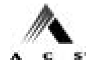
Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent



600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medicaid Provider Services
303-534-0146
1-800-237-0757

Mailing Addresses
Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments
P.O Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions
P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet
coloradomedicaid.acs-inc.com

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Practitioners **February 2002**
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This bulletin completely replaces Medicaid Bulletin B0000086 (12/00).
Bulletin B0000086 should be discarded.

Practitioner CMS and Local Codes

The Colorado Medicaid Program uses the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration's (HCFA), Common Procedural Coding System (HCPCS) to identify Medicaid services. HCPCS include codes in the *Physicians' Current Procedural Terminology* (CPT), codes developed by CMS and Medicare, and "local" codes developed by the Department of Health Care Policy and Financing specifically for the Colorado Medicaid Program.

Effective for services provided on and after January 1, 2002, providers should use the codes listed in this bulletin when billing practitioner services. Insert this bulletin into the Medicaid Provider Manual for reference.

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Introduction

Please read the following information carefully:

Colorado Medicaid claims must be submitted electronically through the Automated Medical Payments (AMP) system.

Electronically mandated claims submitted on paper are processed, denied, and marked "Electronic Filing Required."

Exceptions to electronic filing include:

- Claims from providers who consistently submit fewer than 10 claims per month.
- Claims with service dates more than 365 days old.
- Claims that, by federal or state policy or regulation, require attachments.
- Reconsideration claims.

AMP claims: Submit AMP interactive practitioner services on the electronic Colorado 1500 laboratory format using HCPCS. Submit EPSDT medical screening services on the electronic EPSDT claim format, using HCPCS.

Paper claims: If paper claim submission is required, practitioners must submit charges on the Colorado 1500 claim form using HCPCS. EPSDT providers must submit charges on the EPSDT paper claim form, using HCPCS.

HCPCS codes include codes in the current CPT edition, supplemental codes developed by CMS and Medicare, and codes developed by the Department of Health Care Policy and Financing specifically for the Medicaid program. The Medicaid program adds and deletes codes as they are published in the current CPT and annual CMS coding bulletins. Unless otherwise noted, use CMS codes only when CPT codes are not available.

Code Column: CMS and local codes consist of a letter followed by four numbers and numbers followed by the letter T. Read the entire entry to determine the benefit status of the item. Medicaid authorized codes may not correspond to codes approved for Medicare billing. This list contains Medicaid approved CMS and local codes. Codes that do not appear in CPT or this listing are not benefits of the Colorado Medicaid Program.

Modifiers: Procedure code modifiers describe circumstances that may alter payment. The following modifiers are valid for use with HCPCS codes in this coding bulletin and must be used when applicable. Modifiers, which affect the way the claim payment is calculated, **must be entered in the first modifier position.** The following reference information identifies the pricing modifiers. Please review the information carefully.

****** Indicates that when the modifier is used, it must be entered into the first modifier position on the electronic claim record. If two modifiers are used and both modifiers have ******, either modifier may be placed in the first position.

Modifier	Name	Description
-24	Unrelated evaluation and management service by the same physician during a postoperative period	The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding the modifier –24 to the appropriate level of E/M service.
-26**	Professional component	Use when the professional component is performed separately.
-TC**	Technical component	Use when the technical component is performed separately.
-47**	Anesthesia by surgeon	Use to identify general or regional anesthesia by the operating surgeon. Allowance for local anesthesia is included in the surgical payment and is not billable separately.
-50**	Bilateral procedure	Unless otherwise identified in CPT, bilateral procedures requiring a separate incision performed at the same operative session are billed by listing the CPT surgical code describing the first procedure on one claim line. The second (bilateral) procedure is identified on a separate claim line by adding modifier -50 to the procedure code.
-51	Multiple procedures	When the same provider performs multiple procedures on the same day or at the same session, other than evaluation and management services, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending the modifier –51 to the additional procedure or service code(s).
-62	Two surgeons	The skills of two surgeons may be required in the management of a specific surgical procedure. Under such circumstances, the separate services may be identified by adding the modifier –62 to the procedure number used by each surgeon for reporting his services. **Note:** No reimbursement for assistant surgeon during operative session by either provider.
-76	Repeat procedure by same physician	When a service is rendered more than once per day by the same provider and billed on separate billing lines, use modifier –76 to identify subsequent occurrences of the same service.

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-77	Repeat Procedure by another physician/provider	If a service is provided more than once per day by different rendering providers, use modifier -77 to identify subsequent occurrences of the same service on the same date.
-79	Unrelated procedure or service by the same physician during postop period	Use to identify unrelated procedures and services provided by the operating surgeon during the postoperative period.
-80**	Assistant surgeon	Use to identify assistant surgeon services.
-81	Minimum assistant surgeon	Adding modifier -81 to the procedure code identifies minimum assistant surgeon services.
-91	Repeat clinical diagnostic laboratory test	When it is necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results, the laboratory test performed can be identified by its usual procedure number and the addition of the modifier "-91". This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient. *Note: This modifier may not be used (a) when the tests are rerun to confirm initial results, (b) due to testing problems with specimens or equipment, (c) for any other reason when a normal, one-time, reportable result is all that is required, or (d) when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing).*
-XD	Invoiced costs	Use when billing more than $25.00 for procedure code 99070. Include invoice and cost documentation.
-XE	Medicare non-benefit routine footcare	Use to identify routine podiatric footcare services that are not covered by Medicare.
-XL	Specimen handling & conveyance from one laboratory to another	Use to certify that the necessary laboratory equipment was not functioning or that the lab is not certified to perform the test.
-XN	Inpatient newborn services billed using mother's state ID & birth date	Use to identify inpatient physician services rendered to newborn infants while mother remains in the hospital.
-XV	Surgery related eyewear	Use with eyewear codes to certify eyewear is being provided following eye surgery. Eye surgery may have been performed at any time during the patient's life. Use with each applicable code.

Narrative column: A description of the service. When appropriate, the description defines the billing unit. Example: J0120 Injection, Tetracycline, up to 250 mg. One unit represents an injection of 250 mg or less. When billing for a higher dosage than listed, increase the number of units to correspond to the dosage administered. Bill using whole numbers only, no fractions and no decimals.

Benefit column: The current benefit status of the item. The notation "Deleted" means that the code is invalid effective the day following the date shown in the "Comments" column. Example: Codes that are deleted effective 12/31/01 are invalid for billing services provided on or after 01/01/02. Newly added codes become effective on the date shown. Example: Codes showing an effective date of 01/01/02 may be submitted for services provided on or after 01/01/02.

Comments Column: Expands on the description, identifies required special billing instruction and procedures requiring prior authorization.

Prior Authorization Requests (PARs) must be approved before claims are submitted. PAR approval does not guarantee Medicaid payment and does not serve as a timely filing waiver. PAR approval only assures that the service has been identified as medically necessary. All of the requirements for eligibility and proper claim submission must be met before reimbursement will be made. The provider is responsible for verifying the client's eligibility status on the date of service and securing appropriate primary care physician authorizations and billing information.

Prior authorization does not apply to Medicare X-over claims. If Medicare approves benefits, Medicaid does not require prior authorization. If the item is not a Medicare benefit, the claim must meet all Medicaid billing requirements including prior authorization, if applicable.

This listing is divided into sections to assist providers who bill for specific types of service. If you have questions about billing or the use of the listing, please contact Medicaid Provider Services.

Assistant surgeon

Medicaid reimburses assistant surgeons' fees for procedures not excluded from assistant surgeon benefits. The Medicaid program uses the Commerce Clearing House listing of surgical procedures to determine procedures eligible for assistant surgeon benefits.

Surgical procedures allowing an assistant surgeon are individually reviewed when they are reimbursable under Medicaid. Allowable Medicare assistant surgeon benefit information is entered into the procedure code file.

Assistant surgery is not a benefit when the same physician is reimbursed for primary surgical services performed concurrently or consecutively on the same day.

Assistant surgery is not a benefit for non-physician assistants (either physician assistants or surgical assistants), perfusionists, or casting technicians.

Benefit payment is up to 20 percent of the surgeon's maximum fee. Use modifiers -80 or -81 with surgical procedure codes to identify assistant surgeon services.

Please note that this existing policy regarding assistant surgeon services will be strictly enforced effective April 1, 2002.

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Medicare crossover claims

Medicaid clients may qualify for Medicare benefits because of age or disability. The Colorado Medicaid program administers very specific policies to coordinate benefits for Medicare-covered Medicaid clients.

New HCPCS codes beginning with "C" may be submitted to Medicare and are processed by Medicaid on crossover claims ***only***. "C" codes are ***not*** benefits of the Colorado Medicaid program.

Supplies provided by the practitioner

Nonbillable routine supplies and materials - Included in related medical/surgical fees - Do not bill for these supplies

The cost of these supplies is included in the payment for related medical or surgical services

Absorbent pads or sponges	Gloves (Sterile or nonsterile)	Saline for administration of drugs
Alcohol swabs	Liquid nitrogen	Suppository medications
Anesthetics (topical or local)	Non-adhering dressings (Telfa, etc.)	Suture supplies
Bandaids	Oral medication	Swabs
Betadine	Oxygen	Syringes & needles (Except Trocar needles)
Cotton balls	Peroxide	Tape
Eye patches	Saline for irrigation of wounds and catheters	Tongue blades
Gauze pads		

Billable non-routine supplies - Use individual HCPCS codes

For birth control procedures/supplies, see page 42

The following supplies must be billed as individual claim lines. The billed amount should reflect the provider's usual and customary charge

A4212 - Non coring needle (Huber)
A4220 - Refill kit for implantable infusion pump
A4221 - Supplies for maintenance of drug infusion, catheter, per week (list drug separately)
A4222 - Supplies for external drug infusion pump, per cassette or bag (list drug separately)
A4230 - Infusion set for external insulin pump, non-needle cannula type. Requires prior authorization and copy of invoice .
A4231 - Infusion set for external insulin pump, needle type. Requires prior authorization and copy of invoice .
A4262 - Temporary, absorbable lacrimal duct implant, each
A4263 - Permanent, long term, non-dissolvable lacrimal duct implant, each
A4270 - Disposable endoscope sheath, each
A4460 - Ace bandages
A4465 - Non-elastic binder for extremity
A4550 - Surgical trays
A4614 - Peak Expiratory Flow rate meter, hand held
S8100 - Holding chamber or spacer for use with an inhaler or nebulizer; without mask. Effective 01/01/02
S8101 - Holding chamber or spacer for use with an inhaler or nebulizer; with mask. Effective 01/01/02.
S8185 - Flutter device. Effective 01/01/02.
A7003 - Administration set with small volume nonfiltered pneumatic nebulizer, disposable
A7004 - Small volume nonfiltered pneumatic nebulizer, disposable
A7006 - Administration set with small volume filtered pneumatic nebulizer
E0100 - Cane, all materials
E0112 - Crutches, underarm, adjustable or fixed, wood, pair
E0114 - Crutches, underarm, adjustable or fixed, aluminum, pair
E0780 - Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours. Requires prior authorization and copy of invoice.
E0785 - Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
S1015 - IV tubing extension set
S1016 - Non-PVC (Polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g. Paclitaxel
X2265 - Home IV pump rental, per day

Billable casting supplies, splints, and special devices - Use individual HCPCS codes

A4565 - Slings
A4570 - Splints/immobilizer
L0120 - Cervical Collar, flexible, non-adjusting
L4350 - Pneumatic ankle control splint (aircast), prefabricated, includes fitting and adjustment
L4360 - Pneumatic walking splint (aircast), prefabricated, includes fitting and adjustment
L4370 - Pneumatic full leg splint (aircast), prefabricated, includes fitting and adjustment

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Billable casting supplies, splints, and special devices - Use individual HCPCS codes - continued

L4380 - Pneumatic knee splint (aircast), prefabricated, includes fitting and adjustment
Q4001 - Cast Supplies, body cast adult, with or without head, plaster (Effective 01/01/02)
Q4002 - Cast Supplies, body cast adult, with or without head, fiberglass (Effective 01/01/02)
Q4003 - Cast Supplies, shoulder cast, adult (11 years +), plaster (Effective 01/01/02)
Q4004 - Cast Supplies, shoulder cast, adult (11 years +), fiberglass (Effective 01/01/02)
Q4005 - Cast supplies, long arm cast, adult (11 years +), plaster (Effective 01/01/02)
Q4006 - Cast supplies, long arm cast, adult (11 years +), fiberglass (Effective 01/01/02)
Q4007 - Cast supplies, long arm cast, pediatric (0-10 years), plaster (Effective 01/01/02)
Q4008 - Cast supplies, long arm cast, pediatric (0-10 years), fiberglass (Effective 01/01/02)
Q4009 - Cast supplies, short arm cast, adult (11 years +), plaster (Effective 01/01/02)
Q4010 - Cast supplies, short arm cast, adult (11 years +), fiberglass (Effective 01/01/02)
Q4011 - Cast supplies, short arm cast, pediatric (0-10 years), plaster (Effective 01/01/02)
Q4012 - Cast supplies, short arm cast, pediatric (0-10 years), fiberglass (Effective 01/01/02)
Q4013 - Cast supplies, gauntlet cast, (includes lower forearm and hand), adult (11 years +), plaster (Effective 01/01/02)
Q4014 - Cast supplies, gauntlet cast, (includes lower forearm and hand), adult (11 years +), fiberglass (Effective 01/01/02)
Q4015 - Cast supplies, gauntlet cast, (includes lower forearm and hand), pediatric (0-10 years), plaster (Effective 01/01/02)
Q4016 - Cast supplies, gauntlet cast, (includes lower forearm and hand), pediatric (0-10 years), fiberglass (Effective 01/01/02)
Q4017 - Cast supplies, long arm splint, adult (11 years +), plaster (Effective 01/01/02)
Q4018 - Cast supplies, long arm splint, adult, (11 years +) fiberglass (Effective 01/01/02)
Q4019 - Cast supplies, long arm splint, pediatric (0-10 years), plaster (Effective 01/01/02)
Q4020 - Cast supplies, long arm splint, pediatric (0-10 years), fiberglass (Effective 01/01/02)
Q4021 - Cast supplies, short arm splint, adult (11 years +), plaster (Effective 01/01/02)
Q4022 - Cast supplies, short arm splint, adult (11 years +), fiberglass (Effective 01/01/02)
Q4023 - Cast supplies, short arm splint, pediatric (0-10 years), plaster (Effective 01/01/02)
Q4024 - Cast supplies, short arm splint, pediatric (0-10 years), fiberglass (Effective 01/01/02)
Q4025 - Cast supplies, hip spica (one or both legs), adult (11 years +), plaster (Effective 01/01/02)
Q4026 - Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass (Effective 01/01/02)
Q4027 - Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster (Effective 01/01/02)
Q4028 - Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass (Effective 01/01/02)
Q4029 - Cast supplies, long leg cast, adult (11 years +), plaster (Effective 01/01/02)
Q4030 - Cast supplies, long leg cast, adult (11 years +), fiberglass (Effective 01/01/02)
Q4031 - Cast supplies, long leg cast, pediatric (0-10 years), plaster (Effective 01/01/02)
Q4032 - Cast supplies, long leg cast, pediatric (0-10 years), fiberglass (Effective 01/01/02)
Q4033 - Cast supplies, long leg cylinder cast, adult (11 years +), plaster (Effective 01/01/02)
Q4034 - Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass (Effective 01/01/02)
Q4035 - Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster (Effective 01/01/02)
Q4036- Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass (Effective 01/01/02)
Q4037 - Cast supplies, short leg cast, adult (11 years +), plaster (Effective 01/01/02)
Q4038 - Cast supplies, short leg cast, adult (11 years +), fiberglass (Effective 01/01/02)
Q4039 - Cast supplies, short leg cast, pediatric (0-10 years), plaster (Effective 01/01/02)
Q4040 - Cast supplies, short leg cast, pediatric (0-10 years), fiberglass (Effective 01/01/02)
Q4041 - Cast supplies, long leg splint, adult (11 years +), plaster (Effective 01/01/02)
Q4042 - Cast supplies, long leg splint, adult (11 years +), fiberglass (Effective 01/01/02)
Q4043 - Cast supplies, long leg splint, pediatric (0-10 years), plaster (Effective 01/01/02)
Q4044 - Cast supplies, long leg splint, pediatric (0-10 years), fiberglass (Effective 01/01/02)
Q4045 - Cast supplies, short leg splint, adult (11 years +), plaster (Effective 01/01/02)
Q4046 - Cast supplies, short leg splint, adult (11 years +), fiberglass (Effective 01/01/02)
Q4047 - Cast supplies, short leg splint, pediatric (0-10 years), plaster (Effective 01/01/02)
Q4048 - Cast supplies, short leg splint, pediatric (0-10 years), fiberglass (Effective 01/01/02)
Q4049 - Finger splint, static (Effective 01/01/02)
Q4050 - Cast supplies, for unlisted types and materials of casts (Effective 01/01/02)
Q4051 - Splint supplies, miscellaneous (Includes thermoplastics, strapping, fasteners, padding and other supplies) (Effective 01/01/02)
S8451 - Splint, prefabricated, wrist or ankle (Effective 01/01/02)
S8452 - Splint, prefabricated, elbow (Effective 01/01/02)

Billable non-routine supplies - Use procedure code 99070

Submit claims for these items and any other supplies not listed when using procedure code 99070. Claims must be submitted on paper. Describe the item(s) and enter the cost of the item(s) provided. If the cost is over $25.00, attach a copy of the vendor's invoice. Providers must use –XD modifier with 99070 when billing more than $25.00 with invoice and cost documentation.

Cast shoe	Collagen plugs	Gastrostomy buttons	Meter chambers	Plastic haggar dilators
Catheters, urinary	Corneal bandage lens	G&S disposable dilators	Nasogastric tubes	Porcine dressing
Chemotherapy supplies	Diaphragm	Grosshans catheter	Nebulizer	Surgical shoes
Clavicle strap	Duoderm	Inhalation therapy mask	Patellar stabilizer	Trocar needles

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Nonbenefit supplies, materials & equipment - Not a benefit when provided by a physician/practitioner

The following items are not benefits of the Medicaid Program when provided by a physician:

Braces	Heel cups	Self-help devices
Exercise equipment	Prosthetics	

Biologicals, drugs & solutions administered other than orally

Billing information

With the exception of oral immunizations, the cost of oral medication provided by a physician is included in the medical service payment. Except for chemotherapy agents and immunizations distributed at no cost by the Department of Public Health and Environment for children, the benefit for injections & immunizations covers the cost of medication, associated supplies & administration. Chemotherapy administration is billed separately from chemotherapy drugs & agents. When billing for injections & immunizations, please observe the following:

1. Injections are usually provided in conjunction with an evaluation/management (E/M) service. If an injection is the ONLY service performed, charges for a minimal medical service visit (CPT code 99211) may also be billed. If higher level E/M services are rendered, the provider should document the reason for care (diagnosis) & appropriate level of service (E/M code) on the claim. Reminder: Level of service identification is the responsibility of the medical professional. Providers are responsible for maintaining records documenting the full nature & extent of the services rendered to Medicaid clients.
2. Claims submitted using CPT therapeutic or diagnostic injection codes 90782-90799 are denied. Injections/immunizations must be billed using HCPCS codes that identify the drug or medication. If a drug or therapeutic agent is not identified by a specific HCPCS code, the claim must be submitted on paper using code J3490 & identifying the exact medication, strength, & dosage in field 30 (Remarks). Claims without complete medication identification are denied.
3. Bill immunizations using CPT codes in the ranges 90281-90399 and 90476-90749. **Note**: 90471-90472 Administration Codes are not a benefit of Medicaid and should not be billed.
4. Immunizations provided as part of the EPSDT medical screening service (initial, periodic, partial or interperiodic) should be billed in addition to the EPSDT medical screening code on the EPSDT claim form.
5. Bill for chemotherapy administration using CPT codes in the range 96400-96549. Chemotherapy drugs/agents must be billed using CMS code(s) from this listing.
6. Medication codes identify a specific dosage or definition of the billing unit. Any dosage up to & including the amount specified represents one billing unit. If the dosage is greater than the dosage listed, increase the number of units accordingly by whole numbers. Example: J0120 Injection, Tetracycline, up to 250 mg. One unit represents an injection of 250 mg or less; more than 250 mg up to 500 mg equals 2 units, etc.

Pricing information for injectible drugs - Injectible drugs are reimbursed using average wholesale price + 10 percent + $2.00 administration fee.

Immunization pricing

1. **Immunization reimbursement**

   Medically necessary vaccines that are not provided to practitioners at no cost by the VFC or Infant Immunization program, as well as immunizations provided to adults, are reimbursed using the following formula: Average wholesale price (cost) of vaccine + 10 percent + $2.00 for administration.

2. **Pricing information for Medicare crossover claims**

   For Medicare crossover claims, Medicaid pays the Medicare deductible and coinsurance OR, the Medicaid-allowed benefit minus the Medicare payment, whichever amount is less. If Medicare's payment for immunization services is the same or greater than the Medicaid allowable benefit, no additional payment is available. If Medicare pays 100 percent of the Medicare allowable, no additional Medicaid payment is available.

3. **Public health clinics – Administration, Recordkeeping, and Tracking (ART) fees**

   Public health clinics are eligible to receive vaccines at no cost from the Colorado Department of Public Health and Environment (CDPHE), for administration to eligible children from birth through age 20 years. The clinic may bill and be reimbursed $2.00 for the ART fee for each immunization. Claims must be submitted using locally assigned X-codes to identify the immunization.

4. **Private practitioners – Administration, Recordkeeping, and Tracking (ART) fees**

   Practitioners billing for immunizations to EPSDT-eligible children (newborn through age 20) where vaccine is available at no cost from the CDPHE are paid an ART fee of $6.50 for each immunization.

5. **Facility-based clinics**

   Facility-based clinics bill on the UB-92 or electronic institutional claim format. Facilities billing for immunizations given to EPSDT-eligible children using a vaccine that is available through the CDPHE receive an encounter rate and may not seek claim reimbursement for vaccine costs or the ART fee.

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Code	Narrative	Benefit	Comments

Injectables

Code	Narrative	Benefit	Comments
J0130	Abciximab, 10 mg	Yes	
J1120	Acetazolamide Sodium, up to 500 mg	Yes	
S0071	Acyclovir Sodium, 50 mg	Yes	
J0150	Adenosine, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)	Yes	
J0151	Adenosine, 40 mg	Yes	
J0170	Adrenalin, Epinephrine, up to 1 ml ampule	Yes	Susphrine
J0200	Alatrofloxacin Mesylate, 100 mg	Yes	
S0087	Alemtuzumab, 30 mg	Yes	Effective 01/01/02
J0205	Alglucerase, per 10 units	Yes	
J0256	Alpha 1 - Proteinase Inhibitor - Human, 10 mg	Yes	Prolastin
J0270	Alprostadil, per 1.25 mcg	Yes	
J2997	Alteplase Recombinant, 1 mg	Yes	
J0207	Amifostine, 500 mg	Yes	Ethyol
S0072	Amikacin Sulfate, 100 mg	Yes	
S0016	Amikacin Sulfate, 500 mg	Yes	
S0017	Aminocaproic Acid, 5 grams	Yes	
J0280	Aminophylline, up to 250 mg	Yes	
J0282	Amiodarone Hydrochloride, 30 mg	Yes	
J1320	Amitriptyline HCL, up to 20 mg	Yes	
J0300	Amobarbital, up to 125 mg	Yes	Amytal Sodium
J0285	Amphotericin B, 50 mg	Yes	
J0286	Amphotericin B, any lipid formulation, 50 mg	Yes	
J0290	Ampicillin Sodium, 500 mg	Yes	
J0295	Ampicillin sodium/sulbactam sodium, per 1.5 gm	Yes	Unasyn
X0002	Anestacon, 15 ml	Yes	
J0350	Anistreplase, per 30 units	Yes	Eminase
Q2003	Aprotinin, 10,000 kiu	Yes	
J0395	Arbutamine HCL, 1 mg	Yes	

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Code	Narrative	Benefit	Comments
J0460	Atropine sulfate, up to 0.3 mg	Yes	
J2910	Aurothioglucose, up to 50 mg	Yes	Solganal
J7330	Autologous cultured chondrocytes, implant	Yes	
X0003	Azactam, 500 mg	Yes	
X0004	Azactam, 1 gm	Yes	
X0005	Azactam, 2 gm	Yes	
J0456	Azithromycin, 500 mg	Yes	
S0073	Aztreonam, 500 mg	Yes	
J0475	Baclofen, 10 mg	Yes	
J0476	Baclofen, 50 mcg for intrathecal trial	Yes	
Q2019	Basiliximab, 20 mg	Yes	Simulect
J0510	Benzquinamide HCL, up to 50 mg	Deleted	Deleted 12/31/01
J0515	Benztropine	Yes	
J0702	Betamethasone Acetate & Betamethasone Sodium Phosphate, per 3 mg	Yes	Celestone Soluspan
J0704	Betamethasone Sodium Phosphate, per 4 mg	Yes	Celestone Soluspan
J0520	Bethanechol Chloride, Myotonachol or Urecholine, up to 5 mg	Yes	
J0190	Biperiden, 2 mg	Yes	Akineton
J0585	Botulinum Toxin Type A, Per Unit	Yes	Botox. Bill per unit.
J0587	Botulinum toxin type B, per 100 units	Yes	Effective 01/01/02
J0945	Brompheniramine Maleate	Yes	Dehist
S0171	Bumetanide, 0.5 mg	Yes	Effective 01/01/02
X0006	Bumex, 0.5 mg	Yes	
S0020	Bupivicaine Hydrochloride, 30 ml	Yes	
S0009	Butorphanol Tartrate, 1 mg	Yes	
J0706	Caffeine Citrate, 5 mg	Yes	Effective 01/01/02
X0007	Calcijex, 1 mcg	Yes	
X0008	Calcijex, 2 mcg	Yes	
J0630	Calcitonin Salmon, up to 400 units	Yes	Calcimar
J0635	Calcitriol, 1 mcg amp	Yes	
J0620	Calcium Glycerophosphate & Calcium Lactate, per 10 mg	Yes	Calphosan

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Code	Narrative	Benefit	Comments
J0610	Calcium Gluconate, up to 10 ml	Yes	
J0690	Cefazolin Sodium, 500 mg	Yes	Ancef, Kefzol
J0692	Cefepime Hydrochloride, 500 mg	Yes	Effective 01/01/02
J0695	Cefonocid Sodium, 1 gm	Deleted	Deleted 12/31/01
J0698	Cefotaxime Sodium, per gm	Yes	
S0074	Cefotetan Disodium, 500 mg	Yes	
J0694	Cefoxitin Sodium, 1 gm	Yes	Claforan, Mefoxin
J0713	Ceftazidime, per 500 mg	Yes	Fortaz
S0021	Ceftoperazone Sodium, 1 gram	Yes	
J0696	Ceftriaxone Sodium, per 250 mg	Yes	Rocephin
J0715	Ceftrizoxime Sodium, per 500 mg	Yes	Cefizox
J1890	Cephalothin Sodium, up to 1 gram	Yes	Keflin
J0710	Cephapirin Sodium, up to 1 gram	Yes	Cefadyl
J0720	Chloramphenicol Sodium Succinate, up to 1 gm	Yes	Chloromycetin Sodium Succinate
J1990	Chlordiazepoxide HCL, up to 100 mg	Yes	Librium
J2400	Chloroprocaine HCL	Yes	Nesacaine & Nesacaine-CE
J0390	Chloroquine, up to 50 mg	Yes	Aralen HCL. Benefit only for diagnosed malaria or amebiasis.
J1205	Chlorothiazide Sodium	Yes	
J0730	Chlorpheniramine Maleate, up to 200 mg	Deleted	Deleted 12/31/01
J3230	Chlorpromazine HCL, up to 50 mg	Yes	Thorazine
J3080	Chlorprothixene, up to 50 mg	Yes	Taractan
J0725	Chorionic Gonadotropin, per 1,000 USP units	Deleted	Deleted 12/31/01
J0740	Cidofovir, 375 mg	Yes	
J0743	Cilastatin Sodium: Imipenem, per 250 mg	Yes	
S0023	Cimetidine Hydrochloride, 300 mg	Yes	Tagamet
S0024	Ciprofloxacin, 200 mg	Deleted	Deleted 12/31/01. See J0744.
J0744	Ciprofloxacin for intravenous infusion, 200 mg	Yes	Effective 01/01/02
X0012	Cleocin, 300 mg	Yes	
X0013	Cleocin, 600 mg	Yes	
X0014	Cleocin, 900 mg	Yes	

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Code	Narrative	Benefit	Comments
S0077	Clindamycin Phosphate, 300 mg	Yes	
J0735	Clondine Hydrochloride, 1 mg	Yes	
J0745	Codeine Phosphate, per 30 mg	Yes	
J0760	Colchicine, up to 2 mg	Yes	
J0770	Colistimethate Sodium, up to 150 mg	Yes	Coly-Mycin M
Q2005	Corticorelin Ovine Triflutate, per dose	Yes	
J0800	Corticotropin, up to 40 units	Yes	ACTH
J0810	Cortisone, up to 50 mg	Deleted	Deleted 12/31/01
J0835	Cosyntropin, per 0.25 mg	Yes	Cortrosyn
J0850	Cytomegalovirus Immune Globulin Intravenous (Human), per vial	Yes	Cytogram
J7513	Daclizumab, parenteral, 25 mg	Yes	
J1645	Dalteparin Sodium, per 2500 IU	Yes	
Y5135	Decadron L.A., 1 ml vial	Yes	
J0895	Deferoxamine mesylate, 500 mg	Yes	Desferal
J1000	Depo-Estradiol Cypionate, up to 5 mg	Yes	
J2597	Desmopressin Acetate, per 4 mcg	Yes	
J1100	Dexamethasone Sodium Phosphate, 1 mg	Yes	Delalone, Decadron
J1095	Dexamethasone Acetate, per 8 mg	Yes	Delalone, Decadron
X0015	Dexpanthenol, 2.5 gm	Yes	
J1190	Dexrazoxane Hydrochloride, per 250 mg	Yes	
J3360	Diazepam, up to 5 mg	Yes	Valium
J1730	Diazoxide, up to 300 mg	Yes	Hyperstat
J0500	Dicyclomine, up to 20 mg	Yes	Bentyl
Q2006	Digoxin Immune Fab (Ovine), per vial	Yes	
J1160	Digoxin, up to 0.5 mg	Yes	
J1110	Dihydroergotamine, up to 1 mg	Yes	
J1240	Dimenhydrinate, up to 50 mg	Yes	
J0470	Dimercaprol, up to 100 mg	Yes	BAL in Oil
J1200	Diphenhydramine HCL, up to 50 mg	Yes	Benadryl
J1245	Dipyridamole, per 10 mg	Yes	

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Code	Narrative	Benefit	Comments
J1212	DMSO, Dimethyl Sulfoxide, 50%, 50 ml	Yes	
J1250	Dobutamine Hydrochloride, per 250 mg	Yes	
J1260	Dolasetron mesylate, 10 mg	Yes	
J1270	Doxercalciferol, 1 mcg	Yes	Effective 01/01/02
J1790	Droperidol, up to 5 mg	Yes	Inapsine
J1810	Droperidol & Fentanyl Citrate, up to 2 ml ampule	Yes	Innovar
J1180	Dyphylline, up to 500 mg	Yes	
J0600	Edetate Calcium Disodium, up to 200 mg	Yes	Calcium Disodium Versenate
J1650	Enoxaparin sodium, 10 mg	Yes	Lovenox
J1325	Epoprostenol, 0.5 mg	Yes	
S0155	Sterile Dilutant for Epoprostenol, 50 ml	Yes	Effective 01/01/02
J1327	Eptifibatide, 5 mg	Yes	
J1330	Ergonovine Maleate, up to 0.2 mg	Yes	Benefit limited to obstetrical diagnoses.
J1362	Erythromycin Gluceptate, per 250 mg	Deleted	Deleted 12/31/01
J1364	Erythromycin Lactobionate, per 500 mg	Yes	
J1380	Estradiol Valerate, up to 10 mg	Yes	
J1390	Estradiol Valerate, up to 20 mg	Yes	
J0970	Estradiol Valerate, up to 40 mg	Yes	Delestrogen
J1410	Estrogen Conjugated, per 25 mg	Yes	
J1435	Estrone, per 1 mg	Yes	
J1438	Etanercept, 25 mg	Yes	
Q2007	Ethanolamine Oleate, 100 mg	Yes	
J0590	Ethylnorepinephrine HCL, 1 ml	Deleted	Deleted 12/31/01
J1436	Etidronate Disodium, per 300 mg	Yes	
S0156	Exemestane, 25 mg	Yes	
S0028	Famotidine, 20 mg	Yes	
X0016	Fentanyl, 2 ml	Yes	
J3010	Fentanyl Citrate, 0.1 mg	Yes	Sublimaze
J1440	Filgrastim (G-CSF), 300 mcg	Yes	Neupogen
J1441	Filgrastim (G-CSF), 480 mcg	Yes	Neupogen

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Code	Narrative	Benefit	Comments
J1450	Fluconazole, 200 mg	Yes	
S0029	Fluconazole, 400 mg	Deleted	Deleted 12/31/01
J2680	Fluphenazine Decanoate, up to 25 mg	Yes	Prolixin Decanoate
Q2008	Fomepizole, 1.5 mg	Yes	
J1452	Fomivirsen Sodium, intraocular, 1.65 mg	Yes	
J1455	Foscarnet Sodium, per 1000 mg	Yes	
Q2009	Fosphenytoin, 50 mg	Yes	
S0078	Fosphenytoin Sodium, 750 mg	Yes	
J1940	Furosemide, up to 20 mg	Yes	Lasix
J1460	Gamma Globulin, Intramuscular, 1 cc	Yes	
J1470	Gamma Globulin, Intramuscular, 2 cc	Yes	
J1480	Gamma Globulin, Intramuscular, 3 cc	Yes	
J1490	Gamma Globulin, Intramuscular, 4 cc	Yes	
J1500	Gamma Globulin, Intramuscular, 5 cc	Yes	
J1510	Gamma Globulin, Intramuscular, 6 cc	Yes	
J1520	Gamma Globulin, Intramuscular, 7 cc	Yes	
J1530	Gamma Globulin, Intramuscular, 8 cc	Yes	
J1540	Gamma Globulin, Intramuscular, 9 cc	Yes	
J1550	Gamma Globulin, Intramuscular, 10 cc	Yes	
J1560	Gamma Globulin, Intramuscular, over 10 cc	Yes	
J1570	Ganciclovir Sodium, 500 mg	Yes	Cytovene
J1580	Garamycin, Gentamycin, up to 80 mg	Yes	
J1590	Gatifloxacin, 10 mg	Yes	Effective 01/01/02
S0085	Gatifloxacin, 200 mg	Yes	
J1610	Glucagon Hydrochloride, per 1 mg	Yes	
Q2010	Glatiramer Acetate, per dose	Yes	
J1600	Gold Sodium Thiomaleate, up to 50 mg	Yes	Gold Sodium Thiosulfate, Myochrysine
J1620	Gonadorelin Hydrochloride, per 100 mcg	Yes	Factral
S0091	Granisetron hydrochloride, 1 mg (For circumstances falling under the Medicare statute, use Q0166)	Yes	Effective 01/01/02

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Code	Narrative	Benefit	Comments
J1626	Granisetron Hydrochloride, 100 mcg	Yes	Kytril
J1630	Haloperidol, up to 5 mg	Yes	
J1631	Haloperidol Decanoate, per 50 mg	Yes	Haldol
Q2011	Hemin, per 1 mg	Yes	
J1642	Heparin Sodium, (Heparin lock flush), per 10 units	Yes	
J1644	Heparin Sodium, per 1000 units	Yes	
Q2020	Histrelin Acetate, 10 mg	Yes	
J3470	Hyaluronidase, up to 150 units	Yes	Wydase
J0360	Hydralazine HCL, up to 20 mg	Yes	Apresoline HCL
J2480	Hydrochlorides of Opium Alkaloids, up to 20 mg	Deleted	Deleted 12/31/01
J1720	Hydrocortisone Sodium Succinate, up to 100 mg	Yes	Solu Cortef
J1710	Hydrocortisone Sodium Phosphate, up to 50 mg	Yes	Hydrocortone Phosphate
J1700	Hydrocortisone Acetate, up to 25 mg	Yes	Biosone, Cortef Acetate, Fernisone, Hydrocortone Acetate
S0092	Hydromorphone Hydrochloride, 250 mg (Loading dose for infusion pump)	Yes	Effective 01/01/02
J1170	Hydromorphone, up to 4 mg	Yes	
J1739	Hydroxyprogesterone Caprocate, 125 mg/ml	Deleted	Deleted 12/31/01
J3410	Hydroxyzine HCL, up to 25 mg	Yes	Vistaril
J7320	Hylan G-F 20, 16 mg, for intra articular injection	Yes	Synvisc
J1980	Hyoscyamine Sulfate, up to 0.25 mg	Yes	Levsin
J1742	Ibutilide Fumarate, 1 mg	Yes	
S0088	Imatinib, 100 mg	Yes	Effective 01/01/02
J1785	Imiglucerase, per unit	Yes	Cerezyme
J3270	Imipramine HCL, up to 25 mg	Deleted	Deleted 12/31/01
J1561	Immune Globulin, intravenous, per 500 mg	Yes	
J1563	Immune Globulin, intravenous, 1 g	Yes	
X0043	Infed, 100 mg	Yes	
J1745	Infliximab, 10 mg	Yes	
J1820	Insulin, up to 100 units	Yes	
J9212	Interferon alfacon-1, recombinant, 1 mcg	Yes	
J1825	Interferon Beta – 1A, 33 mcg	Yes	

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Code	Narrative	Benefit	Comments
J1830	Interferson Beta-1B, 0.25 mg	Yes	Betaseron
J1750	Iron Dextran, 50 mg	Yes	Imferon
J1755	Iron Sucrose, 20 mg	Yes	Effective 01/01/02
J1835	Itraconazole, 50 mg	Yes	Effective 01/01/02
S0096	Itraconazole, 200 mg	Deleted	Deleted 12/31/01
J3365	IV, Urokinase, 250,000 IU vial	Yes	
J1850	Kanamycin Sulfate, up to 75 mg	Yes	Kantrex Pediatric
J1840	Kanamycin Sulfate, up to 500 mg	Yes	Kantrex
X0018	Ketamine, 20 mg	Yes	Ketalar
J1885	Ketorolac Tromethamine, per 15 mg	Yes	Toradol
J1910	Kutapressin, up to 2 ml	Yes	
Q2021	Lepirudin, 50 mg	Yes	
J0640	Leucovorin Calcium per 50 mg	Yes	
J1950	Leuprolide Acetate (for depot suspension), per 3.75 mg	Yes	Lupron
J1955	Levocarnitine, per 1 gm	Yes	
J7302	Levonorgestrel – releasing intrauterine contraceptive system, 52 mg	Yes	Effective 01/01/02
J1956	Levofloxacin, 250 mg	Yes	
J1960	Levorphanol Tartrate, up to 2 mg	Yes	Levo-Dromoran
J2000	Lidocaine HCL, 50 cc	Yes	Local anesthesia cannot be billed with surgical procedures.
J2010	Lincomycin, up to 300 mg	Yes	Lincocin
J2020	Linezolid, 200 mg	Yes	Effective 01/01/02
J2060	Lorazepam, 2 mg	Yes	
J3475	Magnesium Sulfate, per 500 mg	Yes	
X0020	Magnesium Sulfate 10%, 20 ml	Yes	
X0021	Magnesium Sulfate 50%, 2 ml	Yes	
J2150	Mannitol, 25% in 50 ml	Yes	
X0022	Mazicon (Flumazenil), 5 ml	Yes	
J1055	Medroxyprogesterone Acetate for contraceptive use, 150 mg	Yes	Depo Provera
J1056	Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg	Yes	Effective 01/01/02
J1050	Medroxyprogesterone Acetate, up to 100 mg	Yes	

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Code	Narrative	Benefit	Comments
J2180	Meperidine & Promethazine HCL, up to 50 mg	Yes	Mepergan
J2175	Meperidine, Hydrochloride, per 100mg	Yes	Demerol
J3450	Mephentermine Sulfate, up to 30 mg	Deleted	Deleted 12/31/01
J0670	Mepivacaine	Yes	Carbocaine. Local anesthesia cannot be billed with surgical procedures.
J0380	Metaraminol, up to 10 mg	Yes	Aramine
J1230	Methadone HCL, up to 10 mg	Yes	
J2970	Methicillin Sodium, up to 1 gram	Deleted	Deleted 12/31/01
J2800	Methocarbamol, up to 10 ml	Yes	Robaxin
J1970	Methotrimeprazine, up to 20 mg	Deleted	Deleted 12/31/01
J3390	Methoxamine, up to 20 mg	Deleted	Deleted 12/31/01
J0210	Methyldopate HCL, up to 250 mg	Yes	Aldomet Ester HCL
J2210	Methylergonovine Maleate, up to 0.2 mg	Yes	Methergine Maleate. Benefit limited to obstetrical diagnoses.
J1020	Methylprednisolone Acetate, 20 mg	Yes	Depo-Medrol
J1030	Methylprednisolone Acetate, 40 mg	Yes	
J1040	Methylprednisolone Acetate, 80 mg	Yes	
J2920	Methylprednisolone Sodium Succinate, up to 40 mg	Yes	Solu-Medrol
J2930	Methylprednisolone Sodium Succinate, up to 125 mg	Yes	Solu-Medrol
J2765	Metoclorpramide HCL, up to 10 mg	Yes	Reglan
J2240	Metocurine Iodine, up to 2 mg	Deleted	Deleted 12/31/01
S0030	Metronidazole, 500 mg	Yes	
J2250	Midazolam Hydrocholoride, per 1 mg	Yes	Versed
J2260	Milrinone Lactate, 5 mg	Yes	Primacor
J2271	Morphine Sulfate, 100 mg	Yes	
J2275	Morphine Sulfate (preservative-free sterile solution), per 10 mg	Yes	
J2270	Morphine Sulfate, up to 10 mg	Yes	
S0093	Morphine Sulfate, 500 mg (loading dose for infusion pump)	Yes	Effective 01/01/02
S0032	Nafcillin Sodium, 2 grams	Yes	
J2300	Nalbuphine Hydrochloride, per 10 mg	Yes	Nubain
J2310	Naloxone Hydrochloride, per 1 mg	Yes	Narcan
J0340	Nandrolone Phenpropionate, up to 50 mg	Yes	Anabolin

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Code	Narrative	Benefit	Comments
J2320	Nandrolone Decanoate, up to 50 mg	Yes	
J2321	Nandrolone Decanoate, up to 100 mg	Yes	
J2322	Nandrolone Decanoate, up to 200 mg	Yes	
J2710	Neostigmine Methylsufate, up to 0.5 mg	Yes	Prostigmin Methylsufate
J2350	Niacinamide, Niacin, up to 100 mg	Deleted	Deleted 12/31/01
J2352	Octreotide Acetate, 1 mg	Yes	
S0079	Octreotide Acetate, 100 mcg (For doses over 1 mg use J2352 or C1207)	Yes	Effective 01/01/02
S0034	Ofloxacin, 400 mg	Yes	
J2405	Ondansetron Hydrochloride, per 1 mg	Yes	Zofran
J2355	Oprelvekin, 5 mg	Yes	
J2360	Orphenadrine, up to 60 mg	Yes	Norflex
J2700	Oxacillin Sodium, up to 250 mg	Yes	Prostaphlin
J2410	Oxymorphone HCL, up to 1 mg	Yes	Numorphan
J2460	Oxytetracycline HCL, up to 50 mg	Yes	
J2590	Oxytocin, up to 10 units	Yes	Pitocin. Benefit limited to obstetrical diagnoses.
J2430	Pamidronate Disodium, per 30 mg	Yes	Aredia
J2440	Papaverine HCL, up to 60 mg	Yes	
J2500	Paricalcitol, 5 mcg	Yes	
Q2012	Pegademase Bovine, 25 IU	Yes	
J2540	Penicillin G Potassium, up to 600,000 units	Yes	Pfizerpen
J0530	Penicillin G Benzathine & Penicillin G Procaine, up to 600,000 units	Yes	Bicillin C-R
J0570	Penicillin G Benzathine, up to 1,200,000 units	Yes	Bicillin Long-Acting
J0580	Penicillin G Benzathine, up to 2,400,000 units	Yes	Bicillin Long-Acting
J2510	Penicillin G, Procaine, Aqueous, up to 600,000 units	Yes	
J0560	Penicillin G Benzathine, up to 600,000 units	Yes	Bicillin Long-Acting
J0540	Penicillin G Benzathine & Penicillin G Procaine, up to 1,200,000 units	Yes	Bicillin C-R
J0550	Penicillin G Benzathine & Penicillin G Procaine, up to 2,400,000 units	Yes	Bicillin C-R
J2512	Pentagastrin, per 2 ml	Deleted	Deleted 12/31/01
S0080	Pentamidine Isethionate, 300 mg	Yes	
Q2013	Pentastarch, 10% solution, per 100 ml	Yes	

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Code	Narrative	Benefit	Comments
J3070	Pentazocine HCL, up to 30 mg	Yes	Talwin
J2515	Pentobarbital Sodium	Yes	
J3310	Perphenazine, up to 5 mg	Yes	Trilafon
X0023	Persantine, 10 mg	Yes	
J2560	Phenobarbital Sodium, up to 120 mg	Yes	
J2760	Phentolaine Mesylate, up to 5 mg	Yes	Regitine Mesylate
J2370	Phenylephrine HCL, up to 1 ml	Yes	Neo-Synephrine
J1165	Phenytoin Sodium	Yes	
S0081	Piperacillin Sodium, 500 mg	Yes	
J2543	Piperacillin Sodium/Tazobactam Sodium, 1 gram/0.125 grams (1.125 grams)	Yes	
J3480	Potassium Chloride, per 2 meq	Yes	
J2730	Pralidoxime Chloride, up to 1 gram	Yes	Protopam Chloride
J1690	Prednisolone Tebutate, up to 20 mg	Deleted	Deleted 12/31/01
J2640	Prednisolone Sodium Phosphate to 20 mg	Deleted	Deleted 12/31/01
J2650	Prednisolone Acetate, up to 1 ml	Yes	Due-Pred, Panacort R-P
J2690	Procainamide HCL, up to 1 gram	Yes	Pronestyl
J0780	Prochlorperazine, up to 10 mg	Yes	Compazine
J2675	Progesterone, per 50 mg	Deleted	Deleted 12/31/01
J2950	Promazine HCL, up to 25 mg	Yes	Sparine
J2550	Promethazine HCL, up to 50 mg	Yes	Phenergan
J1930	Propiomazine, up to 20 mg	Yes	Largon
J1800	Propranolol HCL, up to 1 mg	Yes	Inderal
J2720	Protamine Sulfate, per 10 mg	Yes	
J2725	Protirelin, per 250 mcg	Yes	Relefact-TRH
X0025	Protropin, 5 mg	Yes	
X0026	Pyridoxine B6	Yes	
J2770	Quinupristin/Dalfopristin, 500 mg (150/350)	Yes	
J2780	Ranitidine Hydrochloride, 25 mg	Yes	
90378	Respiratory Syncytial Virus Immune Globulin (RSV-IGIM), for intramuscular use, 50 mg, each	Yes	Limit 4 units per day. See page 27 for diagnosis. See Bulletin B0100117 (12/01) for additional information.

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Code	Narrative	Benefit	Comments
J2993	Reteplase, 18.1 mg	Yes	
J2790	Rho D Immune Globulin, Human, one dose package	Yes	Rhogam. Benefit limited to obstetrical diagnoses.
J9310	Rituximab, 100 mg	Yes	
J2792	Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 I.U.	Yes	
J2795	Ropivacaine Hydrochloride, 1 mg	Yes	Naropin local anesthesia cannot be billed with surgical procedures.
J2820	Sargramostim, (GM-CSF), 50 mcg	Yes	Leukine, Prokine
J2860	Secobarbital Sodium, up to 250 mg	Deleted	Deleted 12/31/01
Q2014	Sermorelin Acetate, 0.5 mg	Yes	
S0090	Sildenafil Citrate, 25 mg	Yes	
J2912	Sodium Chloride	Yes	
X0027	Sodium Bicarbonate, 8.4%	Yes	
J2915	Sodium Ferric Gluconate Complex in Sucrose Injection, 62.5 mg	Yes	
J7316	Sodium Hyaluronate, 5 mg, for intra-articular injection	Yes	Effective 01/01/02. Hyalgan
J7315	Sodium Hyaluronate, 20 mg, for intra-articular injection	Deleted	Deleted 12/31/01. See J7316
J2940	Somatrem, 1 mg	Yes	Effective 01/01/02
Q2015	Somatrem, 5 mg	Deleted	Deleted 12/31/01.
Q2016	Somatropin, 1mg	Deleted	Deleted 12/31/01. See J2941.
J2941	Somatropin, 1 mg	Yes	Effective 01/01/02
X0028	Sotradecol (Tetradesyl Sulfate), 1%	Yes	
X0029	Sotradecol (Tetradesyl Sulfate), 2%	Yes	
J3320	Spectinomycin Dihydrochloride, up to 2 grams	Yes	Trobicin
X0030	Stadol	Yes	
J0697	Sterile Cefuroxime Sodium, per 750 mg	Yes	Zinacef
J2995	Streptokinase, per 250,000 IU	Yes	Bill 1 unit for each 250,000 units administered.
J3000	Streptomycin, up to 1 gram	Yes	
X0031	Sublimaze	Yes	
J0330	Succinylcholine Chloride, up to 20 mg	Yes	Anectine
S0039	Sulfamethoxazole and Trimethoprim, 10 ml	Yes	
J3030	Sumatriptan Succinate, 6 mg, administered under direct physician supervision, excludes self administration	Yes	Imitrex

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Code	Narrative	Benefit	Comments
S0014	Tacrine Hydrochloride, 10 mg	Yes	
J7525	Tacrolimus, Parenteral, 5 mg	Yes	
J3100	Tenecteplase, 50mg	Yes	Effective 01/01/02
Q2017	Teniposide, 50 mg	Yes	
J3105	Terbutaline Sulfate, up to 1 mg	Yes	
J1090	Testosterone Cypionate, 1 cc, 50 mg	Deleted	Deleted 12/31/01
J3140	Testosterone Suspension, up to 50 mg	Yes	Aqueous Testosterone
J1070	Testosterone Cypionate, up to 100 mg	Yes	
J1080	Testosterone Cypionate, 1 cc, 200 mg	Yes	
J0900	Testosterone Enanthate & Estradiol Valerate, up to 1 cc	Yes	Deladumone
J1060	Testosterone Cypionate & Estradiol Cypionate, up to 1 ml	Yes	
J3120	Testosterone Enanthate, up to 100 mg	Yes	
S0189	Testosterone Pellet, 75 mg	Yes	Effective 01/01/02
J3150	Testosterone Propionate, up to 100 mg	Yes	
J3130	Testosterone Enanthate, up to 200 mg	Yes	
J1670	Tetanus Immune Globulin, Human, up to 250 units	Yes	Homo-Tet
J0120	Tetracycline, up to 250 mg	Yes	
J2810	Theophylline, per 40 mg	Yes	Salyrgan-Theophylline
X0032	Thiamine, 100 mg vial	Yes	
J3280	Thiethylperazine Maleate, up to 10 mg	Yes	Torecan
J2330	Thiothixene, up to 4 mg	Deleted	Deleted 12/31/01
J3240	Thyrotropin Alfa, 0.9mg	Yes	
S0040	Ticarcillin Disodium and Clavulanate Potassium, 3.1 grams	Yes	
J1655	Tinzaparin Sodium, 1000 iu	Yes	Effective 01/01/02
J3245	Tirofiban Hydrochloride, 12.5 mg	Yes	
J3260	Tobramycin Sulfate, up to 80 mg	Yes	Nebcin
J2670	Tolazoline, up to 25 mg	Yes	Priscoline HCL
J3265	Torsemide, 10 mg/ml	Yes	
J3302	Triamcinolone Diacetate, per 5 mg	Yes	Kenalog, Aristocort
J3301	Triamcinolone Acetonide, per 10 mg	Yes	Kenalog, Aristocort

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Code	Narrative	Benefit	Comments
J3303	Triamcinolone Hexacetonide, per 5 mg	Yes	Kenalog, Aristocort
J3400	Triflupromazine HCL, up to 20 mg	Yes	Vesprin
J0400	Trimethaphan up to 50 mg	Deleted	Deleted 12/31/01
J3250	Trimethobenzamide HCL, up to 200 mg	Yes	Tigan
J3305	Trimetrexate Glucoronate, per 25 mg	Yes	
X0034	Unasyn, 3 gm	Yes	
J3490	Unclassified drugs	Yes	Bill on paper. Must identify name, dosage & strength of drug in Remarks field. Reimbursement is based on average wholesale price + 10 percent + $2.00 administration fee.
J3350	Urea, up to 40 grams	Yes	Ureaphil
Q2018	Urofollitropin, 75 IU	Yes	
J3364	Urokinase, 5000 IU Vial	Yes	
J3370	Vancomycin HCL, 500 mg	Yes	Vancocin HCL
S0086	Verteporfin, 15 mg	Deleted	Deleted 12/31/01. See J3395
J3395	Verteporfin, 15 mg	Yes	Effective 01/01/02
J3430	Vitamin K Phytonadione, Menadione, Menadiol Sodium Diphosphate, up to 10 mg	Yes	Aqua Mephyton
J3420	Vitamin B-12 Cyanocobalamin, up to 1,000 mcg	Yes	
J3485	Zidovudine, 10 mg	Yes	
X0037	Zinacef, 750 mg	Yes	
X0038	Zinacef, 1.5 gm	Yes	
J7599	Immunosuppressive Drug, not otherwise classified	Yes	Bill on paper. Must identify name, dosage, & strength of drug in Remarks field. Reimbursement is based on average wholesale price + 10 percent + $2.00 administration fee
Epoetin Alpha (EPOGEN) (PROCRIT)			
Q0136	Epoetin Alpha per 1,000 units	Yes	Epogen (For non-ERSD use)
Q9920	EPO, per 1,000 units, at patient HCT of 20 or less	Yes	Epogen
Q9921	EPO, per 1,000 units, at patient HCT of 21	Yes	Epogen
Q9922	EPO, per 1,000 units, at patient HCT of 22	Yes	Epogen
Q9923	EPO, per 1,000 units, at patient HCT of 23	Yes	Epogen
Q9924	EPO, per 1,000 units, at patient HCT of 24	Yes	Epogen
Q9925	EPO, per 1,000 units, at patient HCT of 25	Yes	Epogen

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Code	Narrative	Benefit	Comments
Q9926	EPO, per 1,000 units, at patient HCT of 26	Yes	Epogen
Q9927	EPO, per 1,000 units, at patient HCT of 27	Yes	Epogen
Q9928	EPO, per 1,000 units, at patient HCT of 28	Yes	Epogen
Q9929	EPO, per 1,000 units, at patient HCT of 29	Yes	Epogen
Q9930	EPO, per 1,000 units, at patient HCT of 30	Yes	Epogen
Q9931	EPO, per 1,000 units, at patient HCT of 31	Yes	Epogen
Q9932	EPO, per 1,000 units, at patient HCT of 32	Yes	Epogen
Q9933	EPO, per 1,000 units, at patient HCT of 33	Yes	Epogen
Q9934	EPO, per 1,000 units, at patient HCT of 34	Yes	Epogen
Q9935	EPO, per 1,000 units, at patient HCT of 35	Yes	Epogen
Q9936	EPO, per 1,000 units, at patient HCT of 36	Yes	Epogen
Q9937	EPO, per 1,000 units, at patient HCT of 37	Yes	Epogen
Q9938	EPO, per 1,000 units, at patient HCT of 38	Yes	Epogen
Q9939	EPO, per 1,000 units, at patient HCT of 39	Yes	Epogen
Q9940	EPO, per 1,000 units, at patient HCT of 40 or above	Yes	Epogen

Chemotherapy agents

Reimbursement of chemotherapeutic agents does not include administration fees.

Code	Narrative	Benefit	Comments
J9015	Aldesleukin, per single use vial	Yes	Proleukin
J9017	Arsenic Trioxide, 1 mg	Yes	Effective 01/01/02
J9020	Asparaginase, 10,000 units	Yes	e.g., Elspar
J7501	Azathioprine, parenteral, 5 mg/ml, 20 ml vial	Yes	e.g., Imuran
J9031	BCG (Intravesical), per instillation (vial)	Yes	
J9040	Bleomycin sulfate, 15 units	Yes	Blenoxane
J9045	Carboplatin, 50 mg	Yes	
J9050	Carmustine, 100 mg	Yes	Cisplatin, Bischlorethyl, Nitrosourea, BCNU
J9062	Cisplatin, 50 mg	Yes	
J9060	Cisplatin, powder or solution, per 10 mg	Yes	Platinol
J9065	Cladribine, per 1 mg	Yes	Leustatin
J9090	Cyclophosphamide, 500 mg	Yes	
J9091	Cyclophosphamide, 1.0 gm	Yes	

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Code	Narrative	Benefit	Comments
J9092	Cyclophosphamide, 2.0 gm	Yes	
J9093	Cyclophosphamide, Lyophilized, 100 mg	Yes	Lyophilized Cytoxan
J9094	Cyclophosphamide, Lyophilized, 200 mg	Yes	
J9095	Cyclophosphamide, Lyophilized, 500 mg	Yes	
J9096	Cyclophosphamide, Lyophilized, 1.0 gm	Yes	
J9070	Cyclophosphamide, 100 mg	Yes	Cytoxan
J9080	Cyclophosphamide, 200 mg	Yes	
J7516	Cyclosporin, parenteral, 250 mg	Yes	e.g., Sandimmune
J9100	Cytarbine, 100 mg	Yes	Arabinosyl, Cytosine, Cytosar, 100 mg
J9110	Cytarbine HCL, Arabinosyl Cytosine; Cytosar, 500 mgm	Yes	
J9130	Dacarbazine, 100 mg	Yes	DTIC, DOME, DIC
J9140	Dacarbazine, 200 mg	Yes	
J9120	Dactinomycin, 0.5 mg	Yes	Cosmegan, Actinomycin D
J9150	Daunorubicin, 10 mg	Yes	Daunomycin, Rubidomycin, Cerabione
J9160	Denileukin Diftitox, 300 mcg	Yes	
J9165	Diethylstilbestrol Diphosphate, 250 mg	Yes	
J9170	Docetaxel, 20 mg	Yes	
J9000	Doxorubicin HCL, 10 mg	Yes	Adriamycin, Doxyrubicin HCL, Doxil
J9001	Doxorubicin Hydrochloride, all Lipid formulations, 10 mg	Yes	
Q2002	Elliotts B Solution, per ml	Yes	
J9180	Epirubicin Hydrochloride, 50 mg	Yes	
J9181	Etoposide, 10 mg	Yes	VP-16, Vepesid
J9182	Etoposide, 100 mg	Yes	
J9200	Floxuridine, 500 mg	Yes	FUDR
J9185	Fludarabine Phosphate, 50 mg	Yes	
J9190	Fluorouracil, 500 mg	Yes	5FU
J9300	Gemtuzumab Ozogamicin, 5 mg	Yes	Effective 01/01/02
J9202	Goserelin Acetate Implant per 3.6 mg	Yes	Zoladex
J9211	Idarubicin Hydrochloride, 5 mg	Yes	
J9208	Ifosfamide, 1 gm	Yes	

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Code	Narrative	Benefit	Comments
J9213	Interferon, Alfa-2A, Recombinant, 3 million units	Yes	Alferon
J9214	Interferon, Alfa-2B, Recombinant, 1 million units	Yes	Alferon
J9215	Interferon, Alfa-N3, (Human Leukocyte Derived), 250,000 IU	Yes	Alferon
J9216	Interferon, Gamma 1-B, 3 million units	Yes	Alferon
J9218	Leuprolide Acetate, per 1 mg	Yes	Lupron
J9217	Leuprolide Acetate (for depot suspension), 7.5 mg	Yes	Lupron
J9219	Leuprolide Acetate Implant, 65 mg	Yes	
J7504	Lymphocyte Immune Globulin, Antithymocyte Globulin, equine, parenteral, 250 mg	Yes	e.g., Atgam
J7511	Lymphocyte Immune Globulin, Antithymocyte Globulin, rabbit, parenteral, 25 mg	Yes	Effective 01/01/02
J9097	Lyophilized Cyclophosphamide, 2.0 gm	Yes	
J9230	Mechlorethamine HCL (nitrogen mustard), 10 mg	Yes	Nitrogen Mustard, Mustargen
J9245	Melphalan Hydrochloride, 50 mg	Yes	Alkeran
J9209	Mesna, 200 mg	Yes	
J9250	Methotrexate Sodium, 5 mg	Yes	
J9260	Methotrexate Sodium, 50 mg	Yes	
J9280	Mitomycin, 5 mg	Yes	Mutamycin
J9290	Mitomycin, 20 mg	Yes	
J9291	Mitomycin, 40 mg	Yes	
J9293	Mitoxantrone HCL, per 5 mg	Yes	Novantrone
J7505	Muromonab-CD3, parenteral, 5 mg	Yes	
J9999	Not otherwise classified, antineoplastic drugs	Yes	Bill on paper. Must identify name, dosage & strength of drug in Remarks field. Reimbursement is based on average wholesale price + 10 percent + $2.00 administration fee.
J9265	Paclitaxel, 30 mg	Yes	Taxol
J9266	Pegaspargase, per single dose vial	Yes	Oncaspar
J9268	Pentostatin, per 10 mg	Yes	
J9270	Plicamycin, 2.5 mg	Yes	Mithracin, Mithramycin
J9320	Streptozocin, 1 gm	Yes	
J9340	ThioTepa, 15 mg	Yes	Triethylenethosphoramide
J9355	Trastuzumab, 10 mg	Yes	
J9357	Valrubicin, Intravesical, 200 mg	Yes	

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Code	Narrative	Benefit	Comments
J9360	Vinblastine Sulfate, 1 mg	Yes	
J9370	Vincristine Sulfate, 1 mg	Yes	
J9375	Vincristine Sulfate, 2 mg	Yes	
J9380	Vincristine Sulfate, 5 mg	Yes	
J9390	Vinorelbine Tartrate, per 10 mg	Yes	
Inhalation drugs and solutions			
J7608	Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram	Yes	
J7618	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, concentrated, per 1 mg (Albuterol) or per 0.5 mg (Levalbuterol)	Yes	
J7619	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose, per 1 mg (Albuterol) or per 0.5 mg (Levalbuterol)	Yes	
J7635	Atropine, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7636	Atropine, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7622	Beclomethasome, inhalation solution administered through DME, unit dose form, per milligram	Yes	Effective 01/01/02
J7624	Betamethasome, inhalation solution administered through DME, unit dose form, per milligram	Yes	Effective 01/01/02
J7628	Bitolterol Mesylate, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7629	Bitolterol Mesylate, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7626	Budesonide, inhalation solution administered through DME, unit dose form, 0.25 mg	Yes	Effective 01/01/02
J7631	Cromolyn Sodium, inhalation solution administered through DME, unit dose form, per 10 milligrams	Yes	
J7637	Dexamethasone, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7638	Dexamethasone, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7639	Dornase Alpha, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7641	Flunisolide, inhalation solution administered through DME, unit dose, per milligram	Yes	Effective 01/01/02
J7642	Glycopyrrolate, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7643	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7644	Ipratropium Bromide, inhalation solution administered through DME, unit dose form, per milligram	Yes	

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Code	Narrative	Benefit	Comments
J7648	Isoetharine HCL, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7649	Isoetharine HCL, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7658	Isoproterenol HCL, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7659	Isoproterenol Hydrochloride, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7668	Metaproterenol Sulfate, inhalation solution administered through DME, concentrated form, per 10 milligrams	Yes	
J7669	Metaproterenol Sulfate, inhalation solution administered through DME, unit dose form, per 10 milligrams	Yes	
J7699	Not otherwise classified (NOC) drugs, inhalation solution administered through DME	Yes	Bill on paper. Must identify name, dosage & strength of drug in Remarks field. Reimbursement is based on average wholesale price + 10 percent + $2.00 administration fee.
J2545	Pentamidine for aerosol inhaler for pneumocystis carinii pneumonia treatment for prophylaxis	Yes	
J7680	Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7681	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7682	Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME	Yes	
J7683	Triamcinolone, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7684	Triamcinolone, inhalation solution administered through DME, unit dose form, per milligram	Yes	
X0035	Ventolin Inhaler	Yes	
Other therapeutic or diagnostic medical injection, instillation or infusion services			
J7042	5% dextrose/normal saline (500 ml = 1 unit)	Yes	
J7060	5% dextrose/water (500 ml = 1 unit)	Yes	
J7198	Anti-Inhibitor, per I.U.	Yes	
J7197	Antithrombin III (Human) per I.U.	Yes	

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Code	Narrative	Benefit	Comments
M0300	IV Chelation therapy (chemical endarterectomy)	Yes	Bill on paper. Must identify name, dosage & strength of chelating agent in Remarks field. Allowable only as a treatment for metal toxicity. Not allowable as a treatment or preventative measure for atherosclerosis. This is not covered under the M0300 code without the presence of at least one of the following ICD-9 codes: V15.86, 972.7, 973.6, 976, 976.2, 976.3, 976.4, 976.5, 976.6, 983.9, 984.9, 985.1, 985.2, 985.5, 985.6, 985.8, 985.9. The use of CPT codes such as 90780, 90781, 90783, 92975, 93799, 83655 that cover services for therapeutic or diagnostic infusions, cardiology or laboratory services may not be used to bill for this procedure.
Q0187	Factor VIIA (Coagulation factor, recombinant) per 1.2 mg	Yes	
J7192	Factor VIII (antihemophilic factor, recombinant) per I.U.	Yes	
J7191	Factor VIII (antihemophilic factor (porcine)) per I.U.	Yes	
J7190	Factor VIII (antihemophilic factor, human) per I.U.	Yes	
J7194	Factor IX, complex, per I.U.	Yes	
Q0160	Factor IX, (antihemophilic factor, purified, non-recombinant), per I.U.	Deleted	Deleted 12/31/01. See J7193
J7193	Factor IX, (antihemophilic factor, purified, non-recombinant), per I.U.	Yes	Effective 01/01/02
Q0161	Factor IX (antihemophilic factor, recombinant) per I.U.	Deleted	Deleted 12/31/01. See J7195
J7195	Factor IX (antihemophilic factor, recombinant) per I.U.	Yes	Effective 01/01/02
J7199	Hemophilia clotting factor, not otherwise classified	Yes	
J7130	Hypertonic saline solution, 50 or 100 Meq, 20 cc vial	Yes	
Q0081	Infusion therapy using other than chemotherapeutic drugs, per visit	Yes	Bill on paper. Requires report.
J7050	Infusion, normal saline solution, 250 cc	Yes	
J7030	Infusion, normal saline solution, 1,000 cc	Yes	
J7070	Infusion, D5W, 1,000 cc	Yes	
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)	Yes	
J7100	Infusion, Dextran 40, 500 ml	Yes	
J7110	Infusion, Dextran 75, 500 ml	Yes	
J7799	Not otherwise classified (NOC) drugs, other than inhalation drugs, administered through DME	Yes	Bill on paper. Must identify name, dosage & strength of drug in Remarks field. Reimbursement is based on average wholesale price + 10 percent + $2.00 administration fee.
J7120	Ringers Lactate Infusion, up to 1,000 cc	Yes	Ringers Injection
J7051	Sterile saline or water, up to 5 cc	Yes	

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Code	Narrative	Benefit	Comments
S5002	Fat Emulsion 10% in 250 ml, with administration set	Deleted	Deleted 12/31/01
S5003	Fat Emulsion 20% in 250 ml, with administration set	Deleted	Deleted 12/31/01
S5010	5% Dextrose and 45% Normal Saline, 1000 ml	Yes	
S5011	5% Dextrose in Lactated Ringer S, 1000 ml	Yes	
S5012	5% Dextrose with Potassium Chloride, 1000 ml	Yes	
S5013	5% Dextrose/0.45% Normal Saline with Potassium Chloride and Magnesium Sulfate, 1000 ml	Yes	
S5014	5% Dextrose/45% Normal Saline with Potassium Chloride and Magnesium Sulfate, 1500 ml	Yes	
Q2004	Irrigation Solution for treatment of bladder calculi (e.g., Renacidin) per 500 ml	Yes	
Q2022	Von Willebrand Factor Complex, human, per iu	Yes	

Medical screening - Early & Periodic Screening, Diagnosis & Treatment (EPSDT) program billing information

The EPSDT Program provides preventive medical services to Medicaid clients age 20 and under. Please refer to the EPSDT Medicaid Provider Manual for a full EPSDT program description. The Colorado Medical Screening Periodicity schedule is located on pages 1-6 through 1-7 of the EPSDT manual. Additional services may be provided in accordance with the medical needs & circumstances of the child. A complete EPSDT Medical Screening examination includes the following components:

1) Comprehensive health & developmental history;
2) Comprehensive unclothed physical examination;
3) Assessment of physical, emotional & developmental growth
4) Immunizations appropriate to age & health history;
5) Laboratory tests (including lead blood level assessment appropriate to age & risk)
6) Mental health screening
7) Oral health screening
8) Assessment of nutritional status
9) Vision test
10) Hearing test
11) Family planning services and adolescent maternity care
12) Treatment and referrals for any necessary services
13) Health education (including anticipatory guidance)

The codes below identify interperiodic & partial EPSDT medical screening services.

Code	Narrative	Benefit	Comments
X1400	Interperiodic screening - Ages 0-11	Yes	A screening exam that includes all of the required components provided to a child whose age does not match the age parameters of the Screening Periodicity schedule.
X1405	Interperiodic screening - Ages 12-20	Yes	A screening exam that includes all of the required components provided to a youth whose age does not match the age parameters of the Screening Periodicity schedule.
X1410	Partial medical screening - Ages 0-20	Yes	A screening exam that does not include all of the required components. Immunizations, laboratory tests by the physician, & health education counseling may, when appropriate, be billed in addition to the partial screen.

Synagis

Code	Narrative	Benefit	Comments
90378	Respiratory Syncytial Virus Immune Globulin (RSV-IGIM), for intramuscular use, 50 mg each	Yes	Bill 1 unit per 50 mg. Limit 4 units per day. Benefit for infants age 2 years and under with one of the following diagnoses: 765.0, 765.1. See Bulletin B0100117 (12/01) for additional information.

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Code	Narrative	Benefit	Comments
Medicine			
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Yes	
G0102	Prostate cancer screening; digital rectal examination	Yes	
G0104	Colorectal cancer screening; flexible sigmoidoscopy	Yes	
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	Yes	
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	Yes	
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	Yes	
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	Yes	
G0122	Colorectal cancer screening; barium enema	Yes	
G0166	External counterpulsation, per treatment session	Yes	
Gastrointestinal			
M0100	Intragastric hypothermia using gastric freezing (MNP)	Yes	Bill on Paper. Requires a report.
Ophthalmological Services			
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	Yes	Effective 01/01/02
G0118	Glaucoma screening for high risk patients furnished under direct supervision of an optometrist or ophthalmologist	Yes	Effective 01/01/02
0025T	Determination of corneal thickness (e.g., pachymetry) with interpretation and report, bilateral	Yes	Effective 01/01/02
Otorhinolaryngologic services			
Speech therapists and audiologists billing valid CPT codes in the 92500 range may also bill one minimal E/M service (99211) in addition to the services rendered.			
G0197	Evaluation of patient for prescription of speech generating devices	Yes	
G0198	Patient adaptation and training for use of speech generating devices	Yes	
G0199	Re-evaluation of patient using speech generating devices	Yes	
G0200	Evaluation of patient for prescription of voice prosthetic	Yes	
G0201	Modification or training in use of voice prosthetic	Yes	
Cardiovascular, Medical			
G0004	Patient demand single or multiple event recording with pre-symptom memory loop & 24 hour attended monitoring, per 30 day period; includes transmission, physician reviewed & interpretation	Yes	

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Code	Narrative	Benefit	Comments
G0005	Patient demand single or multiple event recording with pre-symptom memory loop & 24 hour attended monitoring, per 30 day period; recording (Includes hook-up, recording & disconnection)	Yes	
G0006	Patient demand single or multiple event recording with pre-symptom memory loop & 24 hour attended monitoring, per 30 day period; 24 hour attended monitoring, receipt of transmissions, & analysis	Yes	
G0007	Patient demand single or multiple event recording with pre-symptom memory loop & 24 hour attended monitoring, per 30 day period; physician review & interpretation only	Yes	
G0015	Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) & 24 hour attended monitoring, per 30 day period; tracing only	Yes	
G0016	Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) & 24 hour attended monitoring, per 30 day period; physician review & interpretation only	Deleted	Deleted 12/31/01
G0030	Pet myocardial perfusion imaging, (following previous pet, G0030-G0047); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0031	Pet myocardial perfusion imaging, (following previous pet, G0030-G0047); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0032	Pet myocardial perfusion imaging (following rest spect, 78464); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0033	Pet myocardial perfusion imaging (following rest spect, 78464); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0034	Pet myocardial perfusion imaging, (following stress spect, 78465); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0035	Pet myocardial perfusion imaging, (following stress spect, 78465); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0036	Pet myocardial perfusion imaging, (following coronary angiography, 93510-93529); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0037	Pet myocardial perfusion imaging, (following coronary angiography, 93510-93529); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0038	Pet myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0039	Pet myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0040	Pet myocardial perfusion imaging, (following stress echocardiogram, 93350); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0041	Pet myocardial perfusion imaging, (following stress echocardiogram, 93350); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	

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Code	Narrative	Benefit	Comments
G0042	Pet myocardial perfusion imaging, (following stress nuclear ventriculogram, 78481 or 78483); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0043	Pet myocardial perfusion imaging, (following stress nuclear ventriculogram, 78481 or 78483); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0044	Pet myocardial perfusion imaging, (following rest ECG, 93000); single study, rest or stress (exercise and/or pharmocologic)	Yes	
G0045	Pet myocardial perfusion imaging, (following rest ECG, 93000); multiple studies, rest or stress (exercise and/or pharmocologic)	Yes	
G0046	Pet myocardial perfusion imaging, (following stress ECG, 93015); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0047	Pet myocardial perfusion imaging, (following stress ECG, 93015); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
M0300	IV chelation therapy (chemical endarterectomy)	Yes	Bill on paper. Must identify name, dosage & strength of chelating agent in Remarks field. Allowable only as a treatment for metal toxicity. Not allowable as a treatment or preventative measure for atherosclerosis. This is not covered under the M0300 code without the presence of at least one of the following ICD-9 codes: V15.86, 972.7, 973.6, 976, 976.2, 976.3, 976.4, 976.5, 976.6, 983.9, 984.9, 985.1, 985.2, 985.5, 985.6, 985.8, 985.9. The use of CPT codes such as 90780, 90781, 90783, 92975, 93799, 83655 that cover services for therapeutic or diagnostic infusions, cardiology or laboratory services may not be used to bill for this procedure.
M0301	Fabric wrapping of abdominal aneurysm (MNP)	Yes	Bill on paper. Requires a report.
M0302	Assessment of cardiac output by electrical bioimpedence	Deleted	Deleted 12/31/01
S3902	Ballistocardiogram	Yes	
S3904	Masters Two Step	Yes	
S9025	Omnicardiogram/Cardiointegram	Yes	
Y0655	Implantation of automatic defibrillators	Yes	
Y9105	Study of aortic bypass grafts	Yes	
0024T	Non-surgical septal reduction therapy (e.g., alcohol ablation), for hypertrophic obstructive cardiomyopathy, with coronary arteriograms, with or without temporary pacemaker	Yes	Effective 01/01/02

Neurology and Neuromuscular Procedures

Code	Narrative	Benefit	Comments
S3900	Surface Electromyography (EMG)	Yes	Effective 01/01/02

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Code	Narrative	Benefit	Comments
Chemotherapy supplies and administration			
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Yes	Requires prior authorization and copy of invoice.
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	Yes	
Q0084	Chemotherapy administration by infusion technique only, per visit	Yes	
Q0085	Chemotherapy administration by both infusion technique & other technique(s) (e.g., subcutaneous, intramuscular, push), per visit	Yes	
X2265	Home IV pump rental, by physician, per day	Yes	
Home Infusion Therapy			
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	Yes	Effective 01/01/02
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Yes	Effective 01/01/02

Psychiatry

This section applies to fee for service clients only. Local Mental Health Assessment and Services Agencies (MHASAs) provide all other mental heath benefits. MHASA benefits are not billable to the Colorado Medicaid program.

Note: Providers of psychiatric services are instructed to continue using the 1997 HCPCS until further notice. 1999 HCPCS for psychiatric services will be implemented at a later date. Please see Medicaid Bulletin B9802303 for details regarding proper coding.

Billing & benefit information

Benefit is available for face to face patient contact psychiatric services only. One unit of service is defined as 15 minutes of face to face patient contact time. Fractional units may be rounded up to the next 15 minute increment. Do not increase units to account for or include non-face-to-face services such as report preparation, telephone consultation, case presentations, or staff conferences, etc.

The 1996 CPT codes 96100-96117 should be billed utilizing time units in accordance with CPT 96 narrative guidelines.

CPT codes 90842 and 90844, individual medical psychotherapy by a physician... with specific time reference, are not valid for Colorado Medicaid billing. Use CPT 90843 & bill time units as described previously.

With the exception of enrolled licensed psychologists, non-physician mental health practitioners are not authorized to provide services in an inpatient hospital setting.

Please refer to the Medicaid Medical/Surgical Specialty Provider Manual, pages 11 & 12, for psychiatric benefit limitations.

With the exception of licensed psychologists & services provided in a certified community mental health center setting, all services provided by non-physicians must be ordered by a licensed physician & provided under the direct & personal supervision of a physician **who is on the premises at the time services are rendered**. Claims must be submitted by the supervising physician. Payment is made to the physician. Licensed psychologists may not serve as supervisors of treatment services provided by other non-physician providers.

Procedural Coding: The Medicaid program uses locally developed HCPCS codes to identify mental health services by non-physician providers. Claims for services provided by non-physician mental health practitioners must be submitted using HCPCS codes that correctly correspond to the educational level of the individual actually rendering the service. With the exception of licensed psychologists & the authorized use of CPT code 96100 for psychological testing by Ph.D. level psychologists as noted below, **Non-physician mental health practitioners cannot submit claims using CPT procedure codes**.

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Code	Narrative	Benefit	Comments
	Certified Community Mental Health Centers: Psychiatric benefit services are also available through a state certified community mental health center. The following coding information does not apply to services provided by employees of certified Community Mental Health Centers. Services provided in a certified community mental health center must be billed by the mental health center using specially designated HCPCS codes. Payment is made to the mental health center.		
	Licensed Psychologists: Licensed clinical psychologists receive direct Medicaid payment. Licensed psychologists may not serve as supervisors of treatment services provided by other non-physician providers. Licensed psychologists may provide & bill for the following services: ▪ Psychological testing - Use CPT code 96100. ▪ Inpatient hospital care - Use CPT code 90841. ▪ Psychological testing by less than Ph.D. level non-physician providers - Use HCPCS code X0500. Licensed psychologists may supervise & submit claims for psychological testing by less than Ph.D. level non-physician providers. Identification of the individual who actually performs the testing must be recorded in the medical record. ▪ Summary conference with family members - Use HCPCS code X0501. Unlike family therapy, the summary conference generally involves interpretation of diagnostic testing or consultation with family & patient related to unusual events. The patient must be in attendance during the conference. ▪ Ambulatory/outpatient individual psychotherapy - Use HCPCS code X0504. ▪ Ambulatory/outpatient group psychotherapy - Use HCPCS code X0512.		
X0500	Standardized psychological testing by other provider types (below Ph.D. or Psy.D.)	Yes	Ph.D./Psy.D. psychologists use CPT 96100
X0501	Summary conference with family members (patient must be present).	Yes	Involves interpretation of diagnostic testing or consultation with family & patient related to unusual events. Client must be in attendance.
X0504	Certified Ph.D. Psychologist, Individual	Yes	
X0505	Non-certified Ph.D. Psychologist, Individual	Yes	
X0506	M.A. Psychologist, Individual	Yes	
X0507	A.C.S.W. Social Worker, Individual	Yes	
X0508	M.S. Psychiatric Nurse, Individual	Yes	
X0509	M.S.W. Social Worker, Individual	Yes	
X0512	Certified Ph.D. Psychologist, Group	Yes	
X0513	Non-certified Ph.D. Psychologist, Group	Yes	
X0514	M.A. Psychologist, Group	Yes	
X0515	A.C.S.W. Social Worker, Group	Yes	
X0516	M.S. Psychiatric Nurse, Group	Yes	
X0517	M.S.W. Social Worker, Group	Yes	

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Code	Narrative	Benefit	Comments

Respiratory Procedures

Billing Information

Therapeutic respiratory procedures performed by non-physician therapists must be ordered by and performed under the direct and personal supervision of a physician *who is on the premises at the time services are rendered.* Services must be billed by the supervising physician and payment is made to the physician.

Code	Narrative	Benefit	Comments
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)	Yes	Effective 01/01/02
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, per 15 minutes (includes monitoring)	Yes	Effective 01/01/02
G0239	Therapeutic procedures to improve respiratory function, other than services described by G0237, two or more (includes monitoring)	Yes	Effective 01/01/02

Physical Medicine

Billing information

To report physical medicine procedures, use CPT codes 97001-97004, 97010-97799. Physical therapy and occupational therapy services performed by non-physician practitioners outside of the Home-health setting must be ordered and provided under the general supervision of a physician. General supervision means that the physician is not required to be on-site for the service to be rendered. A Prior Authorization Request is required after six physical therapy or six occupational therapy services. The supervising physician must bill the services and payment is made to the physician. (Medicaid Bulletin #B0200119). One minimal E/M service (CPT 99211) is allowed in addition to the physical medicine procedure codes.

Radiology

Code	Narrative	Benefit	Comments
G0050	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound	Yes	
G0125	PET imaging regional or whole body; single pulmonary nodule; full- and partial-ring PET scanners only	Yes	
G0126	PET lung imaging of solitary pulmonary nodules, using 2-(fluorine-18)-Fluoro-2-Deoxy-D-Glucose (FDG), following CT (71250/71260 or 71270); initial staging of pathologically diagnosed non-small cell lung cancer	Deleted	Deleted 12/31/01
G0130	Single energy x-ray absorptiometry (SEXA) Bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Yes	
G0131	Computerized tomography bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)	Yes	
G0132	Computerized tomography bone mineral density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Yes	
G0163	Positron Emission Tomography (PET), whole body, for recurrence of colorectal metastatic cancer	Deleted	Deleted 12/31/01. See G0215.
G0164	Positron Emission Tomography (PET), whole body, for staging and characterization of lymphoma	Deleted	Deleted 12/31/01. See G0221, G0222.
G0165	Positron Emission Tomography (PET), whole body, for recurrence of Melanoma or Melanoma metastatic cancer	Deleted	Deleted 12/31/01. See G0218, G0219.

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Code	Narrative	Benefit	Comments
G0173	Stereotactic Radiosurgery, complete course of therapy in one session	Yes	
G0174	Intensity Modulated Radiation Therapy (IMRT) Plan, per session	Deleted	Deleted 12/31/01
G0178	Intensity Modulated Radiation Therapy (IMRT) Delivery to multiple areas with treatment setup and verification images	Deleted	Deleted 12/31/01
G0179	Intensity Modulated Radiation Therapy (IMRT) Planning, includes dose volume nistograms, inverse plan optimization, plan positional accuracy and dose verification	Yes	
G0188	Full length radiography of lower extremity, which includes hip, knee and ankle	Deleted	Deleted 12/31/01
G0202	Screening mammography, producing direct digital image, bilateral, all views	Yes	Effective 01/01/02
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	Yes	Effective 01/01/02
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	Yes	Effective 01/01/02
G0210	PET imaging whole body; full- and partial-ring PET scanners only, diagnosis; lung cancer; non-small cell	Yes	Effective 01/01/02
G0211	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; lung cancer; non-small cell	Yes	Effective 01/01/02
G0212	PET imaging whole body; full- and partial-ring PET scanners only, restaging; lung cancer; non-small cell	Yes	Effective 01/01/02
G0213	PET imaging whole body; full- and partial-ring PET scanners only, diagnosis; colorectal cancer	Yes	Effective 01/01/02
G0214	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; colorectal cancer	Yes	Effective 01/01/02
G0215	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; colorectal cancer	Yes	Effective 01/01/02
G0216	PET imaging whole body; full- and partial-staging PET scanners only, diagnosis; melanoma	Yes	Effective 01/01/02
G0217	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; melanoma	Yes	Effective 01/01/02
G0218	PET imaging whole body; full- and partial-ring PET scanners only, restaging; melanoma (replaces G0165)	Yes	Effective 01/01/02
G0219	PET imaging whole body; full- and partial-ring PET scanners only, restaging; melanoma (replaces G0165)	Yes	Effective 01/01/02
G0220	PET imaging whole body; full- and partial-ring PET scanners only, diagnosis; lymphoma	Yes	Effective 01/01/02
G0221	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; lymphoma (replaces G0164)	Yes	Effective 01/01/02
G0222	PET imaging whole body; full- and partial-ring PET scanners only, restaging; lymphoma (replaces G0164)	Yes	Effective 01/01/02
G0223	PET imaging whole body or regional; full- and partial-ring PET scanners only, diagnosis; head and neck cancer; excluding thyroid and CNS cancers	Yes	Effective 01/01/02

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Code	Narrative	Benefit	Comments
G0224	PET imaging whole body or regional; full- and partial-ring PET scanners only, initial staging; head and neck cancer; excluding thyroid and CNS cancers	Yes	Effective 01/01/02
G0225	PET imaging whole body or regional; full- and partial-ring PET scanners only, restaging; head and neck cancer; excluding thyroid and CNS cancers	Yes	Effective 01/01/02
G0226	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; esophageal cancer	Yes	Effective 01/01/02
G0227	PET imaging whole body; full- and partial-ring PET scanners only, initial staging; esophageal cancer	Yes	Effective 01/01/02
G0228	PET imaging whole body; full- and partial-ring PET scanners only, restaging; esophageal cancer	Yes	Effective 01/01/02
G0229	PET imaging; metabolic brain imaging for pre-surgical evaluation of refractory seizures; full- and partial-ring PET scanners only	Yes	Effective 01/01/02
G0230	PET imaging; metabolic assessment for myocardial viability following inconclusive spect study; full- and partial-ring PET scanners only	Yes	Effective 01/01/02
G0231	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Yes	Effective 01/01/02
G0232	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Yes	Effective 01/01/02
G0233	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Yes	Effective 01/01/02
G0234	PET, regional or whole body, for solitary pulmonary nodule following CT or for initial staging of pathologically diagnosed non small cell lung cancer; gamma cameras only	Yes	Effective 01/01/02
G0236	Digitization of film radiographic images with computer analysis for lesion detection and further physician review for interpretation, diagnostic mammography (List separately in addition to code for primary procedure)	Yes	Effective 01/01/02
G0242	Multi-source photon stereotactic radiosurgery (cobalt 60 multi-source converging beams) plan, including dose volume histograms for target and critical structure tolerances, plan optimization performed for highly conformal distributions, plan positional accuracy and dose verification, all lesions treated, per course of treatment	Yes	Effective 01/01/02
G0243	Multi-source photon stereotactic radiosurgery, delivery including collimator changes and custom plugging, complete course of treatment, all lesions	Yes	Effective 01/01/02
R0070	Transportation of portable X-ray equipment & personnel to home or nursing home, per trip to facility or location, one patient seen, per patient	Yes	
R0076	Transportation of portable EKG to facility or location, per patient	Yes	
A4641	Supply of radiopharmaceutical diagnostic imaging agent	Yes	
A4644	Supply of low osmolar contrast material (100-199 mgs of iodine)	Yes	
A4645	Supply of low osmolar contrast material (200-299 mgs of iodine)	Yes	

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Code	Narrative	Benefit	Comments
A4646	Supply of low osmolar contrast material (300-399 mgs of iodine)	Yes	
A9500	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Sestamibi, per dose	Yes	
A9502	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Tetrofosmin, per unit dose	Yes	
A9503	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Medronate, up to 30 mci	Yes	
A9504	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Apcitide	Yes	
A9505	Supply of radiopharmaceutical diagnostic imaging agent, Thallous Chloride TL 201, per mci	Yes	
A9507	Supply of radiopharmaceutical diagnostic imaging agent, Indium in 111 Capromab Pendetide, per dose	Yes	
A9508	Supply of radiopharmaceutical diagnostic imaging agent, Iobenguane Sulfate I-131, per 0.5 mci	Yes	
A9510	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC99M Disofenin, per vial	Yes	
A9511	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M, Depreotide, per MCI	Yes	Effective 01/01/02
A9605	Supply of therapeutic radiopharmaceutical, Samarium SM 153 Lexidronamm, 50 mci	Yes	
A9600	Supply of therapeutic radiopharmaceutical, Strontium-89 chloride, per mci	Yes	
A9700	Supply of injectable contrast material for use in echocardiography, per study	Yes	
Q3001	Radioelements for Brachytherapy, any type, each	Yes	
Q3002	Supply of radiopharmaceutical diagnostic imaging agent, Gallium GA 67, per mci	Yes	
Q3003	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Bicisate, per unit dose	Yes	
Q3004	Supply of radiopharmaceutical diagnostic imaging agent, Xenon XE 133, per 10 mci	Yes	
Q3005	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Mertiatide, per mci	Yes	
Q3006	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Glucepatate, per 5 mci	Yes	
Q3007	Supply of radiopharmaceutical diagnostic imaging agent, Sodium Phosphate P32, per mci	Yes	
Q3008	Supply of radiopharmaceutical diagnostic imaging agent, Indium 111-IN Pentetreotide, per 3 mci	Yes	
Q3009	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Oxidronate, per mci	Yes	

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Code	Narrative	Benefit	Comments
Q3010	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Labeled red blood cells, per mci	Yes	
Q3011	Supply of radiopharmaceutical diagnostic imaging agent, Chromic Phosphate P32 Suspension, per mci	Yes	
Q3012	Supply of oral radiopharmaceutical diagnostic imaging agent, Cyanocobalamin Cobalt CO57, per 0.5 mci	Yes	
S0820	Computerized Corneal Topography, unilateral	Yes	
S8030	Scleral application of Tantalum ring(s) for localization of lesions for proton beam therapy	Yes	Effective 01/01/02
S0830	Ultrasound Pachymetry to determine corneal thickness, with interpretation and report, unilateral	Yes	
S8001	Radiofrequency Stimulation of the Thalamus for tremor accomplished by stereotactic method, including burr holes, localizing and recording techniques and placement of the electrode(s)	Deleted	Deleted 12/31/01
S8037	Magnetic resonance cholangiopancreatography (MRCP)	Yes	Effective 01/01/02
S8080	Scintimammography (Radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical	Yes	
S8085	Fluorine-18 Fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)	Yes	
0003T	Cervicography	Yes	Effective 01/01/02

Laboratory

Billing information

The provider who actually performs the laboratory test is the only one who is eligible to bill & receive payment. Physicians may only bill for tests actually performed in their office or clinic. Testing performed by independent laboratories or hospital outpatient laboratories must be billed by the laboratory. To receive Medicaid payment, all providers of laboratory services must be CLIA certified & Medicaid enrolled.

CPT lists tests that can be & frequently are done as groups & combinations (profiles) on automated multichannel equipment. For organ or disease oriented panels (check CPT narrative), use the appropriate code in the range 80048-80092. These tests are not to be performed or billed separately when ordered in a group/combination. Procedures must be billed with one unit of service.

In accordance with Section 1903(i)(7) of the Social Security Act, Medicaid shall not expend funds for clinical diagnostic laboratory services in excess of the amount that would be recognized under Medicare. Providers therefore may not bill the Medicaid Program for specific tests for which a claim for the same test, inclusive in a panel or multichannel test, has been or will be submitted. Reimbursement received as a result of incorrect billing is subject to recovery.

Code	Narrative	Benefit	Comments
0010T	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response	Yes	Effective 01/01/02
G0026	Fecal Leucocyte examination	Yes	
0026T	Lipoprotein, direct measurement, intermediate density lipoproteins (IDL) (remnant lipoproteins)	Yes	Effective 01/01/02
G0103	Prostate cancer screening, Prostate Specific Antigen test (PSA), total	Yes	
G0107	Colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations	Yes	Bill with 1 unit of service.

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Code	Narrative	Benefit	Comments
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	Yes	
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	Yes	
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	Yes	
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	Yes	
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and computer-assisted rescreening by cytotechnologist under physician supervision	Yes	
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Yes	
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	Yes	
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	Yes	
P2028	Cephalin flocculation, blood	Yes	
P2029	Congo red, blood	Yes	
P2031	Hair analysis (excluding arsenic)	Yes	
P2033	Thymol turbidity, blood	Yes	
P7001	Culture, bacterial, urine; quantitative, sensitivity study	Yes	
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens	Yes	
Q0112	All potassium hydroxide (KOH) preparations	Yes	
Q0113	Pinworm examinations	Yes	
Q0114	Fern test	Yes	
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	Yes	
S3620	Newborn Metabolic Screening Panel, includes test kit, postage and the following laboratory tests specified by the State for inclusion in this panel (e.g., galactose, hemoglobin, electrophoresis; hydroxyprogesterone, 17-D, phenylanine (PKU); and thyroxine, total)	Yes	
S3630	Eosinophil count, blood, direct	Yes	Effective 01/01/02
S3700	Bladder tumor-associated antigen test	Deleted	Deleted 12/31/01

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Code	Narrative	Benefit	Comments
S3701	Immunoassay for nuclear matrix protein 22 (NMP-22), quantitative	Yes	Effective 01/01/02
S3708	Gastrointestinal fat absorption study	Yes	
Y8085	ANA Profile, includes: ANA, Anti-DNA, Anti-SM, Anti-RPN, Anti-SSA, Anti-SSB	Yes	
Y8160	Coagulation panel	Yes	

Genotype / Phenotype Resistance Testing

Colorado Medicaid approves one resistance test per state fiscal year per HIV infected client. If a second resistance test is requested, the provider must submit a Prior Authorization Request (PAR) with supporting documentation justifying the need for the second test. The PAR must be approved prior to testing.

Code	Narrative	Benefit	Comments
87901	Genotype Human Immunodeficiency virus type-1 (HIV-1) testing (mutation analysis) for drug resistance	Yes	
87903	Phenotype HIV-1 susceptibility (covers the first 10 drugs that are tested)	Yes	
87904	Add on for each additional drug (up to five drugs) must be used in conjunction with 87903	Yes	
0023T	Predictive Phenotype – infectious agent drug susceptibility phenotype prediction (must be billed with 87901)	Yes	Effective 01/01/02

Anesthesia

The following anesthesia procedures have been added for use when providers must bill for anesthesia administered for second and third degree burn excision or debridement.

Code	Narrative	Benefit	Comments
01951	Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for Total Body Surface Area (TBSA) treated during anesthesia and surgery; less than four percent total body surface area	Yes	Bill once per date of service. 1 unit = 15 minutes. Use when treatment encompasses less than 4% of total body surface area. Do not bill in conjunction with procedure codes 01952 – 01953.
01952	Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for Total Body Surface Area (TBSA) treated during anesthesia and surgery; four percent to nine percent total body surface area	Yes	Bill once per date of service. 1 unit = 15 minutes. Use when treatment encompasses 4% - 9% of total body surface area. Do not bill in conjunction with procedure code 01951. May be billed with add-on procedure 01953, when appropriate.
01953	Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for Total Body Surface Area (TBSA) treated during anesthesia and surgery; each additional nine percent total body surface area or part thereof (List separately in addition to code for primary procedure).	Yes	Bill once per date of service. 1 unit = 15 minutes. Use when treatment covers a second additional 1% - 9% of total body surface area. Do not bill in conjunction with procedure code 01951. May bill with procedure code 01952 when area being treated is 10% - 18% of total body surface area.
01953-76	Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for Total Body Surface Area (TBSA) treated during anesthesia and surgery; each additional nine percent total body surface area or part thereof (List separately in addition to code for primary procedure).	Yes	1 unit = 15 minutes. Use when treatment covers 19% or more of the total body surface area. Do not bill in conjunction with procedure code 01951. May be billed in conjunction with procedure codes 01952 and 01953, when percentage of total body area being treated is equal to or more than 19%. Bill one line, including modifier –76, for each 1% -9% in excess of the first 18%.

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Code	Narrative	Benefit	Comments
01968	Cesarean delivery following neuraxial labor analgesia/anesthesia (list separately in addition to code for primary procedure).	Yes	Effective 01/01/02. May only be billed with 01967. The time calculation begins at the point in the anesthesia service when the decision is made to proceed with a cesarean delivery or cesarean hysterectomy. Time units prior to the decision must be billed with 01967.
01969	Cesarean hysterectomy following neuraxial labor analgesia/anesthesia (list separately in addition to code for primary procedure).	Yes	Effective 01/01/02. May only be billed with 01967. The time calculation begins at the point in the anesthesia service when the decision is made to proceed with a cesarean delivery or cesarean hysterectomy. Time units prior to the decision must be billed with 01967.
Integumentary			
G0025	Collagen skin test kit	Yes	
G0127	Trimming of dystrophic nails, any number	Yes	Limit to 1 unit of service.
G0168	Wound closure utilizing tissue adhesive(s) only	Yes	
Q0183	Dermal tissue, of human origin, with or without other bioengineered or processed elements, but without metabolically active elements, per square centimeter	Yes	
Q0184	Dermal tissue, of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	Yes	
Q0185	Dermal and epidermal tissue, of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	Deleted	Deleted 12/31/01. See J7340.
S0630	Removal of sutures by a physician other than the physician who originally closed the wound	Yes	
Respiratory			
S2340	Chemodenervation of abductor muscle(s) of vocal cord	Yes	
S2341	Chemodenervation of adductor muscle(s) of vocal cord	Yes	Effective 01/01/02
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	Yes	Effective 01/01/02
0001T	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; modular bifurcated prosthesis (two docking limbs)	Yes	Effective 01/01/02
0002T	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; aorto-uni-iliac or aorto-unifemoral prosthesis	Yes	Effective 01/01/02
0005T	Transcatheter placement of extracranial cerebrovascular artery stent(s), percutaneous; initial vessel	Yes	Effective 01/01/02
0006T	Transcatheter placement of extracranial cerebrovascular artery stent(s), percutaneous; each additional vessel (list separately in addition to code for primary procedure)	Yes	Effective 01/01/02
0007T	Transcatheter placement of extracranial cerebrovascular artery stent(s), percutaneous; radiological supervision and interpretation, each vessel	Yes	Effective 01/01/02

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Code	Narrative	Benefit	Comments
Cardiovascular, Surgical			
E0616	Implantable cardiac event recorder with memory, activator, and programmer	Yes	
S2202	Echosclerotherapy	Yes	Effective 01/01/01
S2220	Thrombectomy, coronary, by mechanical means (e.g., using rheolytic catheter)	Deleted	Deleted 12/31/01
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	Yes	
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial graft	Yes	
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	Yes	
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	Yes	
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft	Yes	
S2065	Simultaneous pancreas kidney transplantation	Yes	Effective 01/01/02
Digestive, Surgical			
0008T	Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate, with suturing of the esophagogastric junction	Yes	Effective 01/01/02
G0193	Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (fees)	Yes	
G0194	Sensory testing during endoscopic study of swallowing (add on code) referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (FEEST)	Yes	
G0195	Clinical evaluation of swallowing function (not involving interpretation of dynamic radiological studies or endoscopic study of swallowing)	Yes	
G0196	Evaluation of swallowing involving swallowing of radio-opaque materials	Yes	
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Yes	Effective 01/01/02
Musculoskeletal – **For Casting supplies see page 4 & 5**			
L8642	Hallux implant prosthesis	Yes	May be billed by ambulatory surgical center or surgeon.
S2112	Arthroscopy, knee, surgical, for harvesting of cartilage (Chonodrocyte cells)	Yes	Effective 01/01/02

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Code	Narrative	Benefit	Comments
S2115	Osteotomy, periacetabular, with internal fixation	Yes	Effective 01/01/02
S2360	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical	Yes	Effective 01/01/02
S2361	Each additional cervical vertebral body (List seoarately in addition to code for primary procedure)	Yes	Effective 01/01/02
0012T	Arthroscopy, knee, surgical, implantation of osteochondral graft(s) for treatment of articular surface defect; autografts	Yes	Effective 01/01/02
0013T	Arthroscopy, knee surgical, implantation of osteochondral graft(s) for treatment of articular surface defect; allografts	Yes	Effective 01/01/02
0014T	Mensical transplantation, medial or lateral, knee (any method)	Yes	Effective 01/01/02
0019T	Extracorporeal shock wave therapy; involving musculoskeletal system	Yes	Effective 01/01/02
0020T	Extracorporeal shock wave therapy; involving plantar fascia	Yes	Effective 01/01/02
S2370	Intradiscal Electrothermal Therapy, single interspace	Yes	
S2371	Each additional interspace (List separately in addition to code for primary procedure.)	Yes	

Urinary

Code	Narrative	Benefit	Comments
L8603	Injectable bulking agent, Collagen implant, urinary tract, 2.5 ml syringe. Includes shipping & necessary supplies.	Yes	Bill on paper. Acquisition cost invoice required.
L8606	Injectable bulking agent, Synthetic implant, urinary tract, 1 ml syringe. Includes shipping & necessary supplies.	Yes	Bill on paper. Acquisition cost invoice required.
P9612	Catheterization for collection of specimen, single patient, all places of service	Yes	
X5510	Koch continent ileal reservoir/urinary (method other than specified in CPT)	Yes	

Male genital

Code	Narrative	Benefit	Comments
X5500	Prostatectomy, suprapubic, radical potency-saving	Yes	

Female genital

NOTE: CPT codes relating to sterilizations, abortions, and hysterectomies are subject to existing program requirements and limitations.

Code	Narrative	Benefit	Comments
X5565	Antepartum care per visit	Yes	Use when global OB billing is not appropriate. e.g., When antepartum care is rendered by more than one provider.
A4261	Cervical cap for contraceptive use	Yes	
A4561	Pessary, rubber, any type	Yes	
A4562	Pessary, non-rubber, any type	Yes	
X2305	Intrauterine progesterone contraceptive	Deleted	Deleted 12/31/01. See S4989.
S4981	Insertion of levonorgestrel-releasing intrauterine system	Yes	Effective 01/01/02
S4989	Contraceptive intrauterine device (e.g., progestacert IUD), including implants and supplies	Yes	Effective 01/01/02

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Code	Narrative	Benefit	Comments
J7300	Intrauterine copper contraceptive	Yes	ParaGard. Report IUD insertion using 58300. Bill usual and customary charge.
S2250	Uterine artery embolization for uterine fibroids	Yes	Effective 01/01/02
X5580	Single vaginal delivery of multiple infants	Yes	Bill in addition to OB or delivery codes.
X5585	Single cesarean delivery of multiple infants	Yes	Bill in addition to OB or delivery codes.
0009T	Endometrial cryoablation with ultrasonic guidance	Yes	Effective 01/01/02
0021T	Insertion of transcervical or transvaginal fetal oximetry sensor	Yes	Effective 01/01/02

Ophthalmology

Code	Narrative	Benefit	Comments
G0183	Destruction of localized lesion of choroid (e.g., choloroidal neovascularization); Ocular photodynamic therapy (includes intravenous infusion)	Yes	
G0184	Destruction of localized lesion of choroid (e.g., choloroidal neovascularization); Photocoagulation, (e.g., by laser), one or more sessions	Yes	
0016T	Destruction of localized lesion of choroid (e.g., choroidal neovascularization), transpupillary thermotherapy	Yes	Effective 01/01/02
G0185	Destruction of localized lesion of choroid (e.g., choloroidal neovascularization); Transpupillary thermotherapy, one or more sessions	Yes	
G0186	Destruction of localized lesion of choroid (e.g., choloroidal neovascularization); Photocoagulation, feeder vessel technique, one or more sessions	Yes	
0017T	Destruction of macular drusen, photocoagulation	Yes	Effective 01/01/02
G0187	Destruction of macular drusen, photocoagulation, one or more sessions	Yes	
0018T	Delivery of high power, focal magnetic pulses for direct stimulation to cortical neurons	Yes	Effective 01/01/02
V2785	Processing, preserving & transporting corneal tissue	Yes	Bill on paper. Must attach eyebank invoice to claim.

Billing information

When modifier –XV is used with one of the procedures listed below, it indicates that the service is related to a prior eye surgery. The use of modifier –XV with the following procedures removes all prior authorization requirements for clients age 20 and under and allows surgery-related vision services for clients age 21 and over.

V2020-V2499 V2500-V2599 V2700-V2730 V2755- V2781 X0300-X0311 X3005 92340-92353

Prosthetics & Orthotics

Prostheses and orthoses are a covered Medicaid benefit for the adult Medicaid population. The benefit includes such items as braces, artificial limbs, augmentative communication devices, and orthopedic shoes for diabetic clients. These items must be prescribed by the client's physician and prior authorized before services are rendered.

Vision eyewear

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Code	Narrative	Benefit	Comments

Billing & benefit information. Please review this information carefully before referencing CPT. Use CPT codes only if there is no CMS or local code to appropriately describe the service performed.

The Colorado Medicaid Program provides benefit for medically necessary ophthalmological refractions as a component of general ophthalmological services (CPT codes 92002 - 92014). There is no additional or separate benefit for procedure code 92015 when billing a general ophthalmological examination for adults or children.

For children and adolescents, through the age of 20, determination of the refractive state only, using code 92015, is allowable as a partial vision screening. The code may not be billed with general ophthalmological examinations or other evaluation and management codes. Separate or "stand-alone" charges for refractions are not billable to Medicaid clients as non-benefit services.

Benefits for clients age 21 and over: Medically necessary eye examinations are benefits for Medicaid clients age 21 and over. Use CPT codes to submit claims for eye exams. Medically necessary glasses & contact lenses are benefits for clients over age 20 **following eye surgery only** & do not require prior authorization. Each procedure code must be billed with modifier -XV to identify surgery related eyewear.

Benefits for clients age 20 and under: The EPSDT Program provides the following vision benefits for clients age 20 and under:

- Standard eye glasses (one or two single or multifocal clear glass lenses with one standard frame). Medicaid provides payment for a standard frame.
- Glasses dispensed by an optician are a benefit when ordered by an ophthalmologist or optometrist.
- Replacement or repair of frames or lenses (standard eye glasses), not to exceed the cost of replacement.
- Contact lenses are a benefit if medically necessary & prior authorized, or when billed with modifier –XV to identify surgery-related services.
- Contact lens supplies & contact lens insurance are not benefits.
- Ocular prosthetics are a benefit if services are prior authorized. A statement of medical necessity must accompany the prior authorization request.
- There is no yearly maximum for eye exams or glasses.

Claims: Ophthalmologists, optometrists, and opticians bill on the Colorado 1500 practitioner claim format.

Lens materials: Materials must be billed using CMS codes from this bulletin. CPT codes 92390-92396 will be denied. One unit of service represents one lens. If two lenses of the same strength are provided, complete one billing line, enter units of service as 2 & charges as the total charge for both lenses. Lenses of different strengths are billed on separate claim lines.

Lens Dispensing: A dispensing fee is allowed for each lens. Use CPT codes in the range 92340-92353. For two lenses, complete one claim line with two units of service & charges for both lenses. Frame dispensing is NOT a separate benefit.

Frames

Code	Narrative	Benefit	Comments
V2020	Frames, purchase	Yes	Includes cost of frame or replacement & dispensing fee. One unit of service represents one frame. Payment includes materials cost & dispensing fee. Also use to report frame repairs. One unit of service represents one repair. Payment includes materials & dispensing & will not exceed the allowable benefit for frame replacement. If client requests deluxe frame, costs above the Medicaid allowance may be billed to the client. Provider must discuss charges & get written agreement for payment of non-covered costs before providing additional or deluxe items. This also applies to the repair or replacement of eyeglasses. Provider must bill S1001, Deluxe item, patient aware (list in addition to code for basic item), on claim acknowledging agreement of additional charge to client.
V2025	Deluxe Optical Frame	No	See V2020

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Code	Narrative	Benefit	Comments
Single vision lens			
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	Yes	
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	Yes	
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	Yes	
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Yes	
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00d cylinder, per lens	Yes	
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	Yes	
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	Yes	
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	Yes	
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 2.00d sphere, 4.25d to 6.00d cylinder, per lens	Yes	
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d per lens	Yes	
V2115	Lenticular (Myodisc), per lens, single vision	Yes	
V2116	Lenticular lens, non-aspheric, per lens, single vision	Yes	
V2117	Lenticular, aspheric, per lens, single vision	Yes	
V2118	Aniseikonic lens, single vision	Yes	
V2199	Not otherwise classified, single vision lens	Yes	Bill on paper. Requires report of type of single vision lens and optical lab invoice.
Bifocal lens			
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	Yes	

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Code	Narrative	Benefit	Comments
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	Yes	
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	Yes	
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Yes	
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	Yes	
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	Yes	
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Yes	
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	Yes	
V2215	Lenticular (myodisc), per lens, bifocal	Yes	
V2216	Lenticular, non-aspheric, per lens, bifocal	Yes	
V2217	Lenticular, aspheric lens, bifocal	Yes	
V2218	Aniseikonic, per lens, bifocal	Yes	
V2219	Bifocal segment width over 28 mm	Yes	
V2220	Bifocal add over 3.25d	Yes	
V2299	Specialty bifocal	Yes	Bill on paper. Requires report of type of specialty bifocal lens and optical lab invoice.
Trifocal lens			
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	Yes	
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	Yes	
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	Yes	

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Code	Narrative	Benefit	Comments
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	Yes	
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Yes	
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	Yes	
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	Yes	
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Yes	
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	Yes	
V2315	Lenticular (Myodisc), per lens, trifocal	Yes	
V2316	Lenticular, non-aspheric, per lens, trifocal	Yes	
V2317	Lenticular, aspheric lens, trifocal	Yes	
V2318	Aniseikonic lens, trifocal	Yes	
V2319	Trifocal segment width over 28 mm	Yes	
V2320	Trifocal add over 3.25d	Yes	
V2399	Specialty trifocal	Yes	Bill on paper. Requires report of type of specialty trifocal lens and optical lab invoice.

Polycarbonate lens

Code	Narrative	Benefit	Comments
X0300	Polycarbonate, single vision, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
X0301	Polycarbonate, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
X0302	Polycarbonate, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	

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Code	Narrative	Benefit	Comments
X0303	Polycarbonate, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Yes	
X0304	Polycarbonate, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00d cylinder, per lens	Yes	
X0305	Polycarbonate, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
X0306	Polycarbonate, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
X0307	Polycarbonate, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	Yes	
X0308	Polycarbonate, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	Yes	
X0309	Polycarbonate, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	Yes	
X0310	Polycarbonate, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
X0311	Polycarbonate, single vision, sphere over plus or minus 12.00d per lens	Yes	Bill on paper. Requires optical lab invoice.
Variable asphericity lens			
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	Yes	
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	Yes	
V2499	Variable sphericity lens, other type	Yes	Bill on paper. Requires report of other type of lens and optical lab invoice.

Contact lens

For clients age 21 and over, medically necessary contact lenses only are a benefit following eye surgery. Providers must identify claims for vision correction services provided after surgery by entering modifier -XV with each eyewear procedure code to certify that eyewear (glasses & contact lens) materials and dispensing fees are being provided after eye surgery. Contact lenses must be prior authorized for clients age 20 and under unless provided for vision correction after surgery. Contact lens supplies are not a benefit of the Medicaid program.

Code	Narrative	Benefit	Comments
V2500	Contact lens, PMMA, spherical, per lens	Yes	Requires prior authorization for client age 20 and under.
V2501	Contact lens, PMMA, toric or prism ballast, per lens	Yes	Requires prior authorization for client age 20 and under.
V2502	Contact lens, PMMA, bifocal, per lens	Yes	Requires prior authorization for client age 20 and under. Bill on paper. Requires optical lab invoice.
V2503	Contact lens, PMMA, color vision deficiency, per lens	Yes	Requires prior authorization for client age 20 and under. Bill on paper. Requires optical lab invoice.
V2510	Contact lens, gas permeable, spherical, per lens	Yes	Requires prior authorization for client age 20 and under.
V2511	Contact lens, gas permeable, toric, prism ballast, per lens	Yes	Requires prior authorization for client age 20 and under.
V2512	Contact lens, gas permeable, bifocal, per lens	Yes	Requires prior authorization for client age 20 and under.
V2513	Contact lens, gas permeable, extended wear, per lens	Yes	Requires prior authorization for client age 20 and under.

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Code	Narrative	Benefit	Comments
V2520	Contact lens, hydrophilic, spherical, per lens	Yes	Requires prior authorization for client age 20 and under.
V2521	Contact lens, hydrophilic, toric or prism ballast, per lens	Yes	Requires prior authorization for client age 20 and under.
V2522	Contact lens, hydrophilic, bifocal, per lens	Yes	Requires prior authorization for client age 20 and under.
V2523	Contact lens, hydrophilic, extended wear, per lens	Yes	Requires prior authorization for client age 20 and under.
V2530	Contact lens, scleral, per lens	Yes	Requires prior authorization for client age 20 and under.
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	Yes	Requires prior authorization for client age 20 and under. Bill on paper. Requires optical lab invoice.
V2599	Contact lens, other type	Yes	Requires prior authorization. Bill on paper. Requires report of other type of contact lens and optical invoice.
Low vision aids			
V2600	Hand held low vision & other non-spectacle mounted aids	Yes	Requires prior authorization.
V2610	Single lens spectacle mounted low vision aids	Yes	Requires prior authorization.
V2615	Telescopic & other compound lens system, including distance vision telescopic, near vision telescopes & compound microscopic lens system	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
Ocular prosthetic			
Statement of medical necessity and report of the type of prosthetic eye must accompany prior authorization request.			
V2623	Prosthetic, eye, plastic, custom	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2624	Polishing/resurfacing of ocular prosthesis	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2625	Enlargement of ocular prosthesis	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2626	Reduction of ocular prosthesis	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2627	Scleral cover shell	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2628	Fabrication & fitting of ocular conformer	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2629	Prosthetic eye, other type	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
Intraocular lens			
V2630	Anterior chamber intraocular lens	Yes	
V2631	Iris supported intraocular lens	Yes	
V2632	Posterior chamber intraocular lens	Yes	
L8612	Molteno valve implant	Yes	Bill on paper. Requires optical lab invoice.
Other lens service			
V2700	Balance lens, per lens	Yes	
V2710	Slab off prism, glass or plastic, per lens	Yes	

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Code	Narrative	Benefit	Comments
V2715	Prism, per lens	Yes	
V2718	Press-on lens, Fresnell prism, per lens	Yes	
V2730	Special base curve, glass or plastic, per lens	Yes	
V2740	Tint, plastic, rose, 1 or 2 per lens	Yes	Requires prior authorization.
V2741	Tint, plastic, other than rose, 1 or 2 per lens	Yes	Requires prior authorization.
V2742	Tint, glass, rose, 1 or 2 per lens	Yes	Requires prior authorization.
V2743	Tint, glass, other than rose, 1 or 2 per lens	Yes	Requires prior authorization.
V2744	Tint, photochromatic, per lens	Yes	Requires prior authorization.
V2750	Anti-reflective coating, per lens	Yes	Requires prior authorization. Available only for EPSDT clients (age 20 and under). Statement of medical necessity must accompany the prior authorization request. Bill on paper. Requires optical lab invoice.
V2755	U-V lens, per lens	Yes	Requires prior authorization - See note for V2750
V2770	Occluder lens, per lens	Yes	Requires prior authorization - See note for V2750
V2780	Oversize lens, per lens	Yes	Requires prior authorization. Available only for EPSDT clients.
V2781	Progressive lens, per lens	Yes	Available only for EPSDT clients. Requires prior authorization. See V2750.
V2799	Vision service, miscellaneous	Yes	Bill on paper. Requires report of miscellaneous service and optical lab invoice.

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