetal; middle cerebral artery
78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
78813	Tumor imaging, positron emission tomography (PET); whole body
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body
79005	Radiopharmaceutical therapy, by oral administration
79101	Radiopharmaceutical therapy, by intravenous administration
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration
82045	Albumin; ischemia modified
82656	Elastase, pancreatic (el-1), fecal, qualitative or semi-quantitative
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)
83630	Lactoferrin, fecal, qualitative
84163	Pregnancy-associated plasma protein-A (PAPP-A)
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)
86064	B cells, total count
86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)
86379	Natural killer (NK) cells, total count
86587	Stem cells (ie, CD34), total count
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (list separately in addition to code for first marker)
88187	Flow cytometry, interpretation; 2 to 8 markers
88188	Flow cytometry, interpretation; 9 to 15 markers
88189	Flow cytometry, interpretation; 16 or more markers
88360	Morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual
88367	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology
88368	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; manual
90465	Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day
90466	Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/ toxoid), per day (list separately in addition to code for primary procedure)
90467	Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
90468	Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day (list separately in addition to code for primary procedure)
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
93890	Transcranial doppler study of the intracranial arteries; vasoreactivity study
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)
91040	Esophageal balloon distension provocation study
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
92620	Evaluation of central auditory function, with report; initial 60 minutes
92621	Evaluation of central auditory function, with report; each additional 15 minutes
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)
93745	Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
93892	Transcranial doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893	Transcranial doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
94452	High altitude simulation test (HAST), with physician interpretation and report;
94453	High altitude simulation test (HAST), with physician interpretation and report; with supplemental oxygen titration
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs
95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour
95979	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (list separately in addition to code for primary procedure)
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97810	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	Acupuncture, one or more needles; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)
97813	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, one or more needles; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)
A4349	Male external catheter, with or without adhesive, disposable, each
A4520	Incontinence garment, any type, (e.g. brief, diaper), each
A4605	Tracheal suction catheter, closed system, each
A7040	One way chest drain valve
A7041	Water seal drainage container and tubing for use with implanted chest tube
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7527	Tracheostomy/laryngectomy tube plug/stop, each
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. Clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. Clear liquids), 500 ml = 1 unit
B4104	Additive for enteral formula (e.g. Fiber)
B4149	Enteral formula, blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
C9400	Supply of radiopharmaceutical diagnostic imaging agent, thallous chloride Tl 201, brand name, per mci
C9402	Supply of radiopharmaceutical therapeutic imaging agent, I-131 sodium iodide capsule, brand name, per mci
C9403	Supply of radiopharmaceutical diagnostic agent, I-131 sodium iodide capsule, brand name, per millicurie
C9404	Supply of radiopharmaceutical diagnostic agent, I-131 sodium iodide solution, brand name, per millicurie
C9405	Supply of radiopharmaceutical therapeutic agent, I-131 sodium iodide solution, brand name, per millicurie
C9410	Injection, dexrazoxane hydrochloride, brand name, per 250 mg
C9411	Injection, pamidronate disodium, brand name, per 30 mg
C9413	Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection, brand name
C9414	Etoposide, oral, brand name, 50 mg
C9415	Doxorubicin HCl, brand name, 10 mg
C9417	Bleomycin sulfate, brand name, 15 units
C9418	Cisplatin, powder or solution, brand name, per 10 mg
C9419	Injection, cladribine, brand name, per 1 mg
C9420	Cyclophosphamide, brand name, 100 mg
C9421	Cyclophosphamide, lyophilized, brand name, 100 mg
C9422	Cytarabine, brand name, 100 mg
C9423	Dacarbazine, brand name, 100 mg
C9424	Daunorubicin, brand name, 10 mg
C9425	Etoposide, brand name, 10 mg
C9426	Floxuridine, brand name, 500 mg
C9427	Ifosfamide, brand name, 1 gm
C9428	Mesna, brand name, 200 mg
C9429	Idarubicin hydrochloride, brand name, 5 mg
C9430	Leuprolide acetate, brand name, per 1 mg
C9431	Paclitaxel, brand name, 30 mg
C9432	Mitomycin, brand name, 5 mg
C9433	Thiotepa, brand name, 15 mg
C9438	Cyclosporine, oral, brand name, 100 mg
C9713	Non-contact laser vaporization of prostate, including coagulation control of intraoperative and post-operative bleeding
D0416	Viral culture

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
D0421	Genetic test for susceptibility to oral diseases
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
D0475	Decalcification procedure
D0476	Special stains for microorganisms
D0477	Special stains, not for microorganisms
D0478	Immunohistochemical stains
D0479	Tissue in-situ hybridization, including interpretation
D0481	Electron microscopy - diagnostic
D0482	Direct immunofluorescence
D0483	Indirect immunofluorescence
D0484	Consultation on slides prepared elsewhere
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source
D2712	Crown - 3/4 resin-based composite (indirect)
D2794	Crown-titanium
D2915	Recement cast or prefabricated post and core
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth
D2971	Additional procedures to construct new crown under existing partial denture framework
D2975	Coping
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)
D6094	Abutment supported crown - (titanium)
D6190	Radiographic/surgical implant index, by report
D6194	Abutment supported retainer crown for FPD - (titanium)
D6205	Pontic - indirect resin based composite
D6214	Pontic - titanium
D6624	Inlay - titanium
D6634	Onlay - titanium
D6710	Crown - indirect resin based composite
D6794	Crown - titanium
D7283	Placement of device to facilitate eruption of impacted tooth
D7288	Brush biopsy - transepithelial sample collection
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
D7953	Bone replacement graft for ridge preservation - per site
D7963	Frenuloplasty
D9942	Repair and/or relin of occlusal guard
E0463	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)
E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
E1039	Transport chair, adult size, heavy duty, patient weight capacity 250 pounds or greater
E1229	Wheelchair, pediatric size, not otherwise specified
E1239	Power wheelchair, pediatric size, not otherwise specified
E1841	Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs
E2205	Manual wheelchair accessory, handrim without projections, any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
E2368	Power wheelchair component, motor, replacement only
E2369	Power wheelchair component, gear box, replacement only
E2370	Power wheelchair component, motor and gear box combination, replacement only
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Powered wheelchair seat cushion
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2618	Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion, each
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components
G0336	Pet imaging, brain imaging for the differential diagnosis of alzheimer's disease with aberrant features vs fronto-temporal dementia
G0337	Hospice evaluation and counseling services, pre-election
G0344	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first six months of Medicare enrollment
G0345	Intravenous infusion, hydration; initial, up to one hour
G0346	Each additional hour, up to eight (8) hours (list separately in addition to code for primary procedure)
G0347	Intravenous infusion, for therapeutic/diagnostic (specify substance or drug); initial, up to one hour
G0348	Each additional hour, up to eight (8) hours (list separately in addition to code for primary procedure and report in conjunction with G0347)
G0349	Additional sequential infusion, up to one hour (list separately in addition to code for primary procedure)
G0350	Concurrent infusion (list separately in addition to code for primary procedure) report only once per substance/drug regardless of duration, report G0350 in conjunction with G0345
G0351	Therapeutic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
G0353	Intravenous push, single or initial substance/drug
G0354	Each additional sequential intravenous push (list separately in addition to code for primary procedure)
G0355	Chemotherapy administration, subcutaneous or intramuscular non-hormonal antineoplastic
G0356	Hormonal antineoplastic
G0357	Intravenous, push technique, single or initial substance/drug
G0358	Intravenous, push technique, each additional substance/drug (list separately in addition to code for primary procedure)

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
G0359	Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug
G0360	Each additional hour, one to eight (8) hours (list separately in addition to code for primary procedure) use G0360 in conjunction with G0359
G0361	Initiation of prolonged chemotherapy infusion (more than eight hours), requiring use of a portable or implantable pump
G0362	Each additional sequential infusion (different substance/drug), up to one hour (use with G0359)
G0363	Irrigation of implanted venous access device for drug delivery systems (do not report G0363 if an injection or infusion is provided on the same day)
G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service
G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)
G0366	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report, performed as a component of the initial preventive physical examination
G0367	Tracing only, without interpretation and report, performed as a component of the initial preventive physical examination
G0368	Interepretation and report only, performed as a component of the initial preventive physical examination
G9013	ESRD demo basic bundle level I
G9014	ESRD demo expanded bundle including venous access and related services
G9017	Amantadine hydrochloride, oral, per 100 mg (for use as a Medicare approved demonstration project)
G9018	Zanamivir, inhalation powder administered through inhaler, per 10 mg (for use as a Medicare approved demonstration project)
G9019	Oseltamivir phosphate, oral, per 75 mg (for use as a Medicare approved demonstration project)
G9020	Rimantadine hydrochloride, oral, per 100 mg (for use as a Medicare approved demonstration project)
J0128	Injection, abarelix, 10 mg
J0135	Injection, adalimumab, 20 mg
J0180	Injection, agalsidase beta, 1 mg
J0878	Injection, daptomycin, 1 mg
J1457	Injection, gallium nitrate, 1 mg
J1931	Injection, laronidase, 0.1 mg
J2357	Injection, omalizumab, 5 mg
J2469	Injection, palonosetron HCL, 25 mcg
J2794	Injection, risperidone, long acting, 0.5 mg
J3110	Injection, teriparatide, 10 mcg
J3246	Injection, tirofiban HCL, 0.25mg
J3396	Injection, verteporfin, 0.1 mg
J7304	Contraceptive supply, hormone containing patch, each
J7343	Dermal and epidermal, tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
J7344	Dermal tissue, of human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7518	Mycophenolic acid, oral, 180 mg
J7611	Albuterol, inhalation solution, administered through DME, concentrated form, 1 mg
J7612	Levalbuterol, inhalation solution, administered through DME, concentrated form, 0.5 mg
J7613	Albuterol, inhalation solution, administered through DME, unit dose, 1 mg
J7614	Levalbuterol, inhalation solution, administered through DME, unit dose, 0.5 mg
J7616	Albuterol, up to 5 mg and ipratropium bromide, up to 1 mg, compounded inhalation solution, administered through DME
J7617	Levalbuterol, up to 2.5 mg and ipratropium bromide, up to 1 mg, compounded inhalation solution, administered through DME
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg
J8501	Aprepitant, oral, 5 mg
J8565	Gefitinib, oral, 250 mg
J9035	Injection, bevacizumab, 10 mg
J9041	Injection, bortezomib, 0.1 mg
J9055	Injection, cetuximab, 10 mg
J9305	Injection, pemetrexed, 10 mg
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
L4002	Replacement strap, any orthosis, includes all components, any length, any type
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each
L8615	Headset/headpiece for use with cochlear implant device, replacement
L8616	Microphone for use with cochlear implant device, replacement
L8617	Transmitting coil for use with cochlear implant device, replacement
L8618	Transmitter cable for use with cochlear implant device, replacement
L8620	Lithium ion battery for use with cochlear implant device, replacement, each
L8621	Zinc air battery for use with cochlear implant device, replacement, each
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
S0196	Injectable poly-L-lactic acid, restorative implant, 1 ml, face (deep dermis, subcutaneous layers)
S0257	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle
S9482	Family stabilization services, per 15 minutes
T2049	Non-emergency transportation; stretcher van, mileage; per mile
T4521	Adult sized disposable incontinence product, brief/diaper, small, each
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	Adult sized disposable incontinence product, brief/diaper, large, each
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4537	Incontinence product, protective underpad, reusable, bed size, each
T4538	Diaper service, reusable diaper, each diaper
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4540	Incontinence product, protective underpad, reusable, chair size, each

(Continued)

Table 1 – New 2005 HCPCS Codes

Procedure Code	Description
T4541	Incontinence product, disposable underpad, large, each
T4542	Incontinence product, disposable underpad, small size, each
V2702	Deluxe lens feature

Deleted 2005 HCPCS Codes

Effective January 1, 2005, the HCPCS replacement codes must be used. Claims submitted with dates of service after December 31, 2004 with deleted codes will deny.

Table 2 – Deleted 2005 HCPCS Codes, Effective December 31, 2004

Procedure Code	Description	Replacement Code
0001F	Blood pressure, measured	This is a non-covered code under the IHCP. No replacement code is necessary.
0002F	Tobacco use, smoking, assessed	This is a non-covered code under the IHCP. No replacement code is necessary.
0003F	Tobacco use, non-smoking, assessed	This is a non-covered code under the IHCP. No replacement code is necessary.
0004F	Tobacco use cessation intervention, counseling	This is a non-covered code under the IHCP. Category II CPT codes are for tracking purposes and not required by the IHCP. This service is covered under HCPCS code S9075.
0005F	Tobacco use cessation intervention, pharmacologic therapy	This is a non-covered code under the IHCP. No replacement code is necessary.
0006F	Statin therapy, prescribed	This is a non-covered code under the IHCP. No replacement code is necessary.
0007F	Beta-blocker therapy, prescribed	This is a non-covered code under the IHCP. No replacement code is necessary.
0008F	ACE inhibitor therapy, prescribed	This is a non-covered code under the IHCP. No replacement code is necessary.
0009F	Anginal symptoms and level of activity, assessed	This is a non-covered code under the IHCP. No replacement code is necessary.
0010F	Anginal symptoms and level of activity, assessed using a standardized instrument (eg, Canadian Cardiovascular Society Classification-CCSC-system, Seattle Angina Questionnaire-SAQ)	This is a non-covered code under the IHCP. No replacement code is necessary.
0011F	Oral antiplatelet therapy; prescribed (eg, aspirin, clopidogrel/ plavix, or combination of aspirin and dipyridamole/aggrenox)	This is a non-covered code under the IHCP. No replacement code is necessary.
0001T	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, modular bifurcated prosthesis (two docking limbs)	34803

(Continued)

Table 2 – Deleted 2005 HCPCS Codes, Effective December 31, 2004

Procedure Code	Description	Replacement Code
0005T	Transcatheter placement of extracranial cerebrovascular artery stent(s), percutaneous; initial vessel	0075T
0006T	Each additional vessel (list separately in addition to code for primary procedure)	0076T
0007T	Transcatheter placement of extracranial cerebrovascular artery stent(s), percutaneous, radiological supervision and interpretation, each vessel	0075T, 0076T
0009T	Endometrial cryoablation with ultrasonic guidance	58356
0012T	Arthroscopy, knee, surgical, implantation of osteochondral graft(s) for treatment of articular surface defect; autografts	29866
0013T	Allografts	29867
0014T	Meniscal transplantation, medial or lateral, knee (any method)	29868
0057T	Upper gastrointestinal endoscopy, including esophagus, stomach, and either the duodenum and/or jejunum as appropriate, with delivery of thermal energy to the muscle of the lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	43257
35161	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, other arteries	37799
35162	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, other arteries	37799
35582	In-situ vein bypass; aortofemoral-popliteal (only femoral-popliteal portion in-situ)	35583
50559	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with insertion of radioactive substance with or without biopsy and/or fulguration	Use appropriate CPT Urinary System code.
50578	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with insertion of radioactive substance, with or without biopsy and/or fulguration	Use appropriate CPT Urinary System code.
50959	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with insertion of radioactive substance, with or without biopsy and/or fulguration (not including provision of material)	Use appropriate CPT Urinary System code.
50978	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with insertion of radioactive substance, with or without biopsy and/or fulguration (not including provision of material)	Use appropriate CPT Urinary System code.

(Continued)

Table 2 – Deleted 2005 HCPCS Codes, Effective December 31, 2004

Procedure Code	Description	Replacement Code
52347	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	52402
78810	Tumor imaging, positron emission tomography (PET), metabolic evaluation	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS G code.
78990	Provision of diagnostic radiopharmaceutical(s)	Use appropriate HCPCS code.
79000	Radiopharmaceutical therapy, hyper-thyroidism; initial, including evaluation of patient	79005
79001	Radiopharmaceutical therapy, hyper-thyroidism; subsequent, each therapy	79005
79020	Radiopharmaceutical therapy, thyroid suppression (euthyroid cardiac disease), including evaluation of patient	79005
79030	Radiopharmaceutical ablation of gland for thyroid carcinoma	79005
79035	Radiopharmaceutical therapy for metastases of thyroid carcinoma	79005
79100	Radiopharmaceutical therapy, polycythemia vera, chronic leukemia, each treatment by intravenous injection	79101
79400	Radiopharmaceutical therapy, nonthyroid, nonhematologic by intravenous injection	79101
79420	Intravascular radiopharmaceutical therapy, particulate	79445
79900	Provision of therapeutic radiopharmaceutical(s) unlisted radiopharmaceutical therapeutic procedure	Use appropriate HCPCS code.
88180	Flow cytometry; each cell surface, cytoplasmic or nuclear marker	88184, 88185, 88187, 88188, 88189
91032	Esophagus, acid reflux test, with intraluminal pH electrode for detection of gastroesophageal reflux;	91034, 91035
91033	Esophagus, acid reflux test, with intraluminal pH electrode for detection of gastroesophageal reflux; prolonged recording	91034, 91035
92589	Central auditory function test(s) (specify)	92620, 92621
97601	Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	97597, 97598
97780	Acupuncture, one or more needles; without electrical stimulation	This is a non-covered service under the IHCP. No replacement code is necessary.
97781	Acupuncture, one or more needles; with electrical stimulation	This is a non-covered service under the IHCP. No replacement code is necessary.
A4324	Male external catheter, with adhesive coating, each	A4349
A4325	Male external catheter, with adhesive strip, each	A4349

(Continued)

Table 2 – Deleted 2005 HCPCS Codes, Effective December 31, 2004

Procedure Code	Description	Replacement Code
A4347	Male external catheter with or without adhesive, with or without anti-reflux device; per dozen	Use appropriate HCPCS A code.
A4521	Adult-sized incontinence product, diaper, small size, each	T4521
A4522	Adult-sized incontinence product, diaper, medium size, each	T4522
A4523	Adult-sized incontinence product, diaper, large size, each	T4523
A4524	Adult-sized incontinence product, diaper, extra large size, each	T4524
A4525	Adult-sized incontinence product, brief, small size, each	T4521
A4526	Adult-sized incontinence product, brief, medium size, each	T4522
A4527	Adult-sized incontinence product, brief, large size, each	T4523
A4528	Adult-sized incontinence product, brief, extra-large size, each	T4524
A4529	Child-sized incontinence product, diaper, small/medium size, each	T4529
A4530	Child-sized incontinence product, diaper, large size, each	T4530
A4531	Child-sized incontinence product, brief, small/medium size, each	T4529
A4532	Child-sized incontinence product, brief, large size, each	T4530
A4533	Youth-sized incontinence product, diaper, each	T4533
A4535	Disposable liner/shield for incontinence, each	T4535
A4536	Protective underwear, washable, any size, each	T4536
A4537	Under pad, reusable/washable, any size, each	T4537
A4538	Diaper, reusable, provided by a diaper service, each diaper	This is a non-covered service under the IHCP. No replacement code is necessary.
A4609	Tracheal suction catheter, closed system, for less than 72 hours of use, each	A4605
A4610	Tracheal suction catheter, closed system, for 72 or more hours of use, each	A4605
B4151	Enteral formulae; category I; natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit	B4149
B4156	Enteral formulae; category vi; standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit	Use appropriate HCPCS B Code.
C9109	Injection, tirofiban hydrochloride, 6.25 mg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9124	Injection, daptomycin, per 1 mg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.

(Continued)

Table 2 – Deleted 2005 HCPCS Codes, Effective December 31, 2004

Procedure Code	Description	Replacement Code
C9125	Injection, risperidone, per 12.5 mg	This is a non-reimbursable code under the IHCP. Use appropriate HCPCS J code.
C9207	Injection, bortezomib, per 3.5 mg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9208	Injection, agalsidase beta, per 1 mg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9209	Injection, laronidase, per 2.9 mg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9210	Injection, palonosetron hydrochloride, per 250 mcg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9213	Injection, pemetrexed, per 10 mg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9214	Injection, bevacizumab, per 10 mg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9215	Injection, cetuximab, per 10 mg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9216	Injection, abarelix for injectable suspension, per 10 mg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9217	Injection, omalizumab, per 5 mg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9219	Mycophenolic acid, oral, per 180 mg	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9412	Ganciclovir, 4.5 mg, long-acting implant, brand name	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS J code.
C9701	Stretta system	This is a non-covered code under the IHCP. No replacement code is necessary.
C9703	Bard endoscopic suturing system	This is a non-covered code under the IHCP. No replacement code is necessary.
C9712	Insertion of a pH capsule for measurement and monitoring of gastroesophageal reflux disease, includes data collection and interpretation	This is a non-covered code under the IHCP. No replacement code is necessary.
C9714	Placement of balloon catheter into the breast for interstitial radiation therapy following a partial mastectomy; concurrent/immediate (add-on)	This is a non-covered code under the IHCP. No replacement code is necessary.

(Continued)

Table 2 – Deleted 2005 HCPCS Codes, Effective December 31, 2004

Procedure Code	Description	Replacement Code
C9715	Placement of balloon catheter into the breast for interstitial radiation therapy following a partial mastectomy; delayed	This is a non-covered code under the IHCP. No replacement code is necessary.
C9717	Hemorrhoidopexy, complex or extensive, by a circular stapler	This is a non-covered code under the IHCP. No replacement code is necessary.
D2970	Temporary crown (fractured tooth)	Use appropriate CDT-5 code.
D6020	Abutment placement or substitution: endosteal implant	21248
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	D7280, D7283
E0176	Air pressure pad or cushion, nonpositioning	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS E code.
E0177	Water pressure pad or cushion, nonpositioning	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS E code.
E0178	Gel or gel-like pressure pad or cushion, nonpositioning	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS E code.
E0179	Dry pressure pad or cushion, nonpositioning	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS E code.
E0192	Low pressure and positioning equalization pad, for wheelchair	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS E code.
E0454	Pressure ventilator with pressure control, pressure support and flow triggering features	Use appropriate HCPCS E code.
E0962	1" cushion, for wheelchair	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS E code.
E0963	2" cushion, for wheelchair	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS E code.
E0964	3" cushion, for wheelchair	This is a non-reimbursable code under the IHCP. Service is billable under appropriate HCPCS E code.
E0965	4" cushion, for wheelchair	This is a non-reimbursable code under the IHCP. Use appropriate HCPCS E code.
E1012	Integrated seating system, planar, for pediatric wheelchair	E2292
E1013	Integrated seating system, contoured, for pediatric wheelchair	E2294
G0001	Routine venipuncture for collection of specimen(s)	36415, 36406
G0292	Administration(s) of experimental drug(s) only in a Medicare qualifying clinical trial (includes administration for chemotherapy and other types of therapy via infusion and/or other than infusion), per day	Use appropriate Medicine CPT code.

(Continued)

Table 2 – Deleted 2005 HCPCS Codes, Effective December 31, 2004

Procedure Code	Description	Replacement Code
J3245	Injection, tirofiban hydrochloride, 12.5 mg	J3246
J3395	Injection, verteporfin, 15mg	J3396
J7618	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)	J7611, J7612
J7619	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)	J7613, J7614
J7621	Albuterol, all formulations, including separated isomers, up to 5 mg (albuterol) or 2.5 mg (levoalbuterol), and ipratropium bromide, up to 1 mg, compounded inhalation solution, administered through DME	J7616, J7617
K0023	Solid back insert, planar back, single density foam, attached with straps	This is a non-reimbursable code under the IHCP. Use appropriate HCPCS E code.
K0024	Solid back insert, planar back, single density foam, with adjustable hook-on hardware	This is a non-reimbursable code under the IHCP. Use appropriate HCPCS E code.
K0059	Plastic coated handrim, each	Use appropriate HCPCS E code.
K0060	Steel handrim, each	This is a non-reimbursable code under the IHCP. Use appropriate HCPCS E code.
K0061	Aluminum handrim, each	This is a non-reimbursable code under the IHCP. Use appropriate HCPCS E code.
K0081	Wheel lock assembly, complete, each	This is a non-reimbursable code under the IHCP. Use appropriate HCPCS E code.
K0114	Back support system for use with a wheelchair, with inner frame, prefabricated	This is a non-reimbursable code under the IHCP. Use appropriate HCPCS E code.
K0115	Seating system, back module, posteriorlateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base	Use appropriate HCPCS E code.
K0116	Seating system, combined back and seat module, custom fabricated for attachment to wheelchair base	Use appropriate HCPCS E code.
K0627	Traction equipment, cervical, free-standing, pneumatic, applying traction force to other than mandible	E0849
K0650	General use wheelchair seat cushion, width less than 22 inches, any depth	E2601
K0651	General use wheelchair seat cushion, width 22 inches or greater, any depth	E2602
K0652	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	E2603
K0653	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	E2604
K0654	Positioning wheelchair seat cushion, width less than 22 inches, any depth	E2605

(Continued)

Table 2 – Deleted 2005 HCPCS Codes, Effective December 31, 2004

Procedure Code	Description	Replacement Code
K0655	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	E2606
K0656	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	E2607
K0657	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	E2608
K0658	Custom fabricated wheelchair seat cushion, any size	E2609
K0659	Wheelchair seat cushion, powered	This is a non-covered service under the IHCP. No replacement code is necessary.
K0660	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	E2611
K0661	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	E2612
K0662	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	E2613
K0663	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	E2614
K0664	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	E2615
K0665	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	E2616
K0666	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	E2617
K0667	Mounting hardware, any type, for seat cushion or seat support base attached to a manual wheelchair or lightweight power wheelchair, per cushion/base	E1028
K0668	Replacement cover for wheelchair seat cushion or back cushion, each	E2619
L0476	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of the LS region, includes straps and closures, prefabricated, includes fitting and adjustment	Use appropriate HCPCS L code.

(Continued)

Table 2 – Deleted 2005 HCPCS Codes, Effective December 31, 2004

Procedure Code	Description	Replacement Code
L0478	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of LS region, includes straps and closures, custom fabricated	Use appropriate HCPCS L code.
L0500	Lumbar-sacral-orthosis (LSO), flexible, (lumbo-sacral support)	Use appropriate HCPCS L code.
L0510	LSO, flexible (lumbo-sacral support), custom fabricated	Use appropriate HCPCS L code.
L0515	LSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated	Use appropriate HCPCS L code.
L0520	LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front	Use appropriate HCPCS L code.
L0530	LSO, anterior-posterior control (Macausland type), with apron front	Use appropriate HCPCS L code.
L0540	LSO, lumbar flexion (Williams flexion type)	Use appropriate HCPCS L code.
L0550	LSO, anterior-posterior-lateral control, molded to patient model	Use appropriate HCPCS L code.
L0560	LSO, anterior-posterior-lateral control, molded to patient model, with interface material	Use appropriate HCPCS L code.
L0561	LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated	Use appropriate HCPCS L code.
L0565	LSO, anterior-posterior-lateral control, custom fitted	Use appropriate HCPCS L code.
L0600	Sacroiliac, flexible (sacroiliac surgical support),	Use appropriate HCPCS L code.
L0610	Sacroiliac, flexible (sacroiliac surgical support), custom fabricated	Use appropriate HCPCS L code.
L0620	Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front	Use appropriate HCPCS L code.
L2435	Addition to knee joint, polycentric joint, each joint	Use appropriate HCPCS L code.
L5674	Addition to lower extremity, below knee, suspension sleeve, any material, each	L5685
L5675	Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each	L5685
L5846	Addition, endoskeletal, knee-shin system, microprocessor control feature, swing phase only	L5857
L5847	Addition, endoskeletal knee-shin system, microprocessor control feature, stance phase	L5856
L5989	Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors	Use appropriate HCPCS L code.
L8490	Addition to prosthetic sheath/sock, air seal suction retention system	Use appropriate HCPCS L code.

(Continued)

Table 2 – Deleted 2005 HCPCS Codes, Effective December 31, 2004

Procedure Code	Description	Replacement Code
Q0182	Dermal and epidermal, tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter	J7343
Q0183	Dermal tissue, of human origin, with and without other bioengineered or processed elements, but without metabolically active elements, per square centimeter	J7344
S0115	Bortezomib, 3.5 mg	J9041
S0163	Injection, risperidone, long acting, 12.5 mg	J2794
S0165	Injection, abarelix, 100 mg	J0128
S0830	Ultrasound pachymetry to determine corneal thickness, with interpretation and report, unilateral	This is a non-covered code under the IHCP. No replacement code is necessary.
S2085	Laparoscopy, gastric restrictive procedure, with gastric bypass for morbid obesity, with short limb (less than 100 cm) roux-en-y gastroenterostomy	43644, 43645
S2113	Arthroscopy, knee, surgical for implantation of cultured analogous chondrocytes	27412
S2130	Endoluminal radiofrequency ablation of refluxing saphenous veins	This is a non-covered code under the IHCP. No replacement code is necessary.
S2131	Endovascular laser ablation of long or short saphenous vein, with or without proximal ligation or division	36478, 36479
S2211	Transcatheter placement of intravascular stent(s), carotid artery, percutaneous, unilateral (if performed bilaterally, use-50 modifier)	This is a non-covered code under the IHCP. No replacement code is necessary.
S2255	Hysteroscopy, surgical; with occlusion of oviducts bilaterally by micro-inserts for permanent sterilization	This is a non-reimbursable code under the IHCP. Service is billable under HCPCS code A9900 and CPT code 58579.
S8182	Humidifier, heated, used with ventilator, non-servo-controlled	E0562
S8183	Humidifier, heated, used with ventilator, dual servo-controlled with temperature monitoring	E0562
T1500	Diaper/incontinent pant, reusable/washable, any size, each	This is a non-covered service under the IHCP. No replacement code is necessary.

Changed 2005 HCPCS Codes

The CMS issued description changes in the 2005 HCPCS Update. The 2005 HCPCS code description changes will be added to the IndianaAIM claims processing system January 1, 2005. Providers will be notified in a bulletin in December 2004 of any 2005 HCPCS Update code changes that may affect claims adjudication.

CDT-3/2000 (including procedure codes, definitions (descriptions) and other data) is copyrighted by the American Dental Association. © 1999 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.

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 Apply.