



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

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To: All Providers**Subject: Coverage Determinations for the New 2009 Healthcare
Common Procedure Coding System Codes****Overview**

The purpose of this bulletin is to notify providers of the coverage determinations for the new 2009 Annual Healthcare Common Procedure Coding System (HCPCS) codes. The Indiana Health Coverage Programs (IHCP) has reviewed the new 2009 annual HCPCS codes to determine coverage and billing guidelines. This bulletin includes the following information:

- *Table 1:* A listing of the new alphanumeric Current Procedural Codes Terminology (CPT®) codes for the 2009 annual HCPCS update by procedure code, description, allowed modifiers, and program coverage determination.
- *Table 2:* A listing of the new modifier codes for the 2009 annual HCPCS update by modifier, description, type, and effective date.
- *Table 3:* A listing of the codes that are deleted and the replacement codes for 2009.
- *Table 4:* A listing of the new codes that are currently under review by the IHCP for coverage. Claims will deny for Explanation of Benefit (EOB) code 4021 – *Procedure code is not covered for the date of service for the program billed* until program coverage is determined. Updates to coverage determinations will be published in future bulletins and banners.
- *Table 5:* A listing of new codes that are currently under review by the IHCP for pricing. Claims will deny for EOB code 4014 – *No Pricing on File* until a rate is established. Updates to rates will be published in future bulletins and banner pages.
- *Table 6:* A listing of the outpatient radiology codes billed on the UB-04 claim form. The rates for these codes will be published in a future bulletin.

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

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New HCPCS Codes

The new 2009 annual HCPCS codes in this bulletin are identified by code, description, and coverage. The IHCP is advising providers of these determinations so that the appropriate codes can be billed beginning for dates of service on or after January 1, 2009. Description changes have not been published in this bulletin. The 2009 HCPCS changed codes are available for download on the following Web site: <http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPSCS>.

These codes have been added to the IndianaAIM claims processing system and fees are posted on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/MaxFee/fee_schedule.asp, with an effective date of January 1, 2009. Providers may bill these codes for dates of service on or after January 1, 2009. The standard global billing procedures and edits apply when using the new codes.

*Note: As used in Table 1, **noncovered** indicates that the IHCP does not cover the service described in the code; **nonreimbursable** indicates that the service described in the code is either billable under another code, or is part of a global service.*

Table 1 – New 2009 Annual HCPCS Codes, Effective January 1, 2009

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
00211	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOTOMY OR CRANIECTOMY FOR EVACUATION OF HEMATOMA	No for All Programs, No for Package C	Not Applicable (N/A)	Covered for All Programs, Covered for Package C	N/A
0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	N/A
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	N/A
00567	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITH PUMP OXYGENATOR	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
0188T	REMOTE REAL-TIME INTERACTIVE VIDEO-CONFERENCE CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; FIRST 30- 74 MINUTES	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
0189T	REMOTE REAL-TIME INTERACTIVE VIDEO-CONFERENCED CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0190T	PLACEMENT OF INTRAOCULAR RADIATION SOURCE APPLICATOR (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR; INTERNAL APPROACH	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0192T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR; EXTERNAL APPROACH	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0193T	TRANSURETHRAL, RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS URINARY INCONTINENCE	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0194T	PROCALCITONIN (PCT)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0195T	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING INSTRUMENTATION, IMAGING (WHEN PERFORMED), AND DISCECTOMY TO PREPARE INTERSPACE, LUMBAR; SINGLE INTERSPACE	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0196T	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING INSTRUMENTATION, IMAGING (WHEN PERFORMED), AND DISCECTOMY TO PREPARE INTERSPACE, LUMBAR; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0197T	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION THERAPY (EG, 3D POSITIONAL TRACKING, GATING, 3D SURFACE TRACKING), EACH FRACTION OF TREATMENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
0198T	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WITH INTERPRETATION AND REPORT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0525F	INITIAL VISIT FOR EPISODE (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0526F	SUBSEQUENT VISIT FOR EPISODE (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0528F	RECOMMENDED FOLLOW-UP INTERVAL FOR REPEAT COLONOSCOPY OF AT LEAST 10 YEARS DOCUMENTED IN COLONOSCOPY REPORT (END/POLYP)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0529F	INTERVAL OF 3 OR MORE YEARS SINCE PATIENT'S LAST COLONOSCOPY, DOCUMENTED (END/POLYP)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0535F	DYSPNEA MANAGEMENT PLAN OF CARE, DOCUMENTED (PALL CR)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0540F	GLUCORTICOID MANAGEMENT PLAN DOCUMENTED (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
0575F	HIV RNA CONTROL PLAN OF CARE, DOCUMENTED (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1130F	BACK PAIN AND FUNCTION ASSESSED, INCLUDING ALL OF THE FOLLOWING: PAIN ASSESSMENT AND FUNCTIONAL STATUS AND PATIENT HISTORY, INCLUDING NOTATION OF PRESENCE OR ABSENCE OF "RED FLAGS" (WARNING SIGNS) AND ASSESSMENT OF PRIOR TREATMENT AND RESPONSE, AND EMPLOY	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1134F	EPISODE OF BACK PAIN LASTING SIX WEEKS OR LESS (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1135F	EPISODE OF BACK PAIN LASTING LONGER THAN SIX WEEKS (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1136F	EPISODE OF BACK PAIN LASTING 12 WEEKS OR LESS (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1137F	EPISODE OF BACK PAIN LASTING LONGER THAN 12 WEEKS (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
1150F	DOCUMENTATION THAT A PATIENT HAS A SUBSTANTIAL RISK OF DEATH WITHIN ONE YEAR (PALL CR)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1151F	DOCUMENTATION THAT A PATIENT DOES NOT HAVE A SUBSTANTIAL RISK OF DEATH WITHIN ONE YEAR (PALL CR)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1152F	DOCUMENTATION OF ADVANCED DISEASE DIAGNOSIS, GOALS OF CARE PRIORITIZE COMFORT (PALL CR)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1153F	DOCUMENTATION OF ADVANCED DISEASE DIAGNOSIS, GOALS OF CARE DO NOT PRIORITIZE COMFORT (PALL CR)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1157F	ADVANCE CARE PLAN OR SIMILAR LEGAL DOCUMENT PRESENT IN THE MEDICAL RECORD (COA)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1158F	ADVANCE CARE PLANNING DISCUSSION DOCUMENTED IN THE MEDICAL RECORD (COA)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1159F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD (COA)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1160F	REVIEW OF ALL MEDICATIONS BY A PRESCRIBING PRACTITIONER OR CLINICAL PHARMACIST (SUCH AS, PRESCRIPTIONS, OTCS, HERBAL THERAPIES AND SUPPLEMENTS) DOCUMENTED IN THE MEDICAL RECORD (COA)1	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1170F	FUNCTIONAL STATUS ASSESSED (COA)2 (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1180F	ALL SPECIFIED THROMBOEMBOLIC RISK FACTORS ASSESSED (AFIB)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
2040F	PHYSICAL EXAMINATION ON THE DATE OF THE INITIAL VISIT FOR LOW BACK PAIN PERFORMED, IN ACCORDANCE WITH SPECIFICATIONS (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
2044F	DOCUMENTATION OF MENTAL HEALTH ASSESSMENT PRIOR TO INTERVENTION (BACK SURGERY OR EPIDURAL STEROID INJECTION) OR FOR BACK PAIN EPISODE LASTING LONGER THAN SIX WEEKS (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
2050F	WOUND CHARACTERISTICS INCLUDING SIZE AND NATURE OF WOUND BASE TISSUE AND AMOUNT OF DRAINAGE PRIOR TO DEBRIDEMENT, DOCUMENTED (CWC)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH STEREOTACTIC COMPUTER-ASSISTED ADJUSTMENT (EG, SPATIAL FRAME), INCLUDING IMAGING; INITIAL AND SUBSEQUENT ALIGNMENT(S), ASSESSMENT(S), AND COMPUTATION(S) O	No for All Programs, No for Package C	80,81,79,78,77,76,58,82,AS,62,51,54,55,57	Covered for All Programs, Covered for Package C	N/A
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH STEREOTACTIC COMPUTER-ASSISTED ADJUSTMENT (EG, SPATIAL FRAME), INCLUDING IMAGING; EXCHANGE (IE, REMOVAL AND REPLACEMENT) OF STRUT, EACH	No for All Programs, No for Package C	82,81,80,62,AS,51	Covered for All Programs, Covered for Package C	N/A
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION), SINGLE INTERSPACE, CERVICAL	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
27027	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/ OR TENSOR FASCIA LATA MUSCLE), UNILATERAL	No for All Programs, No for Package C	50,RT,79,78,77,76,58,57,55,54,51,LT	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
27057	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/ OR TENSOR FASCIA LATA MUSCLE) WITH DEBRIDEMENT OF NONVIABLE MUSCLE, UNILATERAL	No for All Programs, No for Package C	50,78,77,76, 58,79,55,54, 51,LT,RT,57	Covered for All Programs, Covered for Package C	N/A
3016F	PATIENT SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYSTEMATIC SCREENING METHOD (PV)1	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3018F	PRE-PROCEDURE RISK ASSESSMENT AND DEPTH OF INSERTION AND QUALITY OF THE BOWEL PREP AND COMPLETE DESCRIPTION OF POLYP(S) FOUND, INCLUDING LOCATION OF EACH POLYP, SIZE, NUMBER AND GROSS MORPHOLOGY AND RECOMMENDATIONS FOR FOLLOW-UP IN FINAL COLONOSCOPY REPOR	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3250F	SPECIMEN BIOPSY SITE OTHER THAN ANATOMIC LOCATION OF PRIMARY TUMOR (EG, LIVER BIOPSY, LYMPH NODE BIOPSY) (PATH)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3321F	AJCC CANCER STAGE 0 OR IA MELANOMA, DOCUMENTED (ML)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3322F	MELANOMA GREATER THAN AJCC STAGE 0 OR IA (ML)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3330F	IMAGING STUDY ORDERED (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3331F	IMAGING STUDY NOT ORDERED (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3340F	MAMMOGRAM ASSESSMENT CATEGORY OF "INCOMPLETE: NEED ADDITIONAL IMAGING EVALUATION", DOCUMENTED (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3341F	MAMMOGRAM ASSESSMENT CATEGORY OF "NEGATIVE", DOCUMENTED (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3342F	MAMMOGRAM ASSESSMENT CATEGORY OF "BENIGN", DOCUMENTED (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3343F	MAMMOGRAM ASSESSMENT CATEGORY OF "PROBABLY BENIGN", DOCUMENTED (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
3344F	MAMMOGRAM ASSESSMENT CATEGORY OF "SUSPICIOUS", DOCUMENTED (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3345F	MAMMOGRAM ASSESSMENT CATEGORY OF "HIGHLY SUGGESTIVE OF MALIGNANCY", DOCUMENTED (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3350F	MAMMOGRAM ASSESSMENT CATEGORY OF "KNOWN BIOPSY PROVEN MALIGNANCY", DOCUMENTED (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3351F	NEGATIVE SCREEN FOR DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION SCREENING/ASSESSMENT TOOL (MDD)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3352F	NO SIGNIFICANT DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION ASSESSMENT TOOL (MDD)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3353F	MILD TO MODERATE DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION SCREENING/ASSESSMENT TOOL (MDD)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3354F	CLINICALLY SIGNIFICANT DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION SCREENING/ASSESSMENT TOOL (MDD)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3370F	AJCC BREAST CANCER STAGE 0, DOCUMENTED (ONC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3372F	AJCC BREAST CANCER STAGE I: T1MIC, T1A OR T1B (TUMOR SIZE <=1 CM), DOCUMENTED (ONC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3374F	AJCC BREAST CANCER STAGE I: T1C (TUMOR SIZE >1 CM TO 2 CM), DOCUMENTED (ONC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3376F	AJCC BREAST CANCER STAGE II, DOCUMENTED (ONC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3378F	AJCC BREAST CANCER STAGE III, DOCUMENTED (ONC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
3380F	AJCC BREAST CANCER STAGE IV, DOCUMENTED (ONC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3382F	AJCC COLON CANCER, STAGE 0, DOCUMENTED (ONC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3384F	AJCC COLON CANCER, STAGE I, DOCUMENTED (ONC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3386F	AJCC COLON CANCER, STAGE II, DOCUMENTED (ONC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3388F	AJCC COLON CANCER, STAGE III, DOCUMENTED (ONC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3390F	AJCC COLON CANCER, STAGE IV, DOCUMENTED (ONC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3450F	DYSPNEA SCREENED, NO DYSPNEA OR MILD DYSPNEA (PALL CR)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3451F	DYSPNEA SCREENED, MODERATE OR SEVERE DYSPNEA (PALL CR)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3452F	DYSPNEA NOT SCREENED (PALL CR)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3455F	TB SCREENING PERFORMED AND RESULTS INTERPRETED WITHIN SIX MONTHS PRIOR TO INITIATION OF FIRST-TIME BIOLOGIC DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RA (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3470F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, LOW (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3471F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, MODERATE (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3472F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, HIGH (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3475F	DISEASE PROGNOSIS FOR RHEUMATOID ARTHRITIS ASSESSED, POOR PROGNOSIS DOCUMENTED (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3476F	DISEASE PROGNOSIS FOR RHEUMATOID ARTHRITIS ASSESSED, GOOD PROGNOSIS DOCUMENTED (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
3490F	HISTORY OF AIDS-DEFINING CONDITION (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3491F	HIV INDETERMINATE (INFANTS OF UNDETERMINED HIV STATUS BORN OF HIV-INFECTED MOTHERS) (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3492F	HISTORY OF NADIR CD4+ CELL COUNT <350 CELLS/MM3 (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3493F	NO HISTORY OF NADIR CD4+ CELL COUNT <350 CELLS/MM3 AND NO HISTORY OF AIDS-DEFINING CONDITION (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3494F	CD4+ CELL COUNT <200 CELLS/MM3 (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3495F	CD4+ CELL COUNT 200 - 499 CELLS/MM3 (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3496F	CD4+ CELL COUNT >=500 CELLS/MM3 (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3497F	CD4+ CELL PERCENTAGE <15% (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3498F	CD4+ CELL PERCENTAGE >=15% (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3500F	CD4+CELL COUNT OR CD4+CELL PERCENTAGE DOCUMENTED AS PERFORMED (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3502F	HIV RNA VIRAL LOAD BELOW LIMITS OF QUANTIFICATION (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3503F	HIV RNA VIRAL LOAD NOT BELOW LIMITS OF QUANTIFICATION (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3510F	DOCUMENTATION THAT TUBERCULOSIS (TB) SCREENING TEST PERFORMED AND RESULTS INTERPRETED (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3511F	CHLAMYDIA AND GONORRHEA SCREENINGS DOCUMENTED AS PERFORMED (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3512F	SYPHILIS SCREENING DOCUMENTED AS PERFORMED (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
3513F	HEPATITIS B SCREENING DOCUMENTED AS PERFORMED (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3514F	HEPATITIS C SCREENING DOCUMENTED AS PERFORMED (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3515F	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS C (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3550F	LOW RISK FOR THROMBOEMBOLISM (AFIB)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3551F	INTERMEDIATE RISK FOR THROMBOEMBOLISM (AFIB)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3552F	HIGH RISK FOR THROMBOEMBOLISM (AFIB)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	No for All Programs, No for Package C	62,79,82,81, 80,LT,RT,50, 51,54,55,57, 58,76,77,78, AS	Covered for All Programs, Covered for Package C	N/A
3555F	PATIENT HAD INTERNATIONAL NORMALIZED RATIO (INR) MEASUREMENT PERFORMED (AFIB)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL	No for All Programs, No for Package C	62,AS,82,81, 80,LT,RT,50, 51,79,78,77, 76,58,57,55, 54	Covered for All Programs, Covered for Package C	N/A
35632	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	No for All Programs, No for Package C	50,79,LT,80, 81,82,AS,62, 78,77,76,58, 57,55,54,51, RT	Covered for All Programs, Covered for Package C	N/A
35633	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	No for All Programs, No for Package C	76,77,78,79, 50,RT,LT,80, 81,82,AS,62, 51,54,55,57, 58	Covered for All Programs, Covered for Package C	N/A
35634	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	No for All Programs, No for Package C	50,79,LT,80, 81,82,AS,62, 51,54,55,57, 58,76,77,78, RT	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
3570F	FINAL REPORT FOR BONE SCINTIGRAPHY STUDY INCLUDES CORRELATION WITH EXISTING RELEVANT IMAGING STUDIES (EG, X-RAY, MRI, CT) CORRESPONDING TO THE SAME ANATOMICAL REGION IN QUESTION (NUC_MED)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3572F	PATIENT CONSIDERED TO BE POTENTIALLY AT RISK FOR FRACTURE IN A WEIGHT-BEARING SITE (NUC_MED)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
3573F	PATIENT NOT CONSIDERED TO BE POTENTIALLY AT RISK FOR FRACTURE IN A WEIGHT-BEARING SITE (NUC_MED)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4148F	HEPATITIS A VACCINE INJECTION ADMINISTERED OR PREVIOUSLY RECEIVED (HEP-C)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4149F	HEPATITIS B VACCINE INJECTION ADMINISTERED OR PREVIOUSLY RECEIVED (HEP-C)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	No for All Programs, No for Package C	51,54,79,78,77,76,58,57,55	Covered for All Programs, Covered for Package C	N/A
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER SESSION	No for All Programs, No for Package C	51,78,77,76,79,57,55,54,58	Covered for All Programs, Covered for Package C	N/A
4192F	PATIENT NOT RECEIVING GLUCOCORTICOID THERAPY (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4193F	PATIENT RECEIVING <10 MG DAILY PREDNISONE (OR EQUIVALENT), OR RA ACTIVITY IS WORSENING, OR GLUCOCORTICOID USE IS FOR LESS THAN 6 MONTHS (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4194F	PATIENT RECEIVING >=10MG DAILY PREDNISONE (OR EQUIVALENT) FOR LONGER THAN 6 MONTHS, AND IMPROVEMENT OR NO CHANGE IN DISEASE ACTIVITY (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4195F	PATIENT RECEIVING FIRST-TIME BIOLOGIC DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4196F	PATIENT NOT RECEIVING FIRST-TIME BIOLOGIC DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS (RA)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
4240F	INSTRUCTION IN THERAPEUTIC EXERCISE WITH FOLLOW-UP BY THE PHYSICIAN PROVIDED TO PATIENTS DURING EPISODE OF BACK PAIN LASTING LONGER THAN 12 WEEKS (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4242F	COUNSELING FOR SUPERVISED EXERCISE PROGRAM PROVIDED TO PATIENTS DURING EPISODE OF BACK PAIN LASTING LONGER THAN 12 WEEKS (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4245F	PATIENT COUNSELED DURING THE INITIAL VISIT TO MAINTAIN OR RESUME NORMAL ACTIVITIES (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4248F	PATIENT COUNSELED DURING THE INITIAL VISIT FOR AN EPISODE OF BACK PAIN AGAINST BED REST LASTING 4 DAYS OR LONGER (BKP)2	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4250F	ACTIVE WARMING USED INTRAOPERATIVELY FOR THE PURPOSE OF MAINTAINING NORMOTHERMIA, OR AT LEAST ONE BODY TEMPERATURE EQUAL TO OR GREATER THAN 36 DEGREES CENTIGRADE (OR 96.8 DEGREES FAHRENHEIT) RECORDED WITHIN THE 30 MINUTES IMMEDIATELY BEFORE OR THE 30 MINU	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4260F	WOUND SURFACE CULTURE TECHNIQUE USED (CWC)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4261F	TECHNIQUE OTHER THAN SURFACE CULTURE OF THE WOUND EXUDATE USED (EG, LEVINE/DEEP SWAB TECHNIQUE, SEMI-QUANTITATIVE OR QUANTITATIVE SWAB TECHNIQUE) OR WOUND SURFACE CULTURE TECHNIQUE NOT USED (CWC)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4265F	USE OF WET TO DRY DRESSINGS PRESCRIBED OR RECOMMENDED (CWC)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4266F	USE OF WET TO DRY DRESSINGS NEITHER PRESCRIBED NOR RECOMMENDED (CWC)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4267F	COMPRESSION THERAPY PRESCRIBED (CWC)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
4268F	PATIENT EDUCATION REGARDING THE NEED FOR LONG TERM COMPRESSION THERAPY INCLUDING INTERVAL REPLACEMENT OF COMPRESSION STOCKINGS, RECEIVED (CWC)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4269F	APPROPRIATE METHOD OF OFFLOADING (PRESSURE RELIEF) PRESCRIBED (CWC)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4270F	PATIENT RECEIVING POTENT ANTIRETROVIRAL THERAPY FOR 6 MONTHS OR LONGER (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4271F	PATIENT RECEIVING POTENT ANTIRETROVIRAL THERAPY FOR LESS THAN 6 MONTHS OR NOT RECEIVING POTENT ANTIRETROVIRAL THERAPY (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4274F	INFLUENZA IMMUNIZATION ADMINISTERED OR PREVIOUSLY RECEIVED (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4275F	POTENT ANTIRETROVIRAL THERAPY PRESCRIBED (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4279F	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS PRESCRIBED (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4280F	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS PRESCRIBED WITHIN 3 MONTHS OF LOW CD4+ CELL COUNT OR PERCENTAGE (HIV)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4290F	PATIENT SCREENED FOR INJECTION DRUG USE (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4293F	PATIENT SCREENED FOR HIGH-RISK SEXUAL BEHAVIOR (HIV)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4300F	PATIENT RECEIVING WARFARIN THERAPY FOR NONVALVULAR ATRIAL FIBRILLATION OR ATRIAL FLUTTER (AFIB)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4301F	PATIENT NOT RECEIVING WARFARIN THERAPY FOR NONVALVULAR ATRIAL FIBRILLATION OR ATRIAL FLUTTER (AFIB)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4305F	PATIENT EDUCATION REGARDING APPROPRIATE FOOT CARE AND DAILY INSPECTION OF THE FEET, RECEIVED (CWC)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
4306F	PATIENT COUNSELED REGARDING PSYCHOSOCIAL AND PHARMACOLOGIC TREATMENT OPTIONS FOR OPIOID ADDICTION (SUD)1	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
4320F	PATIENT COUNSELED REGARDING PSYCHOSOCIAL AND PHARMACOLOGIC TREATMENT OPTIONS FOR ALCOHOL DEPENDENCE (SUD)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(S) AND/OR PANCREATIC DUCT(S) (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PERFORMED	No for All Programs, No for Package C	80,81,82,AS, 62,51,79,55, 57,58,76,77, 78,54	Covered for All Programs, Covered for Package C	N/A
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY)	No for All Programs, No for Package C	51,54,55,57, 79,76,77,78, 58	Covered for All Programs, Covered for Package C	N/A
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	No for All Programs, No for Package C	81,82,LT,RT, 50,79,78,77, 76,58,57,55, 54,51,62,AS, 80	Covered for All Programs, Covered for Package C	N/A
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED	No for All Programs, No for Package C	81,80,LT,RT, 50,79,78,77, 76,58,57,55, 54,51,82,AS, 62	Covered for All Programs, Covered for Package C	N/A
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	No for All Programs, No for Package C	50,RT,LT,80, 81,82,AS,62, 51,54,55,57, 58,76,77,78, 79	Covered for All Programs, Covered for Package C	N/A
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED	No for All Programs, No for Package C	50,RT,78,77, 76,58,57,55, 54,51,62,AS, 82,81,80,LT, 79	Covered for All Programs, Covered for Package C	N/A
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	No for All Programs, No for Package C	50,LT,80,81, 82,AS,62,51, 54,55,57,58, 76,77,78,RT, 79	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED	No for All Programs, No for Package C	50,79,78,77,76,58,57,55,54,51,62,AS,82,81,RT,LT,80	Covered for All Programs, Covered for Package C	N/A
5060F	FINDINGS FROM DIAGNOSTIC MAMMOGRAM COMMUNICATED TO PRACTICE MANAGING PATIENT'S ONGOING CARE WITHIN 3 BUSINESS DAYS OF EXAM INTERPRETATION (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
5062F	FINDINGS FROM DIAGNOSTIC MAMMOGRAM COMMUNICATED TO THE PATIENT WITHIN 5 BUSINESS DAYS OF EXAM INTERPRETATION (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
5100F	POTENTIAL RISK FOR FRACTURE COMMUNICATED TO THE REFERRING PHYSICIAN WITHIN 24 HOURS OF COMPLETION OF THE IMAGING STUDY	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING, INCLUDING IMAGING GUIDANCE	No for All Programs, No for Package C	80,81,82,AS,62,51,79,55,57,58,76,77,78,54	Covered for All Programs, Covered for Package C	N/A
6040F	USE OF APPROPRIATE RADIATION DOSE REDUCTION DEVICES OR MANUAL TECHNIQUES FOR APPROPRIATE MODERATION OF EXPOSURE, DOCUMENTED (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
6045F	RADIATION EXPOSURE OR EXPOSURE TIME IN FINAL REPORT FOR PROCEDURE USING FLUOROSCOPY, DOCUMENTED (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	No for All Programs, No for Package C	80,81,82,AS,54,55,57,58,76,77,78,79	Covered for All Programs, Covered for Package C	N/A
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	AS,80,81,82	Covered for All Programs, Covered for Package C	N/A
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	No for All Programs, No for Package C	54,55,57,58,AS,82,81,80,76,79,78,77	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, COMPLEX (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	80,81,82,AS	Covered for All Programs, Covered for Package C	N/A
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	80,AS,82,81	Covered for All Programs, Covered for Package C	N/A
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PARAVERTEBRAL TISSUE FOR DIAGNOSTIC PURPOSES	No for All Programs, No for Package C	51	Covered for All Programs, Covered for Package C	N/A
63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION	No for All Programs, No for Package C	82,81,80,AS,79,78,77,76,58,57,55,54	Covered for All Programs, Covered for Package C	N/A
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL SPINAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	82,81,80,AS	Covered for All Programs, Covered for Package C	N/A
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (EG, MORTON'S NEUROMA)	No for All Programs, No for Package C	51,LT,RT,50	Covered for All Programs, Covered for Package C	N/A
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	No for All Programs, No for Package C	55,54,51,57,58,76,77,78,LT,79,50,RT	Covered for All Programs, Covered for Package C	N/A
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	No for All Programs, No for Package C	62,51,54,55,57,58,76,77,78,79,50,RT,LT,80,81,82,AS	Covered for All Programs, Noncovered for Package C	N/A
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
7020F	MAMMOGRAM ASSESSMENT CATEGORY (EG, MAMMOGRAPHY QUALITY STANDARDS ACT [MQSA], BREAST IMAGING REPORTING AND DATA SYSTEM [BI-RADS], OR FDA APPROVED EQUIVALENT CATEGORIES) ENTERED INTO AN INTERNAL DATABASE TO ALLOW FOR ANALYSIS OF ABNORMAL INTERPRETATION (REC)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
7025F	PATIENT INFORMATION ENTERED INTO A REMINDER SYSTEM WITH A TARGET DUE DATE FOR THE NEXT MAMMOGRAM (RAD)5	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
77785	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
77786	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
77787	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE STUDY, INTRAVENOUS (EG, PARATHYROID ADENOMA)	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	N/A
83876	MYELOPEROXIDASE (MPO)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG, ADAMTS-13), EACH ANALYTE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-IPV), WHEN ADMINISTERED TO CHILDREN 4 THROUGH 6 YEARS OF AGE, FOR INTRAMUSCULAR USE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
90951	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MORE FACE-TO-FACE PHYSICIAN V	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90952	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90953	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90954	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MORE FACE-TO-FACE PHYSICIAN VISITS PER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
90955	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90956	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90957	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MORE FACE-TO-FACE PHYSICIAN VISITS PER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90958	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90959	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90960	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 4 OR MORE FACE-TO-FACE PHYSICIAN VISITS PER MONTH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90963	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90964	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90965	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90966	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 20 YEARS OF AGE AND OLDER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90967	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90968	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS 2-11 YEARS OF AGE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
90969	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS 12-19 YEARS OF AGE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS 20 YEARS OF AGE AND OLDER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
93228	WEARABLE MOBILE CARDIOVASCULAR TELEMTRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
93229	WEARABLE MOBILE CARDIOVASCULAR TELEMTRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
93279	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; SINGLE LEAD PACEMAKER SYSTEM	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93280	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; DUAL LEAD PACEMAKER SYSTEM	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
93281	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; MULTIPLE LEAD PACEMAKER SYSTEM	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93282	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; SINGLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLA	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93283	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; DUAL LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATO	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93284	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRIL	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93285	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; IMPLANTABLE LOOP RECORDER SYSTEM	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
93286	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A SURGERY, PROCEDURE, OR TEST WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93287	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A SURGERY, PROCEDURE, OR TEST WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM, INCLUDING ANALYSI	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM, INCLUDING ANALYSIS OF 1 OR MORE RECORDED PHYSIOLOGIC	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; IMPLANTABLE LOOP RECORDER SYSTEM, INCLUDING HEART RHYTHM DERIVED DATA ANALYSIS	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; WEARABLE DEFIBRILLATOR SYSTEM	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM, INCLUDES RECORDING WITH AND WITHOUT MAGNET APPLICATION WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT(S), UP TO 90 DAYS	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM WITH INTERIM PHYSICIAN ANALYSIS, REVIEW(S) AND REPORT(S)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH INTERIM PHYSICIAN ANALYSIS, REVIEW(S) AND REPORT(S)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM OR IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM, REMOTE DATA ACQUISITION(S), RECEIPT OF TRANSMISSIONS AND TECHNICIAN REVIEW, TECHNICAL SUPPORT AND	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
93297	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM, INCLUDING ANALYSIS OF 1 OR MORE RECORDED PHYSIOLOGIC CARDIOVASCULAR DATA ELEMENTS FROM ALL INTERNAL AND EXTERNAL SENSORS, PHYSICIAN ANALYSIS, REVIEW(S)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
93298	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE LOOP RECORDER SYSTEM, INCLUDING ANALYSIS OF RECORDED HEART RHYTHM DATA, PHYSICIAN ANALYSIS, REVIEW(S) AND REPORT(S)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
93299	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM OR IMPLANTABLE LOOP RECORDER SYSTEM, REMOTE DATA ACQUISITION(S), RECEIPT OF TRANSMISSIONS AND TECHNICIAN REVIEW, TECHNICAL SUPPORT AND DISTRIBUTION OF RE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE DAYS OF RECORDING)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR, INCLUDING PUMP SET-UP AND ESTABLISHMENT OF SUBCUTANEOUS INFUSION SITE(S)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP WITH ESTABLISHMENT OF NEW SUBCUTANEOUS INFUSION SITE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/ DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF THE SAME SUBSTANCE/DRUG PROVIDED IN A FACILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR BIRTHING CENTER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT ADMITTED AND DISCHARGED ON THE SAME DATE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND INITIAL STABILIZATION OF NEWBORN	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99465	DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST COMPRESSIONS IN THE PRESENCE OF ACUTE INADEQUATE VENTILATION AND/OR CARDIAC OUTPUT	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99466	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT, 24 MONTHS OF AGE OR LESS; FIRST 30-74 MINUTES OF HANDS-ON CARE DURING TRANSPORT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
99467	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT, 24 MONTHS OF AGE OR LESS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
99468	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL NEONATE, 28 DAYS OF AGE OR LESS	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL NEONATE, 28 DAYS OF AGE OR LESS	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
99471	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 2 THROUGH 5 YEARS OF AGE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 2 THROUGH 5 YEARS OF AGE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99478	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING VERY LOW BIRTH WEIGHT INFANT (PRESENT BODY WEIGHT LESS THAN 1500 GRAMS)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99479	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING LOW BIRTH WEIGHT INFANT (PRESENT BODY WEIGHT OF 1500-2500 GRAMS)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
99480	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING INFANT (PRESENT BODY WEIGHT OF 2501-5000 GRAMS)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
A9284	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	N/A
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
C8929	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
C8930	TRANSTHORACIC ECHOCARDIOGRAPHY, WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
C9245	INJECTION, ROMIPLOSTIM, 10 MCG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes
C9246	INJECTION, GADOXETATE DISODIUM, PER ML	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	N/A
C9247	IOBENGUANE, I-123, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	N/A
C9248	INJECTION, CLEVIDIPIEN BUTYRATE, 1 MG	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
C9899	IMPLANTED PROSTHETIC DEVICE, PAYABLE ONLY FOR INPATIENTS WHO DO NOT HAVE INPATIENT COVERAGE	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
D0417	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
D0418	ANALYSIS OF SALIVA SAMPLE	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
D5991	TOPICAL MEDICAMENT CARRIER	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	N/A
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	Yes for All Programs, Yes for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	Yes for All Programs, Yes for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	Yes for All Programs, Yes for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES	Yes for All Programs, Yes for Package C	N/A	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
G0398	HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONITOR, UNATTENDED; MINIMUM OF 7 CHANNELS: EEG, EOG, EMG, ECG/HEART RATE, AIRFLOW, RESPIRATORY EFFORT AND OXYGEN SATURATION	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G0399	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR, UNATTENDED; MINIMUM OF 4 CHANNELS: 2 RESPIRATORY MOVEMENT/AIRFLOW, 1 ECG/HEART RATE AND 1 OXYGEN SATURATION	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G0400	HOME SLEEP TEST (HST) WITH TYPE IV PORTABLE MONITOR, UNATTENDED; MINIMUM OF 3 CHANNELS	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G0402	INITIAL PREVENTIVE PHYSICAL EXAMINATION; FACE-TO-FACE VISIT, SERVICES LIMITED TO NEW BENEFICIARY DURING THE FIRST 12 MONTHS OF MEDICARE ENROLLMENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G0403	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS A SCREENING FOR THE INITIAL PREVENTIVE PHYSICAL EXAMINATION WITH INTERPRETATION AND REPORT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G0404	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT, PERFORMED AS A SCREENING FOR THE INITIAL PREVENTIVE PHYSICAL EXAMINATION	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G0405	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; INTERPRETATION AND REPORT ONLY, PERFORMED AS A SCREENING FOR THE INITIAL PREVENTIVE PHYSICAL EXAMINATION	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G0406	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G0407	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
G0408	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35 MINUTES OR MORE COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G0409	SOCIAL WORK AND PSYCHOLOGICAL SERVICES, DIRECTLY RELATING TO AND/OR FURTHERING THE PATIENT'S REHABILITATION GOALS, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL (SERVICES PROVIDED BY A CORF-QUALIFIED SOCIAL WORKER OR PSYCHOLOGIST IN A CORF)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
G0411	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
G0412	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S), UNILATERAL OR BILATERAL FOR PELVIC BONE FRACTURE PATTERNS WHICH DO NOT DISRUPT THE PELVIC RING INCLUDES INTERNAL FIXATION, WHEN PERFORMED	No for All Programs, No for Package C	82,81,79,78,77,76,58,57,55,54,51,62,AS,80	Covered for All Programs, Covered for Package C	N/A
G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, (INCLUDES ILIUM, SACROILIAC JOINT AND/OR SACRUM)	No for All Programs, No for Package C	80,78,77,76,58,57,79,54,51,62,AS,82,81,55	Covered for All Programs, Covered for Package C	N/A
G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, INCLUDES INTERNAL FIXATION WHEN PERFORMED (INCLUDES PUBIC SYMPHYSIS AND/OR SUPERIOR/INFERIOR RAMI)	No for All Programs, No for Package C	82,81,80,AS,79,78,77,76,58,57,55,54,51,62	Covered for All Programs, Covered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED (INCLUDES ILIUM, SACROILIAC JOINT AND/OR SACRUM)	No for All Programs, No for Package C	80,81,77,78,79,76,58,57,55,82,AS,62,51,54	Covered for All Programs, Covered for Package C	N/A
G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURATION BIOPSY SAMPLING, 1-20 SPECIMENS	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
G0417	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURATION BIOPSY SAMPLING, 21-40 SPECIMENS	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
G0418	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURATION BIOPSY SAMPLING, 41-60 SPECIMENS	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
G0419	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURATION BIOPSY SAMPLING, GREATER THAN 60 SPECIMENS	No for All Programs, No for Package C	26,TC	Covered for All Programs, Covered for Package C	N/A
G8485	I INTEND TO REPORT THE DIABETES MELLITUS MEASURES GROUP	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8486	I INTEND TO REPORT THE PREVENTIVE CARE MEASURES GROUP	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8487	I INTEND TO REPORT THE CHRONIC KIDNEY DISEASE (CKD) MEASURES GROUP	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8488	CLINICIAN INTENDS TO REPORT THE END STAGE RENAL DISEASE (ESRD) MEASURE GROUP	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8489	I INTEND TO REPORT THE CORONARY ARTERY DISEASE (CAD) MEASURES GROUP	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8490	I INTEND TO REPORT THE RHEUMATOID ARTHRITIS MEASURES GROUP	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8491	I INTEND TO REPORT THE HIV/AIDS MEASURES GROUP	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8492	I INTEND TO REPORT THE PERIOPERATIVE CARE MEASURES GROUP	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
G8493	I INTEND TO REPORT THE BACK PAIN MEASURES GROUP	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8494	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE DIABETES MELLITUS MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8495	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CKD MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8496	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE PREVENTIVE CARE MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8497	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CORONARY ARTERY BYPASS GRAFT (CABG) MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8498	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CORONARY ARTERY DISEASE (CAD) MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8499	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE RHEUMATOID ARTHRITIS MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8500	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE HIV/AIDS MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8501	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE PERIOPERATIVE CARE MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8502	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE BACK PAIN MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
G8503	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTIC WAS GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO HOURS) PRIOR TO SURGICAL INCISION (OR START OF PROCEDURE WHEN NO INCISION IS REQUIRED)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8504	DOCUMENTATION OF ORDER FOR PROPHYLACTIC ANTIBIOTICS TO BE GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO HOURS) PRIOR TO SURGICAL INCISION (OR START OF PROCEDURE WHEN NO INCISION IS REQUIRED)	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8505	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTIC WAS NOT GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO HOURS) PRIOR TO SURGICAL INCISION (OR START OF PROCEDURE WHEN NO INCISION IS REQUIRED), REASON NOT SPECIFIED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8506	PATIENT RECEIVING ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8507	PROVIDER DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR PATIENT VERIFICATION OF CURRENT MEDICATIONS	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8508	DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTION) PRIOR TO INITIATION OF TREATMENT OR DOCUMENTATION OF THE ABSENCE OF PAIN AS A RESULT OF ASSESSMENT THROUGH DISCUSSION WITH THE PATIENT INCLUDING THE USE OF A STANDARDIZED TOO	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8509	DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTION) PRIOR TO INITIATION OF TREATMENT OR DOCUMENTATION OF THE ABSENCE OF PAIN AS A RESULT OF ASSESSMENT THROUGH DISCUSSION WITH THE PATIENT INCLUDING THE USE OF A STANDARDIZED TOO	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
G8510	NEGATIVE SCREEN FOR CLINICAL DEPRESSION USING A STANDARDIZED TOOL, PATIENT NOT ELIGIBLE/APPROPRIATE FOR FOLLOW-UP PLAN DOCUMENTED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8511	SCREEN FOR CLINICAL DEPRESSION USING A STANDARDIZED TOOL DOCUMENTED, FOLLOW UP PLAN NOT DOCUMENTED, REASON NOT SPECIFIED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8512	PAIN SEVERITY QUANTIFIED; PAIN PRESENT	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8513	ABI MEASURED AND DOCUMENTED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8514	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ABI MEASUREMENT MEASURE	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8515	ABI MEASUREMENT WAS NOT OBTAINED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8516	PATIENT SCREENED FOR FUTURE FALLS RISK; DOCUMENTATION OF TWO OR MORE FALLS IN THE PAST YEAR OR ANY FALL WITH INJURY IN THE PAST YEAR	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8517	PATIENT SCREENED FOR FUTURE FALL RISK; DOCUMENTATION OF NO FALLS IN THE PAST YEAR OR ONLY ONE FALL WITHOUT INJURY IN THE PAST YEAR	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8518	CLINICAL STAGE PRIOR TO SURGERY FOR LUNG CANCER AND ESOPHAGEAL CANCER RESECTION WAS RECORDED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8519	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT ELIGIBLE FOR CLINICAL STAGE PRIOR TO SURGERY FOR LUNG CANCER AND ESOPHAGEAL CANCER RESECTION MEASURE	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8520	CLINICIAN STAGE PRIOR TO SURGERY FOR LUNG CANCER AND ESOPHAGEAL CANCER RESECTION WAS NOT RECORDED, REASON NOT SPECIFIED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
G8521	ANTIPLATELET THERAPY RECEIVED (ASA [81-325 MG/DAY] AND/OR CLOPIDOGREL [75 MG/DAY]) WITHIN 48 HOURS OF THE INITIATION OF SURGERY AND AT DISCHARGE	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8522	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTIPLATELET THERAPY	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8523	ANTIPLATELET THERAPY NOT RECEIVED 48 HOURS PRIOR TO CEA AND AT DISCHARGE, REASON NOT SPECIFIED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8524	PATCH CLOSURE USED FOR PATIENT UNDERGOING CONVENTIONAL CEA	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
G8525	CLINICIAN DOCUMENTED THAT PATIENT DID NOT RECEIVE CONVENTIONAL CEA	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8526	PATCH CLOSURE NOT USED FOR PATIENT UNDERGOING CONVENTIONAL CEA, REASON NOT SPECIFIED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8527	DOCUMENTATION OF ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8528	CLINICIAN DOCUMENTED THAT PATIENT WAS INELIGIBLE FOR PROPHYLACTIC ANTIBIOTIC SELECTION MEASURE	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8529	ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS NOT DOCUMENTED, REASON NOT SPECIFIED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8530	AUTOGENOUS AV FISTULA RECEIVED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8531	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR AUTOGENOUS AV FISTULA	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8532	CLINICIAN DOCUMENTED THAT PATIENT RECEIVED VASCULAR ACCESS OTHER THAN AUTOGENOUS AV FISTULA, REASON NOT SPECIFIED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8533	PARTICIPATION BY A PHYSICIAN OR OTHER CLINICIAN IN SYSTEMATIC CLINICAL DATABASE REGISTRY THAT INCLUDES CONSENSUS-ENDORSED QUALITY MEASURES	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
G8534	DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN AND FOLLOW-UP PLAN	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8535	NO DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN, PATIENT NOT ELIGIBLE	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8536	NO DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN, REASON NOT SPECIFIED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8537	ELDER MALTREATMENT SCREEN DOCUMENTED, FOLLOW-UP PLAN NOT DOCUMENTED, PATIENT NOT ELIGIBLE	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8538	ELDER MALTREATMENT SCREEN DOCUMENTED, FOLLOW-UP PLAN NOT DOCUMENTED, REASON NOT SPECIFIED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8539	DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL AND CARE PLAN BASED ON IDENTIFIED DEFICIENCIES	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8540	DOCUMENTATION THAT THE PATIENT IS NOT ELIGIBLE FOR A FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8541	NO DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL, REASON NOT SPECIFIED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8542	DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL; NO DOCUMENTATION OF A CARE PLAN, PATIENT NOT ELIGIBLE	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8543	DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL; NO DOCUMENTATION OF A CARE PLAN, REASON NOT SPECIFIED	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
G8544	I INTEND TO REPORT THE CORONARY ARTERY BYPASS GRAFT (CABG) MEASURES GROUP	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
J1267	INJECTION, DORIPENEM, 10 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes
J1453	INJECTION, FOSAPREPITANT, 1 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
J1750	INJECTION, IRON DEXTRAN, 50 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes
J1930	INJECTION, LANREOTIDE, 1 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes
J1953	INJECTION, LEVETIRACETAM, 10 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes
J2785	INJECTION, REGADENOSON, 0.1 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes
J3101	INJECTION, TENECTEPLASE, 1 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	No
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	No
J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes
J8705	TOPOTECAN, ORAL, 0.25 MG	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	No
J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes
J9207	INJECTION, IXABEPILONE, 1 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes
J9330	INJECTION, TEMSIROLIMUS, 1 MG	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	Yes

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY TRACT, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	Yes for All Programs, Yes for Package C	N/A	Covered for All Programs, Covered for Package C	No
Q4101	SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
Q4102	SKIN SUBSTITUTE, OASIS WOUND MATRIX, PER SQUARE CENTIMETER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
Q4103	SKIN SUBSTITUTE, OASIS BURN MATRIX, PER SQUARE CENTIMETER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
Q4104	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
Q4105	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
Q4106	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
Q4107	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
Q4108	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
Q4109	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	No
Q4110	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
Q4111	SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	No
Q4112	ALLOGRAFT, CYMETRA, INJECTABLE, ICC	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	No
Q4113	ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, ICC	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	No
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, ICC	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	No
S2118	METAL-ON-METAL TOTAL HIP RESURFACING, INCLUDING ACETABULAR AND FEMORAL COMPONENTS	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
S2270	INSERTION OF VAGINAL CYLINDER FOR APPLICATION OF RADIATION SOURCE OR CLINICAL BRACHYTHERAPY (REPORT SEPARATELY IN ADDITION TO RADIATION SOURCE DELIVERY)	No for All Programs, No for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
S3628	PLACENTAL ALPHA MICROGLOBULIN-1 RAPID IMMUNOASSAY FOR DETECTION OF RUPTURE OF FETAL MEMBRANES	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A

Procedure Code	Description	Prior Authorization Requirements	Modifiers	Program Coverage	NDC Required
S3860	GENETIC TESTING, COMPREHENSIVE CARDIAC ION CHANNEL ANALYSIS, FOR VARIANTS IN 5 MAJOR CARDIAC ION CHANNEL GENES FOR INDIVIDUALS WITH HIGH INDEX OF SUSPICION FOR FAMILIAL LONG QT SYNDROME (LQTS) OR RELATED SYNDROMES	Yes for All Programs, Yes for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
S3861	GENETIC TESTING, SODIUM CHANNEL, VOLTAGE-GATED, TYPE V, ALPHA SUBUNIT (SCN5A) AND VARIANTS FOR SUSPECTED BRUGADA SYNDROME	Yes for All Programs, Yes for Package C	N/A	Covered for All Programs, Covered for Package C	N/A
S3862	GENETIC TESTING, FAMILY-SPECIFIC ION CHANNEL ANALYSIS, FOR BLOOD-RELATIVES OF INDIVIDUALS (INDEX CASE) WHO HAVE PREVIOUSLY TESTED POSITIVE FOR A GENETIC VARIANT OF A CARDIAC ION CHANNEL SYNDROME USING EITHER ONE OF THE ABOVE TEST CONFIGURATIONS OR CONFIRM	No for All Programs, No for Package C	N/A	Noncovered for All Programs, Noncovered for Package C	N/A
S9433	MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMINISTERED ORALLY, PROVIDING 100% OF NUTRITIONAL INTAKE	No for All Programs, No for Package C	N/A	Nonreimbursable for All Programs, Nonreimbursable for Package C	N/A

Table 2 – New Modifier Codes for the 2009 Annual HCPCS Update

Modifier Code	Description	Type	Date Effective
JC	SKIN SUBSTITUTE USED AS A GRAFT	Informational	1/1/2009
JD	SKIN SUBSTITUTE NOT USED AS A GRAFT	Informational	1/1/2009
KE	BID UNDER ROUND ONE OF THE DMEPOS COMPETITIVE BIDDING PROGRAM FOR USE WITH	Informational	1/1/2009
RA	REPLACEMENT OF A DME ITEM	Informational	1/1/2009
RB	REPLACEMENT OF A PART OF DME FURNISHED AS PART OF A REPAIR	Informational	1/1/2009
RE	FURNISHED IN FULL COMPLIANCE WITH FDA-MANDATED RISK EVALUATION AND MITIGATION	Informational	1/1/2009

Note: Modifier RP will be end-dated effective 12/31/2008 and will be replaced with Modifier U8.

Table 3 – Deleted HCPCS Codes, Effective for Dates of Service on or Before December 31, 2008

Procedure Code	Description	Replacement Code for 2009
0026T	LIPOPROTEIN, DIRECT MEASUREMENT, INTERMEDIATE DENSITY LIPOPROTEINS (IDL) (REMNANT LIPOPROTEINS)	84999
0027T	ENDOSCOPIC LYSIS OF EPIDURAL ADHESIONS WITH DIRECT VISUALIZATION USING MECHANICAL MEANS (EG, SPINAL ENDOSCOPIC CATHETER SYSTEM) OR SOLUTION INJECTION (EG, NORMAL SALINE) INCLUDING RADIOLOGIC LOCALIZATION AND EPIDUROGRAPHY	64999
0028T	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA) BODY COMPOSITION STUDY, ONE OR MORE SITES	76499
0029T	TREATMENT(S) FOR INCONTINENCE, PULSED MAGNETIC NEUROMODULATION, PER DAY	53899
0031T	SPECULOSCOPY;	58999
0032T	SPECULOSCOPY; WITH DIRECTED SAMPLING	58999
0041T	URINALYSIS INFECTIOUS AGENT DETECTION, SEMI-QUANTITATIVE ANALYSIS OF VOLATILE COMPOUNDS	81099
0043T	CARBON MONOXIDE, EXPIRED GAS ANALYSIS (EG, ETCO/HEMOLYSIS BREATH TEST)	84999
0046T	CATHETER LAVAGE OF A MAMMARY DUCT(S) FOR COLLECTION OF CYTOLOGY SPECIMEN(S), IN HIGH RISK INDIVIDUALS (GAIL RISK SCORING OR PRIOR PERSONAL HISTORY OF BREAST CANCER), EACH BREAST; SINGLE DUCT	N/A
0047T	CATHETER LAVAGE OF A MAMMARY DUCT(S) FOR COLLECTION OF CYTOLOGY SPECIMEN(S), IN HIGH RISK INDIVIDUALS (GAIL RISK SCORING OR PRIOR PERSONAL HISTORY OF BREAST CANCER), EACH BREAST; EACH ADDITIONAL DUCT	N/A

Procedure Code	Description	Replacement Code for 2009
0049T	PROLONGED EXTRACORPOREAL PERCUTANEOUS TRANSSEPTAL VENTRICULAR ASSIST DEVICE, GREATER THAN 24 HOURS, EACH SUBSEQUENT 24 HOUR PERIOD (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	N/A
0058T	CRYOPRESERVATION; REPRODUCTIVE TISSUE, OVARIAN	N/A
0059T	CRYOPRESERVATION; OOCYTE(S)	N/A
0060T	ELECTRICAL IMPEDANCE SCAN OF THE BREAST, BILATERAL (RISK ASSESSMENT DEVICE FOR BREAST CANCER)	N/A
0061T	DESTRUCTION/REDUCTION OF MALIGNANT BREAST TUMOR INCLUDING BREAST CARCINOMA CELLS IN THE MARGINS, MICROWAVE PHASED ARRAY THERMOTHERAPY, DISPOSABLE CATHETER WITH COMBINED TEMPERATURE MONITORING PROBE AND MICROWAVE SENSOR, EXTERNALLY APPLIED MICROWAVE ENERGY	N/A
0088T	SUBMUCOSAL RADIOFREQUENCY TISSUE VOLUME REDUCTION OF TONGUE BASE, ONE OR MORE SITES, PER SESSION (IE, FOR TREATMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME)	41530
0089T	ACTIGRAPHY TESTING, RECORDING, ANALYSIS AND INTERPRETATION (MINIMUM OF THREE-DAY RECORDING)	95803
0090T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) CERVICAL; SINGLE INTERSPACE	22856
0093T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH CERVICAL; SINGLE INTERSPACE	22864
0096T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH CERVICAL; SINGLE INTERSPACE	22861
0137T	BIOPSY, PROSTATE, NEEDLE, SATURATION SAMPLING FOR PROSTATE MAPPING	55706
0162T	ELECTRONIC ANALYSIS AND PROGRAMMING, REPROGRAMMING OF GASTRIC NEUROSTIMULATOR (IE, MORBID OBESITY)	95980, 95981, 95982
20986	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; WITH IMAGE GUIDANCE BASED ON INTRAOPERATIVELY OBTAINED IMAGES (EG, FLUOROSCOPY, ULTRASOUND) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0054T
20987	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; WITH IMAGE GUIDANCE BASED ON PREOPERATIVE IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0055T
3302F	AJCC CANCER STAGE 0, DOCUMENTED (ONC)1, (ML)5	3382F
3303F	AJCC CANCER STAGE IA, DOCUMENTED (ONC)1, (ML)5	3494F
3304F	AJCC CANCER STAGE IB, DOCUMENTED (ONC)1, (ML)5	3495F
3305F	AJCC CANCER STAGE IC, DOCUMENTED (ONC)1, (ML)5	3496F
3306F	AJCC CANCER STAGE IIA, DOCUMENTED (ONC)1, (ML)5	3497F
3307F	AJCC CANCER STAGE IIB, DOCUMENTED (ONC)1, (ML)5	3498F
3308F	AJCC CANCER STAGE IIC, DOCUMENTED (ONC)1, (ML)5	3500F
3309F	AJCC CANCER STAGE IIIA, DOCUMENTED (ONC)1, (ML)5	3502F
3310F	AJCC CANCER STAGE IIIB, DOCUMENTED (ONC)1, (ML)5	3503F

Procedure Code	Description	Replacement Code for 2009
3311F	AJCC CANCER STAGE IIIC, DOCUMENTED (ONC)1, (ML)5	3510F
3312F	AJCC CANCER STAGE IVA, DOCUMENTED (ONC)1, (ML)5	3511F
3313F	AJCC CANCER STAGE IVB, DOCUMENTED (ONC)1, (ML)5	3512F
3314F	AJCC CANCER STAGE IVC, DOCUMENTED (ONC)1, (ML)5	3513F
4152F	DOCUMENTATION THAT COMBINATION PEGINTERFERON AND RIBAVIRIN THERAPY CONSIDERED (HEP-C)	N/A
4154F	HEPATITIS A VACCINE SERIES RECOMMENDED (HEP-C)	N/A
4156F	HEPATITIS B VACCINE SERIES RECOMMENDED (HEP-C)	N/A
46934	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL	46930
46935	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; EXTERNAL	46083
46936	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL AND EXTERNAL	N/A
52606	TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURRING AFTER THE USUAL FOLLOW-UP TIME	52214
52612	TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTION (PARTIAL RESECTION)	52601
52614	TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTION (RESECTION COMPLETED)	52601 with modifier 58
52620	TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS POSTOPERATIVE	52630
53853	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY WATER-INDUCED THERMOTHERAPY	55899
61793	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR), ONE OR MORE SESSIONS	61796-61800, 63620-63621
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	77785-77786
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	77786
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	77786
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	77787
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONAL PERSONNEL; SIMPLE MANIPULATIONS AND INTERPRETATION, NOT TO EXCEED 30 MINUTES	N/A
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONAL PERSONNEL; COMPLEX MANIPULATIONS AND INTERPRETATION, EXCEEDING 30 MINUTES	N/A
88400	BILIRUBIN, TOTAL, TRANSCUTANEOUS	88720
90760	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	96360
90761	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	96361
90765	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	96365

Procedure Code	Description	Replacement Code for 2009
90766	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	96366
90767	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	96367
90768	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	96368
90769	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO ONE HOUR, INCLUDING PUMP SET-UP AND ESTABLISHMENT OF SUBCUTANEOUS INFUSION SITE(S)	96369
90770	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	96370
90771	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP WITH ESTABLISHMENT OF NEW SUBCUTANEOUS INFUSION SITE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	96371
90772	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	96372
90773	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	96373
90774	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	96374
90775	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/ DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	96375
90776	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF THE SAME SUBSTANCE/DRUG PROVIDED IN A FACILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	93283
90779	UNLISTED THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION	96379
90918	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS YOUNGER THAN TWO YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	90951-90953
90919	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS BETWEEN TWO AND ELEVEN YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	90954-90956
90920	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS BETWEEN TWELVE AND NINETEEN YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	90957-90959
90921	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS TWENTY YEARS OF AGE AND OLDER	90960-90962

Procedure Code	Description	Replacement Code for 2009
90922	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER DAY; FOR PATIENTS YOUNGER THAN TWO YEARS OF AGE	90967
90923	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER DAY; FOR PATIENTS BETWEEN TWO AND ELEVEN YEARS OF AGE	90968
90924	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER DAY; FOR PATIENTS BETWEEN TWELVE AND NINETEEN YEARS OF AGE	90969
90925	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER DAY; FOR PATIENTS TWENTY YEARS OF AGE AND OLDER	90970
91100	INTESTINAL BLEEDING TUBE, PASSAGE, POSITIONING AND MONITORING	43460, 44500
93727	ELECTRONIC ANALYSIS OF IMPLANTABLE LOOP RECORDER (ILR) SYSTEM (INCLUDES RETRIEVAL OF RECORDED AND STORED ECG DATA, PHYSICIAN REVIEW AND INTERPRETATION OF RETRIEVED ECG DATA AND REPROGRAMMING)	93285
93731	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS	93288
93732	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS	93280
93733	ELECTRONIC ANALYSIS OF DUAL CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, AND/OR TESTING OF SENSORY FUNCTION OF PACEMAKER), TELEPHONIC ANALYSIS	93293
93734	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSI	93288
93735	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSI	93279
93736	ELECTRONIC ANALYSIS OF SINGLE CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, AND/OR TESTING OF SENSORY FUNCTION OF PACEMAKER), TELEPHONIC ANALYSIS	93293
93741	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION, EVALUATION OF PULSE GENERATOR STATUS, EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETA	93289

Procedure Code	Description	Replacement Code for 2009
93742	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION, EVALUATION OF PULSE GENERATOR STATUS, EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETA	93289
93743	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION, EVALUATION OF PULSE GENERATOR STATUS, EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETA	93289
93744	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION, EVALUATION OF PULSE GENERATOR STATUS, EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETA	93289
93760	THERMOGRAM; CEPHALIC	N/A
93762	THERMOGRAM; PERIPHERAL	N/A
99289	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT, 24 MONTHS OF AGE OR LESS; FIRST 30-74 MINUTES OF HANDS ON CARE DURING TRANSPORT	99466
99290	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT, 24 MONTHS OF AGE OR LESS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	99467
99293	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE	99471
99294	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE	99472
99295	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL NEONATE, 28 DAYS OF AGE OR LESS	99478
99296	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL NEONATE, 28 DAYS OF AGE OR LESS	99469
99298	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING VERY LOW BIRTH WEIGHT INFANT (PRESENT BODY WEIGHT LESS THAN 1500 G)	99478
99299	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING LOW BIRTH WEIGHT INFANT (PRESENT BODY WEIGHT OF 1500-2500 G)	99479
99300	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING INFANT (PRESENT BODY WEIGHT OF 2501-5000 G)	99480

Procedure Code	Description	Replacement Code for 2009
99431	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAMS AND PREPARATION OF HOSPITAL RECORDS. (THIS CODE SHOULD ALSO BE USED FOR BIRTHING ROOM DELIVERIES.)	N/A
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUDING PHYSICAL EXAMINATION OF BABY AND CONFERENCE(S) WITH PARENT(S)	N/A
99433	SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL NEWBORN, PER DAY	99462
99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARATION OF MEDICAL RECORDS. (THIS CODE SHOULD ONLY BE USED FOR NEWBORNS ASSESSED AND DISCHARGED FROM THE HOSPITAL OR BIRTHING ROOM ON THE SAME DATE.)	N/A
99436	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND INITIAL STABILIZATION OF NEWBORN	99464
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST COMPRESSIONS IN THE PRESENCE OF ACUTE INADEQUATE VENTILATION AND/OR CARDIAC OUTPUT	99465
C9003	PALIVIZUMAB-RSV-IGM, PER 50 MG	90378
C9237	INJECTION, LANREOTIDE ACETATE, 1 MG	J1930
C9238	INJECTION, LEVETIRACETAM, 10 MG	J1953
C9239	INJECTION, TEMSIROLIMUS, 1 MG	J9330
C9240	INJECTION, IXABEPILONE, 1 MG	J9207
C9241	INJECTION, DORIPENEM, 10 MG	J1267
C9242	INJECTION, FOSAPREPITANT, 1 MG	J1453
C9243	INJECTION, BENDAMUSTINE HCL, 1 MG	J9033
C9244	INJECTION, REGADENOSON, 0.4 MG	J2785
C9357	DERMAL SUBSTITUTE, GRANULATED CROSS-LINKED COLLAGEN AND GLYCOSAMINOGLYCAN MATRIX (FLOWABLE WOUND MATRIX), 1 CC	Q4114
C9723	DYNAMIC INFRARED BLOOD PERFUSION IMAGING (DIRI)	N/A
G0308	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT, FOR PATIENTS UNDER 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MORE FACE-TO-	90951
G0309	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT FOR PATIENTS UNDER 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2 OR 3 FACE-TO-FACE	90952
G0310	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT, FOR PATIENTS UNDER 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE PHY	90953

Procedure Code	Description	Replacement Code for 2009
G0311	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT, FOR PATIENTS BETWEEN 2 AND 11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MORE	90954
G0312	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT, FOR PATIENTS BETWEEN 2 AND 11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2 OR 3 FA	90955
G0313	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT, FOR PATIENTS BETWEEN 2 AND 11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO	90956
G0314	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES, DURING THE COURSE OF TREATMENT, FOR PATIENTS BETWEEN 12 AND 19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MO	90957
G0315	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT, FOR PATIENTS BETWEEN 12 AND 19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2 OR 3 F	90958
G0316	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT, FOR PATIENTS BETWEEN 12 AND 19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-T	90959
G0317	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT, FOR PATIENTS 20 YEARS OF AGE AND OVER; WITH 4 OR MORE FACE-TO-FACE PHYSICIAN VISITS PER MONTH	90960
G0318	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT, FOR PATIENTS 20 YEARS OF AGE AND OVER; WITH 2 OR 3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	90961
G0319	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT, FOR PATIENTS 20 YEARS OF AGE AND OVER; WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	90962
G0320	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER FULL MONTH; FOR PATIENTS UNDER TWO YEARS OF AGE TO INCLUDE MONITORING FOR ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	90963
G0321	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER FULL MONTH; FOR PATIENTS TWO TO ELEVEN YEARS OF AGE TO INCLUDE MONITORING FOR ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	90964
G0322	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER FULL MONTH; FOR PATIENTS TWELVE TO NINETEEN YEARS OF AGE TO INCLUDE MONITORING FOR ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	N/A
G0323	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER FULL MONTH; FOR PATIENTS TWENTY YEARS OF AGE AND OLDER	N/A

Procedure Code	Description	Replacement Code for 2009
G0324	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES LESS THAN FULL MONTH, PER DAY; FOR PATIENTS UNDER TWO YEARS OF AGE	N/A
G0325	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES LESS THAN FULL MONTH, PER DAY; FOR PATIENTS BETWEEN TWO AND ELEVEN YEARS OF AGE	N/A
G0326	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES LESS THAN FULL MONTH, PER DAY; FOR PATIENTS BETWEEN TWELVE AND NINETEEN YEARS OF AGE	N/A
G0327	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES LESS THAN FULL MONTH, PER DAY; FOR PATIENTS TWENTY YEARS OF AGE AND OVER	N/A
G0332	SERVICES FOR INTRAVENOUS INFUSION OF IMMUNOGLOBULIN PRIOR TO ADMINISTRATION (THIS SERVICE IS TO BE BILLED IN CONJUNCTION WITH ADMINISTRATION OF IMMUNOGLOBULIN)	N/A
G0344	INITIAL PREVENTIVE PHYSICAL EXAMINATION; FACE-TO-FACE VISIT, SERVICES LIMITED TO A NEW BENEFICIARY DURING THE FIRST 12 MONTHS OF MEDICARE ENROLLMENT	N/A
G0366	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS A COMPONENT OF THE INITIAL PREVENTIVE EXAMINATION WITH INTERPRETATION AND REPORT	N/A
G0367	TRACING ONLY, WITHOUT INTERPRETATION AND REPORT, PERFORMED AS A COMPONENT OF THE INITIAL PREVENTIVE EXAMINATION	N/A
G0368	INTERPRETATION AND REPORT ONLY, PERFORMED AS A COMPONENT OF THE INITIAL PREVENTIVE EXAMINATION	N/A
G0394	BLOOD OCCULT TEST (E.G., GUAIC), FECES, FOR SINGLE DETERMINATION FOR COLORECTAL NEOPLASM (I.E., PATIENT WAS PROVIDED THREE CARDS OR SINGLE TRIPLE CARD FOR CONSECUTIVE COLLECTION)	82270
J1751	INJECTION, IRON DEXTRAN 165, 50 MG	N/A
J1752	INJECTION, IRON DEXTRAN 267, 50 MG	J1750
J3100	INJECTION, TENECTEPLASE, 50MG	J3101
J7340	DERMAL AND EPIDERMAL, (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Q4101
J7341	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Q4102
J7342	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Q4106
J7343	DERMAL AND EPIDERMAL, (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Q4104, Q4105
J7344	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Q4107
J7346	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, INJECTABLE, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, BUT WITHOUT METABOLICALLY ACTIVE ELEMENTS, 1 CC	Q4112, Q4113

Procedure Code	Description	Replacement Code for 2009
J7347	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	Q4108
J7348	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (TISSUEMEND), PER SQUARE CENTIMETER	Q4109
J7349	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	Q4110
J7602	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	N/A
J7603	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	N/A
J9182	ETOPOSIDE, 100 MG	N/A
L2860	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM, EACH	N/A
L3890	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM, EACH	N/A
L5993	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, FOOT ONLY, (FOR PATIENT WEIGHT GREATER THAN 300 LBS)	N/A
L5994	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, KNEE ONLY, (FOR PATIENT WEIGHT GREATER THAN 300 LBS)	N/A
L5995	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, OTHER THAN FOOT OR KNEE, (FOR PATIENT WEIGHT GREATER THAN 300 LBS)	N/A
L7611	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	L6711
L7612	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	L6712
L7613	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	L6713
L7614	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	L6714
L7621	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	L6721
L7622	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	L6722
Q4096	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF: RCO	N/A
Q4097	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	J1459
Q4098	INJECTION, IRON DEXTRAN, 50 MG	J1750

Procedure Code	Description	Replacement Code for 2009
Q4099	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	J7606
S0141	ZALCITABINE (DDC), 0.375 MG	N/A
S0143	AZTREONAM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER GRAM	N/A
S2075	LAPAROSCOPY, SURGICAL; REPAIR INCISIONAL OR VENTRAL HERNIA	49652, 49653, 49654, 49655, 49656, 4957
S2076	LAPAROSCOPY, SURGICAL; REPAIR UMBILICAL HERNIA	49652, 49653, 49654, 49655, 49656, 4957
S2077	LAPAROSCOPY, SURGICAL; IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR INCISIONAL OR VENTRAL HERNIA REPAIR)	49652, 49653, 49654, 49655, 49656, 4957
S2135	NEUROLYSIS, BY INJECTION, OF METATARSAL NEUROMA/INTERDIGITAL NEURITIS, ANY INTERSPACE OF THE FOOT	64704
S9092	CANOLITH REPOSITIONING, PER VISIT	95992

Table 4 – New 2009 Annual HCPCS Codes **Under Review**

Procedure Code	Description
90650	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE
90738	JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE

Table 5 – New 2009 Annual HCPCS Codes **Under Review for Pricing**

Procedure Code	Description
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
83876	MYELOPEROXIDASE (MPO)
83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG, ADAMTS-13), EACH ANALYTE
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN

Procedure Code	Description
93229	WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTER FOR UP TO 30 DAYS; TECHNICAL SUPPORT FOR CONNECTION AND PATIENT INSTRUCTIONS FOR USE, ATTENDED SURVEILLANCE, ANALYSIS AND PHYSICIAN PRESCRIBED TRANSMISSION OF DAILY AND EMERGENT DATA REPORTS
93299	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM OR IMPLANTABLE LOOP RECORDER SYSTEM, REMOTE DATA ACQUISITION(S), RECEIPT OF TRANSMISSIONS AND TECHNICIAN REVIEW, TECHNICAL SUPPORT AND DISTRIBUTION OF RE
96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF THE SAME SUBSTANCE/DRUG PROVIDED IN A FACILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES
C8929	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER
C8930	TRANSTHORACIC ECHOCARDIOGRAPHY, WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES
G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES

Procedure Code	Description
G0411	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES
G8524	PATCH CLOSURE USED FOR PATIENT UNDERGOING CONVENTIONAL CEA
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY TRACT, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES
S2270	INSERTION OF VAGINAL CYLINDER FOR APPLICATION OF RADIATION SOURCE OR CLINICAL BRACHYTHERAPY (REPORT SEPARATELY IN ADDITION TO RADIATION SOURCE DELIVERY)

Table 6 – Outpatient Radiology Rates for UB-04 Claims Only

Procedure Code	Description	Outpatient Rate for UB-04 Claims Only	Effective Date of Rate
77785	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL	\$376.66	01/01/2009
77786	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS	\$376.66	01/01/2009
77787	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS	\$376.66	01/01/2009

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