



Automated Medical Payments

Medicaid Bulletin Colorado Title XIX

Fiscal Agent



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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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

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This bulletin completely replaces Medicaid Bulletin B0200122 (02/02)
Bulletin B0200122 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, 2003, 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 five 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 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. 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.

-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 <u>subsequent</u> occurrences of the same service.
-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 client. <i>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).</i>
-XD	Invoiced costs	Use when billing more than \$25.00 for procedure code 99070. Include invoice and cost documentation.
-XE	Medicare non-benefit routine foot care	Use to identify routine podiatric foot care 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 client'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 12/31/02 are invalid for billing services provided on or after 01/01/03. Newly added codes become effective on the date shown. Example: Codes showing an effective date of 01/01/03 may be submitted for services provided on or after 01/01/03.

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 the existing policy regarding assistant surgeon services will be strictly enforced.

Medical care and surgery-Same date of service

Medical care provided on the same date of service as a surgical procedure, and provided by the same rendering provider, shall not be considered reimbursable unless the surgical procedure has zero (0) follow up days.

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	Gauze pads	Saline for administration of drugs
Alcohol swabs	Gloves (Sterile or nonsterile)	Suppository medications
Anesthetics (topical or local)	Liquid nitrogen	Surgical blades
Band-aids	Non-adhering dressings (Telfa, etc.)	Suture supplies
Betadine	Oral medication	Swabs
Cotton balls	Oxygen	Syringes & needles (Except Trocar needles)
Eye pad, sterile, non-sterile, Effective 01/01/03	Peroxide	Tape
Eye patches	Saline for irrigation of wounds and catheters	Tongue blades

Billable non-routine supplies - Use individual HCPCS codes

For birth control procedures/supplies, see page 36.

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)	S8185 - Flutter device.
A4220 - Refill kit for implantable infusion pump	A7003 - Administration set with small volume nonfiltered pneumatic nebulizer, disposable
A4221 - Supplies for maintenance of drug infusion, catheter, per week (list drug separately)	A7004 - Small volume nonfiltered pneumatic nebulizer, disposable
A4222 - Supplies for external drug infusion pump, per cassette or bag (list drug separately)	A7006 - Administration set with small volume filtered pneumatic nebulizer
A4230 - Infusion set for external insulin pump, non-needle cannula type. Requires prior authorization and copy of invoice.	A7042 - Implanted pleural catheter, each, Effective 01/01/03
A4231 - Infusion set for external insulin pump, needle type. Requires prior authorization and copy of invoice.	A7043 - Vacuum drainage bottle and tubing for use with implanted catheter, Effective 01/01/03
A4262 - Temporary, absorbable lacrimal duct implant, each	E0100 - Cane, all materials
A4263 - Permanent, long term, non-dissolvable lacrimal duct implant, each	E0112 - Crutches, underarm, adjustable or fixed, wood, pair
A4270 - Disposable endoscope sheath, each	E0114 - Crutches, underarm, adjustable or fixed, aluminum, pair
A4460 - Ace bandages	E0780 - Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours. Requires prior authorization and copy of invoice.
A4465 - Non-elastic binder for extremity	E0785 - Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
A4550 - Surgical trays	S1016 - Non-PVC (Polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g. Paclitaxel
A4614 - Peak Expiratory Flow rate meter, hand held	X2265 - Home IV pump rental, per day
S8100 - Holding chamber or spacer for use with an inhaler or nebulizer; without mask	
S8101 - Holding chamber or spacer for use with an inhaler or nebulizer; with mask	
Billable casting supplies, splints, and special devices - Use individual HCPCS codes	
A4565 - Slings	L3701 - Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, lycra). Effective 01/01/03
A4570 - Splints/immobilizer	L3762 - Elbow orthosis, rigid, without joints, includes soft interface material, pre-fabricated, includes fitting and adjustment. Effective 01/01/03
L0120 - Cervical Collar, flexible, non-adjusting	L3909 - Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, lycra). Effective 01/01/03
L1652 - Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, pre-fabricated, includes fitting and adjustment, any type. Effective 01/01/03	L4350 - Pneumatic ankle control splint, prefabricated, includes fitting and adjustment
L1836 - Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, Includes fitting and adjustment. Effective 01/01/03	L4360 - Pneumatic ankle foot orthosis, with or without joints, prefabricated, includes fitting and adjustment
L1901 - Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e. g. neoprene, lycra). Effective 01/01/03	L4370 - Pneumatic full leg splint, prefabricated, includes fitting and adjustment
L3651 - Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, lycra). Effective 01/01/03	L4380 - Pneumatic knee splint, prefabricated, includes fitting and adjustment
L3652 - Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, lycra). Effective 01/01/03	L4386 - Non-pneumatic walking splint, with or without joints, prefabricated, includes fitting and adjustment. Effective 01/01/03

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

- Q4001 - Cast Supplies, body cast adult, with or without head, plaster
 Q4002 - Cast Supplies, body cast adult, with or without head, fiberglass
 Q4003 - Cast Supplies, shoulder cast, adult (11 years +), plaster
 Q4004 - Cast Supplies, shoulder cast, adult (11 years +), fiberglass
 Q4005 - Cast supplies, long arm cast, adult (11 years +), plaster
 Q4006 - Cast supplies, long arm cast, adult (11 years +), fiberglass
 Q4007 - Cast supplies, long arm cast, pediatric (0-10 years), plaster
 Q4008 - Cast supplies, long arm cast, pediatric (0-10 years), fiberglass
 Q4009 - Cast supplies, short arm cast, adult (11 years +), plaster
 Q4010 - Cast supplies, short arm cast, adult (11 years +), fiberglass
 Q4011 - Cast supplies, short arm cast, pediatric (0-10 years), plaster
 Q4012 - Cast supplies, short arm cast, pediatric (0-10 years), fiberglass
 Q4013 - Cast supplies, gauntlet cast, (includes lower forearm and hand), adult (11 years +), plaster
 Q4014 - Cast supplies, gauntlet cast, (includes lower forearm and hand), adult (11 years +), fiberglass
 Q4015 - Cast supplies, gauntlet cast, (includes lower forearm and hand), pediatric (0-10 years), plaster
 Q4016 - Cast supplies, gauntlet cast, (includes lower forearm and hand), pediatric (0-10 years), fiberglass
 Q4017 - Cast supplies, long arm splint, adult (11 years +), plaster
 Q4018 - Cast supplies, long arm splint, adult, (11 years +) fiberglass
 Q4019 - Cast supplies, long arm splint, pediatric (0-10 years), plaster
 Q4020 - Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
 Q4021 - Cast supplies, short arm splint, adult (11 years +), plaster
 Q4022 - Cast supplies, short arm splint, adult (11 years +), fiberglass
 Q4023 - Cast supplies, short arm splint, pediatric (0-10 years), plaster
 Q4024 - Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
 Q4025 - Cast supplies, hip spica (one or both legs), adult (11 years +), plaster
 Q4026 - Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass
 Q4027 - Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster
 Q4028 - Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass
 Q4029 - Cast supplies, long leg cast, adult (11 years +), plaster
 Q4030 - Cast supplies, long leg cast, adult (11 years +), fiberglass
 Q4031 - Cast supplies, long leg cast, pediatric (0-10 years), plaster
 Q4032 - Cast supplies, long leg cast, pediatric (0-10 years), fiberglass
 Q4033 - Cast supplies, long leg cylinder cast, adult (11 years +), plaster
 Q4034 - Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass
 Q4035 - Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster
 Q4036 - Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass
 Q4037 - Cast supplies, short leg cast, adult (11 years +), plaster
 Q4038 - Cast supplies, short leg cast, adult (11 years +), fiberglass
 Q4039 - Cast supplies, short leg cast, pediatric (0-10 years), plaster
 Q4040 - Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
 Q4041 - Cast supplies, long leg splint, adult (11 years +), plaster
 Q4042 - Cast supplies, long leg splint, adult (11 years +), fiberglass
 Q4043 - Cast supplies, long leg splint, pediatric (0-10 years), plaster
 Q4044 - Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
 Q4045 - Cast supplies, short leg splint, adult (11 years +), plaster
 Q4046 - Cast supplies, short leg splint, adult (11 years +), fiberglass
 Q4047 - Cast supplies, short leg splint, pediatric (0-10 years), plaster
 Q4048 - Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
 Q4049 - Finger splint, static
 Q4050 - Cast supplies, for unlisted types and materials of casts
 Q4051 - Splint supplies, miscellaneous (Includes thermoplastics, strapping, fasteners, padding and other supplies)
 S8450 - Splint, prefabricated, digit
 S8451 - Splint, prefabricated, wrist or ankle
 S8452 - Splint, prefabricated, elbow

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

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:** 90471-90474 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.
7. *All injectible drugs administered in a physician's office must be provided by the physician. The drugs are considered part of the physician's services and should be billed on the physician's claim form. If an injectible drug is to be administered at a client's home, it must be supplied by the Pharmacy Program.*

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 and Facility-based clinics – 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.

Code	Narrative	Benefit	Comments
Injectables			
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	Deleted	Deleted 12/31/02
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	
J0287	Amphotericin B Lipid complex, 10mg	Yes	Effective 01/01/03
J0288	Amphotericin B Colesteryl Sulphate complex, 10 mg	Yes	Effective 01/01/03
J0289	Amphotericin B Liposome, 10 mg	Yes	Effective 01/01/03
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	Deleted	Deleted 12/31/02.
J0350	Anistreplase, per 30 units	Yes	Eminase
Q2003	Aprotinin, 10,000 kiu	Yes	
J0395	Arbutamine HCL, 1 mg	Yes	
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	Deleted	Deleted 12/31/02. See S0073
X0004	Azactam, 1 gm	Deleted	Deleted 12/31/02. See S0073
X0005	Azactam, 2 gm	Deleted	Deleted 03/31/03. See S0073

Code	Narrative	Benefit	Comments
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
J0515	Benzotropine	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	
J0945	Brompheniramine Maleate	Yes	Dehist
S0171	Bumetanide, 0.5 mg	Yes	
J0592	Buprenorphine Hydrochloride, 0.1 mg	Yes	Effective 01/01/03
X0006	Bumex, 0.5 mg	Deleted	Deleted 12/31/02. See S0171
S0020	Bupivacaine Hydrochloride, 30 ml	Yes	
S0009	Butorphanol Tartrate, 1 mg	Yes	
J0706	Caffeine Citrate, 5 mg	Yes	
X0007	Calcijex, 1 mcg	Deleted	Deleted 12/31/02. See J0636
X0008	Calcijex, 2 mcg	Deleted	Deleted 12/31/02. See J0636
J0630	Calcitonin Salmon, up to 400 units	Yes	Calcimar
J0635	Calcitriol, 1 mcg amp	Deleted	Deleted 12/31/02. See J0636
J0636	Calcitriol, 0.1 mcg	Yes	Effective 01/01/03
J0620	Calcium Glycerophosphate & Calcium Lactate, per 10 mg	Yes	Calphosan
J0610	Calcium Gluconate, up to 10 ml	Yes	
J0637	Caspofungin Acetate, 5 mg	Yes	Effective 01/01/03
J0690	Cefazolin Sodium, 500 mg	Yes	Ancef, Kefzol
J0692	Cefepime Hydrochloride, 500 mg	Yes	
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

Code	Narrative	Benefit	Comments
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	
J3230	Chlorpromazine HCL, up to 50 mg	Yes	Thorazine
J3080	Chlorprothixene, up to 50 mg	Yes	Taractan
J0740	Cidofovir, 375 mg	Yes	
J0743	Cilastatin Sodium: Imipenem, per 250 mg	Yes	
S0023	Cimetidine Hydrochloride, 300 mg	Yes	Tagamet
J0744	Ciprofloxacin for intravenous infusion, 200 mg	Yes	
X0012	Cleocin, 300 mg	Deleted	Deleted 12/31/02. See S0077
X0013	Cleocin, 600 mg	Deleted	Deleted 12/31/02. See S0077
X0014	Cleocin, 900 mg	Deleted	Deleted 12/31/02. See S0077
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	Corticotropin Ovine Triflutate, per dose	Yes	
J0800	Corticotropin, up to 40 units	Yes	ACTH
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	
J0880	Darbepoetin alfa, 5 mcg	Yes	Effective 01/01/03
Y5135	Decadron L.A., 1 ml vial	Deleted	Deleted 12/31/02. See J1094
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
J1094	Dexamethasone Acetate, 1 mg	Yes	Effective 01/01/03
J1095	Dexamethasone Acetate, per 8 mg	Yes	Delalone, Decadron
X0015	Dexpanthenol, 2.5 gm	Deleted	Deleted 12/31/02.
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	

Code	Narrative	Benefit	Comments
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	
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	
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	
J1327	Eptifibatide, 5 mg	Yes	
J1330	Ergonovine Maleate, up to 0.2 mg	Yes	Benefit limited to obstetrical diagnoses.
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	
J1436	Etidronate Disodium, per 300 mg	Yes	
S0156	Exemestane, 25 mg	Yes	
S0028	Famotidine, 20 mg	Yes	
X0016	Fentanyl, 2 ml	Deleted	Deleted 12/31/02. See J3010
J3010	Fentanyl Citrate, 0.1 mg	Yes	Sublimaze
J1440	Filgrastim (G-CSF), 300 mcg	Yes	Neupogen
J1441	Filgrastim (G-CSF), 480 mcg	Yes	Neupogen
J1450	Fluconazole, 200 mg	Yes	
J2680	Fluphenazine Decanoate, up to 25 mg	Yes	Prolixin Decanoate
Q2008	Fomepizole, 1.5 mg	Yes	
J1452	Fomivirsen Sodium, intraocular, 1.65 mg	Yes	
J1652	Fondaparinux Sodium, 0.5 mg	Yes	Effective 01/01/03
J1455	Foscarnet Sodium, per 1000 mg	Yes	

Code	Narrative	Benefit	Comments
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	Deleted	Deleted 12/31/02
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	
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
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	
J1170	Hydromorphone, up to 4 mg	Yes	
J3410	Hydroxyzine HCL, up to 25 mg	Yes	Vistaril
J7320	Hylan G-F 20, 16 mg, for intra articular injection	Yes	Synvisc

Code	Narrative	Benefit	Comments
J1980	Hyoscyamine Sulfate, up to 0.25 mg	Yes	Levsin
J1742	Ibutilide Fumarate, 1 mg	Yes	
S0088	Imatinib, 100 mg	Yes	
J1785	Imiglucerase, per unit	Yes	Cerezyme
J1561	Immune Globulin, intravenous, per 500 mg	Yes	
J1563	Immune Globulin, intravenous, 1 gm	Yes	
J1564	Immune Globulin, 10 mg	Yes	Effective 01/01/03
X0043	Infed, 100 mg	Deleted	Deleted 03/31/03. See J1750
J1745	Infliximab, 10 mg	Yes	
J1815	Insulin, per 5 units	Yes	Effective 01/01/03
J1817	Insulin for administration through DME (i.e., insulin pump), per 50 units	Yes	Effective 01/01/03
J1820	Insulin, up to 100 units	Deleted	Deleted 12/31/02. See J1815
J9212	Interferon alfacon-1, recombinant, 1 mcg	Yes	
J1825	Interferon Beta – 1A, 33 mcg	Yes	
J1830	Interferon Beta-1B, 0.25 mg	Yes	Betaseron
J1750	Iron Dextran, 50 mg	Yes	Imferon
J1756	Iron Sucrose, 1 mg	Yes	Effective 01/01/03
J1755	Iron Sucrose, 20 mg	Yes	
J1835	Itraconazole, 50 mg	Yes	
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	Deleted	Deleted 12/31/02
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	
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	
J2060	Lorazepam, 2 mg	Yes	
J3475	Magnesium Sulfate, per 500 mg	Yes	
X0020	Magnesium Sulfate 10%, 20 ml	Deleted	Deleted 12/31/02. See J3475
X0021	Magnesium Sulfate 50%, 2 ml	Deleted	Deleted 12/31/02. See J3475

Code	Narrative	Benefit	Comments
J2150	Mannitol, 25% in 50 ml	Yes	
X0022	Mazicon (Flumazenil), 5 ml	Deleted	Deleted 12/31/02.
J1055	Medroxyprogesterone Acetate for contraceptive use, 150 mg	Yes	Depo Provera
J1056	Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg	Yes	
J1051	Medroxyprogesterone Acetate, 50 mg	Yes	Effective 01/01/03
J1050	Medroxyprogesterone Acetate, up to 100 mg	Yes	
J2180	Meperidine & Promethazine HCL, up to 50 mg	Yes	Mepergan
J2175	Meperidine, Hydrochloride, per 100 mg	Yes	Demerol
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	
J2800	Methocarbamol, up to 10 ml	Yes	Robaxin
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
S0030	Metronidazole, 500 mg	Yes	
J2250	Midazolam Hydrochloride, 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	
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
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 Methylsulfate, up to 0.5 mg	Yes	Prostigmin Methylsulfate
J2324	Nesiritide, 0.5 mg	Yes	Effective 01/01/03
J2352	Octreotide Acetate, 1 mg	Yes	
S0079	Octreotide Acetate, 100 mcg (For doses over 1 mg use J2352 or C1207)	Yes	
S0034	Ofloxacin, 400 mg	Yes	

Code	Narrative	Benefit	Comments
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	
J2501	Paricalcitol, 1 mcg	Yes	Effective 01/01/03
J2500	Paricalcitol, 5 mcg	Yes	
Q2012	Pegademase Bovine, 25 IU	Yes	
S0135	Pegfilgrastim, 6 mg	Yes	Effective 01/01/03
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
S0080	Pentamidine Isethionate, 300 mg	Yes	
Q2013	Pentastarch, 10% solution, per 100 ml	Yes	
J3070	Pentazocine, 30 mg	Yes	Talwin
J2515	Pentobarbital Sodium	Yes	
J3310	Perphenazine, up to 5 mg	Yes	Trilafon
X0023	Persantine, 10 mg	Deleted	Deleted 12/31/02. See J1245
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
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
J2950	Promazine HCL, up to 25 mg	Yes	Sparine

Code	Narrative	Benefit	Comments
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	Protopin, 5 mg	Deleted	Deleted 12/31/02. See S5022
X0026	Pyridoxine B6	Deleted	Deleted 12/31/02.
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	Bill 1 unit per 50mg.Limit 4 units per day. See Bulletin B0100117 (12/01) for additional information.
J2993	Reteplase, 18.1 mg	Yes	
J2790	Rho D Immune Globulin, Human, full dose, 300 mcg	Yes	Rhogam. Benefit limited to obstetrical diagnoses.
J9310	Rituximab, 100 mg	Yes	
J2788	Rho D Immune Globulin, Human, Minidose, 50 mcg	Yes	Effective 01/01/03
J2792	Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 IU	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
Q2014	Sermorelin Acetate, 0.5 mg	Yes	
S0090	Sildenafil Citrate, 25 mg	Yes	
J2912	Sodium Chloride	Yes	
X0027	Sodium Bicarbonate, 8.4%	Deleted	Deleted 12/31/02.
J2916	Sodium Ferric Gluconate Complex in Sucrose Injection, 12.5 mg	Yes	Effective 01/01/03
J2915	Sodium Ferric Gluconate Complex in Sucrose Injection, 62.5 mg	Deleted	Deleted 12/31/02. See J2916
J7316	Sodium Hyaluronate, 5 mg, for intra-articular injection	Deleted	Deleted 12/31/02. See S7317
J7317	Sodium Hyaluronate, per 20 to 25 mg dose for intra-articular injection	Yes	Effective 01/01/03
J2940	Somatrem, 1 mg	Yes	
J2941	Somatropin, 1 mg	Yes	
X0028	Sotradecol (Tetradesyl Sulfate), 1%	Deleted	Deleted 12/31/02
X0029	Sotradecol (Tetradesyl Sulfate), 2%	Deleted	Deleted 12/31/02
J3320	Spectinomycin Dihydrochloride, up to 2 grams	Yes	Trobicin
X0030	Stadol	Deleted	Deleted 03/31/03. See S0009
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	Deleted	Deleted 12/31/02. See J3010
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

Code	Narrative	Benefit	Comments
S0014	Tacrine Hydrochloride, 10 mg	Yes	
J7525	Tacrolimus, Parenteral, 5 mg	Yes	
J3100	Tenecteplase, 50 mg	Yes	
Q2017	Teniposide, 50 mg	Yes	
J3105	Terbutaline Sulfate, up to 1 mg	Yes	
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	
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	Deleted	Deleted 12/31/02.
J3280	Thiethylperazine Maleate, up to 10 mg	Yes	Torecan
J3240	Thyrotropin Alfa, 0.9 mg, provided in 1.1 mg vial	Yes	
S0040	Ticarcillin Disodium and Clavulanate Potassium, 3.1 grams	Yes	
J1655	Tinzaparin Sodium, 1000 IU	Yes	
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	
S0114	Treprostinil Sodium, 0.5 mg	Yes	Effective 01/01/03
J3302	Triamcinolone Diacetate, per 5 mg	Yes	Kenalog, Aristocort
J3301	Triamcinolone Acetonide, per 10 mg	Yes	Kenalog, Aristocort
J3303	Triamcinolone Hexacetonide, per 5 mg	Yes	Kenalog, Aristocort
J3400	Triflupromazine HCL, up to 20 mg	Yes	Vesprin
J3250	Trimethobenzamide HCL, up to 200 mg	Yes	Tigan
J3305	Trimetrexate Glucuronate, per 25 mg	Yes	
J3315	Triptorelin Pamoate, 3.75 mg	Yes	Effective 01/01/03
X0034	Unasyn, 3 gm	Deleted	Deleted 12/31/02. See J0295
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.

Code	Narrative	Benefit	Comments
J3590	Unclassified Biologics	Yes	Effective 01/01/03. 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
J3395	Verteporfin, 15 mg	Yes	
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	Deleted	Deleted 12/31/02. See J0697
X0038	Zinacef, 1.5 gm	Deleted	Deleted 12/31/02. See J0697
J3487	Zoledronic Acid, 1 mg	Yes	Effective 01/01/03. Zometa
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
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

Code	Narrative	Benefit	Comments
Chemotherapy agents			
Reimbursement of chemotherapeutic agents does not include administration fees.			
J9010	Alemtuzumab, 10 mg	Yes	Effective 01/01/03
J9015	Aldesleukin, per single use vial	Yes	Proleukin
J9017	Arsenic Trioxide, 1 mg	Yes	
J9020	Asparaginase, 10,000 units	Yes	Elspar
J7501	Azathioprine, parenteral, 5 mg/ml, 20 ml vial	Yes	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	
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	Sandimmune
J9100	Cytarabine, 100 mg	Yes	
J9110	Cytarabine, 500 mg	Yes	
J9130	Dacarbazine, 100 mg	Yes	DTIC, DOME, DIC
J9140	Dacarbazine, 200 mg	Yes	
J9120	Dactinomycin, 0.5 mg	Yes	Cosmegen, 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	

Code	Narrative	Benefit	Comments
J9200	Floxuridine, 500 mg	Yes	FUDR
J9185	Fludarabine Phosphate, 50 mg	Yes	
J9190	Fluorouracil, 500 mg	Yes	5FU
J9300	Gemtuzumab Ozogamicin, 5 mg	Yes	
J9202	Goserelin Acetate Implant, per 3.6 mg	Yes	Zoladex
J9211	Idarubicin Hydrochloride, 5 mg	Yes	
J9208	Ifosfamide, 1 gm	Yes	
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
Q3025	Interferon Beta-1A, 11 mcg for intramuscular use	Yes	Effective 01/01/03
Q3026	Interferon Beta-1A, 11 mcg for subcutaneous use	Yes	Effective 01/01/03
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	Atgam
J7511	Lymphocyte Immune Globulin, Antithymocyte Globulin, rabbit, parenteral, 25 mg	Yes	
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	

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 form, 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 mg	Yes	
J7636	Atropine, inhalation solution administered through DME, unit dose form, per mg	Yes	
J7622	Beclomethasone, inhalation solution administered through DME, unit dose form, per mg	Deleted	Deleted 12/31/02
J7624	Betamethasone, inhalation solution administered through DME, unit dose form, per mg	Deleted	Deleted 12/31/02
J7628	Bitolterol Mesylate, inhalation solution administered through DME, concentrated form, per mg	Yes	
J7629	Bitolterol Mesylate, inhalation solution administered through DME, unit dose form, per mg	Yes	
J7626	Budesonide inhalation solution, administered through DME, unit dose form, 0.25 mg to 0.50 mg	Yes	
J7633	Budesonide, inhalation solution administered through DME, concentrated form, per 0.25 mg	Yes	Effective 01/01/03
J7631	Cromolyn Sodium, inhalation solution administered through DME, unit dose form, per 10 mg	Yes	
J7637	Dexamethasone, inhalation solution administered through DME, concentrated form, per mg	Yes	
J7638	Dexamethasone, inhalation solution administered through DME, unit dose form, per mg	Yes	
J7639	Dornase Alpha, inhalation solution administered through DME, unit dose form, per mg	Yes	
J7641	Flunisolide, inhalation solution administered through DME, unit dose, per mg	Yes	
J7642	Glycopyrrolate, inhalation solution administered through DME, concentrated form, per mg	Yes	
J7643	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per mg	Yes	
J7644	Ipratropium Bromide, inhalation solution administered through DME, unit dose form, per mg	Yes	
J7648	Isoetharine HCL, inhalation solution administered through DME, concentrated form, per mg	Yes	
J7649	Isoetharine HCL, inhalation solution administered through DME, unit dose form, per mg	Yes	
J7658	Isoproterenol HCL, inhalation solution administered through DME, concentrated form, per mg	Yes	
J7659	Isoproterenol Hydrochloride, inhalation solution administered through DME, unit dose form, per mg	Yes	
J7668	Metaproterenol Sulfate, inhalation solution administered through DME, concentrated form, per 10 mg	Yes	
J7669	Metaproterenol Sulfate, inhalation solution administered through DME, unit dose form, per 10 mg	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 mg	Yes	
J7681	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per mg	Yes	
J7682	Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME	Yes	

Code	Narrative	Benefit	Comments
J7683	Triamcinolone, inhalation solution administered through DME, concentrated form, per mg	Yes	
J7684	Triamcinolone, inhalation solution administered through DME, unit dose form, per mg	Yes	
X0035	Ventolin Inhaler	Deleted	Deleted 12/31/02. See J7619
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 IU.	Yes	
J7197	Antithrombin III (Human), per IU.	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. <u>Not allowable as a treatment or preventative measure for atherosclerosis.</u> 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 IU.	Yes	
J7191	Factor VIII (antihemophilic factor (porcine), per IU	Yes	
J7190	Factor VIII (antihemophilic factor, human), per IU	Yes	
J7194	Factor IX, complex, per IU	Yes	
J7193	Factor IX, (antihemophilic factor, purified, non-recombinant), per IU	Yes	
J7195	Factor IX (antihemophilic factor, recombinant), per IU	Yes	
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	
S5010	5% Dextrose and 45% Normal Saline, 1000 ml	Yes	
S5011	5% Dextrose in Lactated Ringer S, 1000 ml	Yes	

Code	Narrative	Benefit	Comments
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:

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

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

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

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 only at age 2 years and under and only during an 8 month period. See Bulletin B0100117 (12/01) for additional information.
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Pneumococcal Conjugate Vaccine

S0195	Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from five years to nine years of age who have not previously received the vaccine	Yes	Effective 01/01/03. Bill 1 unit per .5ml.
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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	

Code	Narrative	Benefit	Comments
G0122	Colorectal cancer screening; barium enema	Yes	
G0166	External counterpulsation, per treatment session	Yes	
G0245	Initial Physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) The diagnosis of LOPS, (2) A patient history, (3) A physical examination that consists of at least the following elements: (A) Visual inspection of the forefoot, hindfoot and toe web spaces, (B) Evaluation of a protective sensation, (C) Evaluation of foot structure and biomechanics, (D) Evaluation of vascular status and skin integrity, and (E) Evaluation and recommendation of footwear and (4) Patient education	Yes	Effective 01/01/03
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) A patient history, (2) A physical examination that includes: (A) Visual inspection of the forefoot, hindfoot and toe web spaces, (B) Evaluation of protective sensation, (C) Evaluation of foot structure and biomechanics, (D) Evaluation of vascular status and skin integrity, and (E) Evaluation and recommendation of footwear, and (3) Patient education	Yes	Effective 01/01/03
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include if present, at least the following: (1) Local care of superficial wounds, (2) Debridement of corns and calluses, and (3) Trimming and debridement of nails	Yes	Effective 01/01/03
M0101	Cutting/removal corn, calluses, trim care	Deleted	Effective 12/31/02
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	Yes	Effective 01/01/03

Gastrointestinal

M0100	Intragastric hypothermia using gastric freezing (MNP)	Yes	Bill on Paper. Requires a report.
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Ophthalmological Services

G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	Yes	
G0118	Glaucoma screening for high risk patients furnished under direct supervision of an optometrist or ophthalmologist	Yes	

Otorhinolaryngologic services

Speech therapists and audiologists for diagnostic or treatment procedures which usually include a comprehensive otorhinolaryngologic service may bill using evaluation and management codes in the 99201 series. Special otorhinolaryngologic services not usually included in a comprehensive otorhinolaryngologic service may be reported separately using codes in the 92500 series.

G0197	Evaluation of patient for prescription of speech generating devices	Deleted	Deleted 12/31/02. See 92607
G0198	Patient adaptation and training for use of speech generating devices	Deleted	Deleted 12/31/02. See 92609
G0199	Re-evaluation of patient using speech generating devices	Deleted	Deleted 12/31/02. See 92607, 92608
G0200	Evaluation of patient for prescription of voice prosthetic	Deleted	Deleted 12/31/02. See 92506
G0201	Modification or training in use of voice prosthetic	Deleted	Deleted 12/31/02. See 92507
S9092	Canolith repositioning, per visit	Yes	Effective 01/01/03

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	Deleted	Deleted 12/31/02. See 93268.
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)	Deleted	Deleted 12/31/02. See 93270.

Code	Narrative	Benefit	Comments
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	Deleted	Deleted 12/31/02. See 93271.
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	Deleted	Deleted 12/31/02. See 93272.
G0015	Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) & 24 hour attended monitoring, per 30 day period; tracing only	Deleted	Deleted 12/31/02. See 93012
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	
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 pharmacologic)	Yes	
G0045	Pet myocardial perfusion imaging, (following rest ECG, 93000); multiple studies, rest or stress (exercise and/or pharmacologic)	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	
M0301	Fabric wrapping of abdominal aneurysm (MNP)	Yes	Bill on paper. Requires a report.
S3902	Ballistocardiogram	Yes	

Code	Narrative	Benefit	Comments
S3904	Masters Two Step	Yes	
S9025	Omnicrodiogram/Cardiointegram	Yes	
Y0655	Implantation of automatic defibrillators	Deleted	Deleted 12/31/02
Y9105	Study of aortic bypass grafts	Deleted	Deleted 12/31/02

Neurology and Neuromuscular Procedures

S3900	Surface Electromyography (EMG)	Yes	
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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	
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Yes	

Psychiatry

This section applies to fee for service clients only. Local Mental Health Assessment and Services Agencies (MHASAs) provide all other mental health 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***. The supervising physician must submit claims.

Code	Narrative	Benefit	Comments
	<p>Payment is made to the physician. Licensed psychologists may not serve as supervisors of treatment services provided by other non-physician providers.</p> <p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> ▪ 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. 		
H0031	Mental health assessment, by non-physician	Yes	Effective 01/01/03
H0032	Mental health service plan development by non-physician	Yes	Effective 01/01/03
H0033	Oral medication administration, direct observation	Yes	Effective 01/01/03
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	

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.

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

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 twenty-four physical therapy or twenty-four occupational therapy units. Providers of Physical Medicine including physical therapists and occupational therapists and rehabilitation agencies must be enrolled as Medicare providers in order to participate in the Medicaid program.

G0295	Electromagnetic stimulation, to one or more areas	Yes	Effective 0i/01/03
S8945	Physical medicine treatment (constant attendance by provider) to one area, initial 30 minutes, each visit: Phonophoresis	Yes	Effective 01/01/03

Radiology

G0050	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound	Deleted	Deleted 12/31/02. See 51798
G0125	PET imaging regional or whole body; single pulmonary nodule	Yes	
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)	Deleted	Deleted 12/31/02. See 76070
G0132	Computerized tomography bone mineral density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Deleted	Deleted 12/31/02. See 76071
G0173	Stereotactic Radiosurgery, complete course of therapy in one session	Yes	
G0202	Screening mammography, producing direct digital image, bilateral, all views	Yes	
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	Yes	
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	Yes	
G0210	PET imaging whole body; lung cancer diagnosis; non-small cell	Yes	
G0211	PET imaging whole body; , initial staging; lung cancer; non-small cell	Yes	Replaces G0126
G0212	PET imaging whole body; restaging; lung cancer; non-small	Yes	
G0213	PET imaging whole body; diagnosis; colorectal cancer	Yes	
G0214	PET imaging whole body; initial staging; colorectal cancer	Yes	
G0215	PET imaging whole body; restaging; colorectal cancer	Yes	Replaces G0163
G0216	PET imaging whole body; diagnosis; melanoma	Yes	
G0217	PET imaging whole body; , initial staging; melanoma	Yes	
G0218	PET imaging whole body; restaging; melanoma	Yes	Replaces G0165
G0219	PET imaging whole body; melanoma for non-covered conditions	Yes	
G0220	PET imaging whole body; diagnosis; lymphoma	Yes	
G0221	PET imaging whole body; initial staging; lymphoma	Yes	Replaces G0164
G0222	PET imaging whole body; restaging; lymphoma	Yes	Replaces G0164
G0223	PET imaging whole body or regional; diagnosis; head and neck cancer; excluding thyroid and CNS cancers	Yes	

Code	Narrative	Benefit	Comments
G0224	PET imaging whole body or regional; initial staging; head and neck cancer; excluding thyroid and CNS cancers	Yes	
G0225	PET imaging whole body or regional; restaging; head and neck cancer; excluding thyroid and CNS cancers	Yes	
G0226	PET imaging whole body; diagnosis; esophageal cancer	Yes	
G0227	PET imaging whole body; initial staging; esophageal cancer	Yes	
G0228	PET imaging whole body; restaging; esophageal cancer	Yes	
G0229	PET imaging; metabolic brain imaging for pre-surgical evaluation of refractory seizures -	Yes	
G0230	PET imaging; metabolic assessment for myocardial viability following inconclusive spect study	Yes	
G0231	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Yes	
G0232	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Yes	
G0233	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Yes	
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	
G0236	Digitization of film radiographic images with computer analysis for lesion detection, or computer analysis of digital mammogram for lesion detection, and further physician review for interpretation, diagnostic mammography (List separately in addition to code for primary procedure)	Yes	
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	
G0243	Multi-source photon stereotactic radiosurgery, delivery including collimator changes and custom plugging, complete course of treatment, all lesions	Yes	
G0251	Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum five sessions per course of treatment	Yes	Effective 01/01/03
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g. initial staging of axillary lymph nodes)	Yes	Effective 01/01/03
G0253	PET imaging for breast cancer, full and partial-ring PET scanners only, staging/restaging of local regional recurrence or distant metastases (i.e., staging/restaging after or prior to course of treatment)	Yes	Effective 01/01/03
G0254	PET imaging for breast cancer, full and partial-ring PET scanners only, evaluation of response to treatment, performed during course of treatment	Yes	Effective 01/01/03
G0255	Current perception threshold/ sensory nerve conduction test, (SNCT) per limb, any nerve	Yes	Effective 01/01/03
G0256	Prostate brachytherapy using permanently implanted palladium seeds, including transperitoneal placement of needles or catheters into the prostate, cystoscopy and application of permanent interstitial radiation source	Yes	Effective 01/01/03
G0259	Injection procedure for sacroiliac joint; arthrography	Yes	Effective 01/01/03
G0260	Injection procedure for sacroiliac joint; Provision of anesthetic, steroid and/or other therapeutic agent and arthrography	Yes	Effective 01/01/03
G0261	Prostate brachytherapy using permanently implanted iodine seeds, including transperineal placement of needles or catheters into the prostate, cystoscopy and application of permanent interstitial radiation source	Yes	Effective 01/01/03
G0272	Naso/oro gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	Yes	Effective 01/01/03

Code	Narrative	Benefit	Comments
G0273	Radiopharmaceutical biodistribution, single or multiple scans on one or more days, pre-treatment planning for radiopharmaceutical therapy of non-Hodgkin's lymphoma, includes administration of radiopharmaceutical (e.g. radiolabeled antibodies)	Yes	Effective 01/01/03
G0274	Radiopharmaceutical therapy, non-Hodgkin's lymphoma, includes administration of radiopharmaceutical (e.g. radiolabeled antibodies)	Yes	Effective 01/01/03
G0275	Renal artery angiography (unilateral or bilateral) performed at the time of cardiac catheterization, includes catheter placement, injection of dye, flush aortogram and radiologic supervision and interpretation and production of images (list separately in addition to primary procedure)	Yes	Effective 01/01/03
G0278	Iliac artery angiography performed at the same time of cardiac catheterization, includes catheter placement, injection of dye, radiologic supervision and interpretation and production of images (list separately in addition to primary procedure)	Yes	Effective 01/01/03
G0279	Extracorporeal shock wave therapy; involving elbow epicondylitis	Yes	Effective 01/01/03
G0280	Extracorporeal shock wave therapy; involving other than elbow epicondylitis or plantar fasciitis	Yes	Effective 01/01/03
G0288	Reconstruction, Computed tomographic angiography of aorta for surgical planning for vascular surgery	Yes	Effective 01/01/03
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, not otherwise classified	Yes	
A4644	Supply of low osmolar contrast material (100-199 mg of iodine)	Yes	
A4645	Supply of low osmolar contrast material (200-299 mg of iodine)	Yes	
A4646	Supply of low osmolar contrast material (300-399 mg 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	
A9512	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Pertechnetate, per MCI	Yes	Effective 01/01/03
A9513	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Mebrofenin, per MCI	Yes	Effective 01/01/03
A9514	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Pyrophosphate, per MCI	Yes	Effective 01/01/03
A9515	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Pentetate, per MCI	Yes	Effective 01/01/03
A9516	Supply of radiopharmaceutical diagnostic imaging agent, I-123 Sodium Iodide capsule, per 100 UCI	Yes	Effective 01/01/03
A9517	Supply of radiopharmaceutical therapeutic imaging agent, I-131 Sodium Iodide capsule, per MCI	Yes	Effective 01/01/03
A9518	Supply of radiopharmaceutical therapeutic imaging agent, I-131 Sodium Iodide solution, per UCI	Yes	Effective 01/01/03

Code	Narrative	Benefit	Comments
A9519	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Macroaggregated Albumin, per MCI	Yes	Effective 01/01/03
A9520	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Sulfur Colloid, per MCI	Yes	Effective 01/01/03
A9521	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Exametazine, per dose	Yes	Effective 01/01/03
A9522	Supply of radiopharmaceutical diagnostic imaging agent, Indium-111 Ibritumomab Tiuxetan, per MCI	Yes	Effective 01/01/03
A9523	Supply of radiopharmaceutical therapeutic imaging agent, Yttrium 90 Ibritumomab Tiuxetan, per MCI	Yes	Effective 01/01/03
A9524	Supply of radiopharmaceutical Diagnostic imaging agent, Iondiated I-131 Serum Albumin, 5 microcuries	Yes	Effective 01/01/03
A9605	Supply of therapeutic radiopharmaceutical, Samarium SM 153 Lexidronamm, 50 MCI	Yes	
A9600	Supply of therapeutic radiopharmaceutical, Strontium-89 chloride, per MCI	Yes	
A9699	Supply of radiopharmaceutical therapeutic imaging agent, not otherwise classified	Yes	Effective 01/01/03
A9700	Supply of injectable contrast material for use in echocardiography, per study	Yes	
Q3000	Supply of radiopharmaceutical diagnostic imaging agent, rubidium RB-82, per dose	Yes	Effective 01/01/03
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	
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	
S8004	Radioimmunopharmaceutical localization of targeted cells; whole body	Yes	Effective 01/01/03
S0820	Computerized Corneal Topography, unilateral	Yes	
S8030	Scleral application of Tantalum ring(s) for localization of lesions for proton beam therapy	Yes	
S0830	Ultrasound Pachymetry to determine corneal thickness, with interpretation and report, unilateral	Yes	
S2130	Endoluminal radiofrequency ablation of refluxing saphenous vein	Yes	Effective 01/01/03
S8037	Magnetic resonance cholangiopancreatography (MRCP)	Yes	
S8042	Magnetic resonance imaging (MRI), low-field	Yes	Effective 01/01/03
S8080	Scintimammography (Radioimmunosintigraphy 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	

Code	Narrative	Benefit	Comments
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. Laboratory services performed at a hospital or services contracted out by a hospital, must be paid by the hospital. These services cannot be billed to the client.			
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 80048-80076. 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.			
G0026	Fecal Leucocyte examination	Yes	
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.
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 screening by automated system, under physician supervision	Yes	
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening 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	
P2031	Hair analysis (excluding arsenic)	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, phenylalanine (PKU); and thyroxine, total)	Yes	
S3630	Eosinophil count, blood, direct	Yes	

Code	Narrative	Benefit	Comments
S3655	Antisperm antibodies test (immunobead)	Yes	Effective 01/01/03
S3701	Immunoassay for nuclear matrix protein 22 (NMP-22), quantitative	Yes	
S3708	Gastrointestinal fat absorption study	Yes	
Y8085	ANA Profile, includes: ANA, Anti-DNA, Anti-SM, Anti-RPN, Anti-SSA, Anti-SSB	Deleted	Deleted 12/31/02. See 86038,86039
Y8160	Coagulation panel	Deleted	Deleted 12/31/02. See 85345-85348

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.

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	

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.

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%.
01968	Cesarean delivery following neuraxial labor analgesia/anesthesia (list separately in addition to code for primary procedure).	Yes	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	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	

Code	Narrative	Benefit	Comments
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	
S0630	Removal of sutures by a physician other than the physician who originally closed the wound	Yes	
Respiratory			
S2340	Chemodervation of abductor muscle(s) of vocal cord	Yes	
S2341	Chemodervation of adductor muscle(s) of vocal cord	Yes	
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	Yes	
Cardiovascular, Surgical			
E0616	Implantable cardiac event recorder with memory, activator, and programmer	Yes	
G0269	Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (e.g. angioseal plug, vascular plug)	Yes	Effective 01/01/03
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	Yes	Effective 01/01/03
G0290	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	Yes	Effective 01/01/03
G0291	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel	Yes	Effective 01/01/03
S2202	Echosclerotherapy	Yes	
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	
S2211	Transcatheter placement of intravascular stent(s), carotid artery, percutaneous, unilateral (if performed bilaterally, use- 50 modifier)	Yes	Effective 01/01/03
S2065	Simultaneous pancreas kidney transplantation	Yes	
Digestive, Surgical			
G0193	Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (fees)	Deleted	Deleted 12/31/02. See 92612.
G0194	Sensory testing during endoscopic study of swallowing (add on code) referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (FEEST)	Deleted	Deleted 12/31/02. See 92614.

Code	Narrative	Benefit	Comments
G0195	Clinical evaluation of swallowing function (not involving interpretation of dynamic radiological studies or endoscopic study of swallowing)	Deleted	Deleted 12/31/02. See 92610.
G0196	Evaluation of swallowing involving swallowing of radio-opaque materials	Deleted	Deleted 12/31/02. See 92611.
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Yes	
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP use 43265)	Yes	Effective 01/01/03

Musculoskeletal – For Casting supplies see page 4 & 5

L8642	Hallux implant prosthesis	Yes	May be billed by ambulatory surgical center or surgeon.
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	Yes	Effective 01/01/03
S2112	Arthroscopy, knee, surgical, for harvesting of cartilage (Chondrocyte cells)	Yes	
S2115	Osteotomy, periacetabular, with internal fixation	Yes	
S2360	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical	Yes	
S2361	Each additional cervical vertebral body (List separately in addition to code for primary procedure)	Yes	
S2370	Intradiscal Electrothermal Therapy, single interspace	Yes	
S2371	Each additional interspace (List separately in addition to code for primary procedure.)	Yes	

Urinary

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)	Deleted	Deleted. 12/31/02

Male genital

X5500	Prostatectomy, suprapubic, radical potency-saving	Deleted	Deleted 12/31/02
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Female genital

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

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.
S2250	Uterine artery embolization for uterine fibroids	Yes	
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.

Code	Narrative	Benefit	Comments
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Family Planning

To report family planning service procedures, use Current Procedural Terminology (CPT) evaluation and management (E&M) codes 99201-99215. The physician must determine the level of code to bill and document accordingly.

All claims for family planning services must include one of the following family planning diagnosis codes as a primary diagnosis from the ICD9: V25.1- V25.9.

Effective January 1, 2003, family planning services by Certified Family Planning Clinics shall be billed on a fee-for-service methodology. The bundled rate codes X9001, X9002, X9003 will be end-dated effective December 31, 2002. Certified Family Planning Clinics that billed Medicaid using the bundled code rate for any clients during the time-period of July 01, 2002 through December 31, 2002 must not bill Medicaid for these clients on the fee-for-service schedule until after the fiscal year end date of June 30, 2003.

Physician's offices, clinics, certified health agencies, Certified Family Planning Clinics, and Non-physician Practice Groups must use the modifier (FP) with the CPT procedure code when billing Medicaid for family planning services. An example of such is " 99201-FP". If the FP modifier does not appear with the procedure code, the claim will not be recognized as a family planning service and would therefore be subject to recovery of reimbursement if identified in an audit.

Family planning clinics may dispense birth control pills and diaphragms directly to the client. Birth control pills will be reimbursed at \$3.87, per monthly supply. Diaphragms, will be reimbursed at a unit value of \$30.00. These represent the average cost of the most commonly used oral contraceptives and diaphragms. For more costly oral contraceptives or diaphragms family planning clinics may choose to write a prescription to be filled by a pharmacist. All other practitioners must prescribe oral contraceptives and diaphragms thru a pharmacy.

A4261	Cervical cap for contraceptive use	Yes	
A4266	Diaphragm for contraceptive use	Yes	Effective 01/01/03. May only be billed by Family Planning Clinics
A4561	Pessary, rubber any type	Yes	
A4562	Pessary, non-rubber, any type	Yes	
S4981	Insertion of levonorgestrel-releasing intrauterine system	Yes	
S4989	Contraceptive intrauterine device (e.g., progesterone IUD), including implants and supplies	Yes	
S4993	Contraceptive pills for birth control	Yes	Effective 01/01/03. May only be billed by Family Planning Clinics
J7300	Intrauterine copper contraceptive	Yes	ParaGard. Report IUD insertion using 58300. Bill usual and customary charge.

Ophthalmology

G0183	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); Ocular photodynamic therapy (includes intravenous infusion)	Yes	
G0184	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); Photocoagulation, (e.g., by laser), one or more sessions	Yes	
G0185	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); Transpupillary thermotherapy, one or more sessions	Deleted	Deleted 12/31/02
G0186	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); Photocoagulation, feeder vessel technique, one or more sessions	Yes	
G0187	Destruction of macular drusen, photocoagulation, one or more sessions	Deleted	Deleted 12/31/02
V2785	Processing, preserving & transporting corneal tissue	Yes	Bill on paper. Must attach eye bank 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
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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.

Code	Narrative	Benefit	Comments
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Vision eyewear

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.

Billing information

Modifier –XV Use with each vision correction procedure code to identify eyewear services provided to a client with a history of eye surgery. Benefits are related to procedures only affecting vision correction. Such procedures would include surgeries on the eyeball, and supporting musculature and nerve tissue.

Modifier –XV is used with one of the procedures listed below, if 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.

V0202-V2499	V2500-V2599	V2700-V2730	V2755-V2781	X0300-X0311	X3005	92340-92353
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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 92340-92355. For two lenses, complete one claim line with two units of service & charges for both lenses. Frame dispensing is NOT a separate benefit.

Frames

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 a client requests a deluxe frame, the provider must discuss the need for additional charges to the client, and must obtain a written agreement from the client to pay the non-covered costs. Allowable non-covered costs that may be charged to the client are those representing the difference between the providers retail usual and customary charges for the Medicaid allowable frames and the retail amount for the upgraded frames requested by the client. This also applies to the repair or replacement of eyeglasses. Provider must bill S1001, Deluxe item, (list in addition to code for basic item) to report charges to the client.
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Code	Narrative	Benefit	Comments
V2025	Deluxe Optical Frame	No	See V2020
Single vision lens			
	Vision correction may be provided utilizing a variety of materials, including glass, plastic or polycarbonate lenses, as ordered by the provider. When submitting a claim for polycarbonate lenses, the provider must bill the codes for polycarbonates, and not those for glass or plastic. The allowable for polycarbonate lenses is not to be an additional charge, but must be billed alone.		
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	
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	

Code	Narrative	Benefit	Comments
V2208	Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2209	Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2210	Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	Yes	
V2211	Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	Yes	
V2212	Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Yes	
V2213	Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2214	Sphero-cylinder, 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	
V2303	Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2304	Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	Yes	
V2305	Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2306	Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Yes	
V2307	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2308	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2309	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2310	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	Yes	
V2311	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	Yes	
V2312	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Yes	

Code	Narrative	Benefit	Comments
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			
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	
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 asphericity 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.			
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.

Code	Narrative	Benefit	Comments
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.
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	
Other lens service			
V2700	Balance lens, per lens	Yes	
V2710	Slab off prism, glass or plastic, per lens	Yes	
V2715	Prism, per lens	Yes	
V2718	Press-on lens, Fresnell prism, per lens	Yes	

Code	Narrative	Benefit	Comments
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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