



Medical Assistance Program Bulletin

Colorado Title XIX
Fiscal Agent



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Medical Assistance Program Provider Services

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Mailing Addresses

Claims & PARs
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P.O. Box 90
Denver, CO 80201-0090

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

Medical Assistance Program Fiscal Agent Information on the Internet

www.chcpf.state.co.us

Click on the **Provider Services** tab at
the top of the web page

Medical Assistance Program bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medical Assistance Program 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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 Medical Assistance Program Provider Services.

Distribution: Independent & Hospital
Radiology & Laboratory Providers

March 2004

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This document *replaces* Medical Assistance Program

Bulletin B0300148

Bulletin B0300148 should be discarded.

Radiology & Laboratory CMS codes

The Colorado Medical Assistance Program uses the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS) to identify Medical Assistance Program services. HCPCS include codes in the *Physicians' Current Procedural Terminology* (CPT) and codes developed by CMS and Medicare.

Effective for services provided on and after January 1, 2004, providers may bill The Medical Assistance Program using the codes listed in this bulletin. These codes for laboratory services are in addition to existing procedure codes. Keep this bulletin with the Medical Assistance Program Provider Manual for reference. Coding updates and revisions are published in Medical Assistance Program bulletins.

Introduction

Please read the following information carefully:

Colorado Medical Assistance Program claims must be submitted electronically. 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.

Electronic claims: Submit independent laboratory services on the electronic Colorado 1500 or 837 laboratory format using HCPCS. Submit hospital laboratory services on the electronic UB-92 claim format, using both HCPCS and revenue codes. Complete the place of service field using the codes identified in the help screens.

Paper claims: If paper claim submission is required, independent laboratories must submit charges on the Colorado 1500 claim form using HCPCS. Hospital laboratories must submit charges on the UB-92 paper claim form, using both HCPCS and revenue codes.

Procedure code table descriptions: HCPCS codes include codes in the current CPT edition and supplemental codes developed by CMS and Medicare. The Medical Assistance program adds and deletes codes as they are published in the current CPT and annual CMS coding bulletins. Unless otherwise noted, use HCPC Level II codes only when CPT codes are not available.

Code Column: HCPC Level II codes consist of a letter followed by four numbers. Codes authorized for the Medical Assistance program may not correspond to codes approved for Medicare billing. This list identifies the HCPC Level II codes approved for billing the Colorado Medical Assistance Program. HCPC Level II codes that are not identified in this listing are not benefits of the Colorado Medical Assistance Program.

Fees for blood drawing and specimen collection or handling are not reimbursable to laboratories. *Claims for non-payable procedure codes are rejected. Do not submit detail lines for procedure codes which are not payable to laboratory providers.*

Narrative column: When appropriate, the procedural description defines the billing unit.

Benefit column: The notation “Yes” indicates this service is a benefit of the Colorado Medical Assistance Program.

Comments Column: Expands on the description, identifies special billing instructions.

Modifiers: Procedure code modifiers describe circumstances that may change or alter payment. The following modifiers are valid for laboratory codes and must be used when applicable (Modifiers that impact pricing are identified by “***”):

| | | |
|-------|--|--|
| -TC** | Technical component | Use when the technical component is performed separately. |
| -26** | Professional component | Use with diagnostic codes to report professional component services (reading and interpretation) billed separately from technical component services. Report separated professional and technical component services <u>only</u> if different providers perform the professional and technical portions of the procedure. Read CPT descriptors carefully. Do not use modifiers if the descriptor specifies professional and technical components. |
| -KX | Specific required documentation on file | 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. |
| -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> |

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 Medical Assistance Program payment, all providers of laboratory services must be CLIA certified & Medical Assistance Program enrolled. Laboratory services performed at a hospital or services contracted out by a hospital must be billed by the hospital. The hospital is then responsible for paying the contracted laboratory. 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.

Please direct questions about billing or the use of this listing to Medical Assistance Program Provider Services.

| Code | Narrative | Benefit | Comments |
|------------------|---|---------|----------|
| Radiology | | | |
| 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 | |
| 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 | |

| Code | Narrative | Benefit | Comments |
|-------|---|---------|----------|
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| G0222 | PET imaging whole body; restaging; lymphoma | Yes | |
| G0223 | PET imaging whole body or regional; diagnosis; head and neck cancer; excluding thyroid and CNS cancers | Yes | |
| 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 | |

| Code | Narrative | Benefit | Comments |
|-------|---|---------|----------------------------|
| 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) | Deleted | Deleted 12/31/03 See 76082 |
| 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 | |
| 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 | |
| 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 | |
| G0254 | PET imaging for breast cancer, full and partial-ring PET scanners only, evaluation of response to treatment, performed during course of treatment | Yes | |
| G0255 | Current perception threshold/ sensory nerve conduction test, (SNCT) per limb, any nerve | Yes | |
| 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 | Deleted | Deleted 12/31/03 |
| G0259 | Injection procedure for sacroiliac joint; arthrography | Yes | |
| G0260 | Injection procedure for sacroiliac joint; Provision of anesthetic, steroid and/or other therapeutic agent with or without arthrography | Yes | |
| 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 | Deleted | Deleted 12/31/03 |
| G0272 | Naso/oro gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report) | Deleted | Deleted 12/31/03 See 43752 |
| 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) | Deleted | Deleted 12/31/03 |
| G0274 | Radiopharmaceutical therapy, non-Hodgkin's lymphoma, includes administration of radiopharmaceutical (e.g. radiolabeled antibodies) | Deleted | Deleted 12/31/03 |
| 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 | |

| Code | Narrative | Benefit | Comments |
|-------|--|---------|--------------------|
| 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 | |
| G0279 | Extracorporeal shock wave therapy; involving elbow epicondylitis | Yes | |
| G0280 | Extracorporeal shock wave therapy; involving other than elbow epicondylitis or plantar fasciitis | Yes | |
| G0288 | Reconstruction, Computed tomographic angiography of aorta for surgical planning for vascular surgery | Yes | |
| G0296 | PET imaging, full and partial ring PET scanner only, for restaging of previously treated thyroid cancer of follicular cell origin following negative I-131 whole body scan | Yes | Effective 01/01/04 |
| 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 Pentetide, 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 | |
| A9513 | Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Mebrofenin, per MCI | Yes | |
| A9514 | Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M | Yes | |

| Code | Narrative | Benefit | Comments |
|-------|---|---------|-----------------------------|
| | Pyrophosphate, per MCI | | |
| A9515 | Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Pentetate, per MCI | Yes | |
| A9516 | Supply of radiopharmaceutical diagnostic imaging agent, I-123 Sodium Iodide capsule, per 100 UCI | Yes | |
| A9517 | Supply of radiopharmaceutical therapeutic imaging agent, I-131 Sodium Iodide capsule, per MCI | Yes | |
| A9518 | Supply of radiopharmaceutical therapeutic imaging agent, I-131 Sodium Iodide solution, per UCI | Deleted | Deleted 12/31/03. See A9530 |
| A9519 | Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Macroaggregated Albumin, per MCI | Yes | |
| A9520 | Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Sulfur Colloid, per MCI | Yes | |
| A9521 | Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Exametazine, per dose | Yes | |
| A9522 | Supply of radiopharmaceutical diagnostic imaging agent, Indium-111 Ibritumomab Tiuxetan, per MCI | Yes | |
| A9523 | Supply of radiopharmaceutical therapeutic imaging agent, Yttrium 90 Ibritumomab Tiuxetan, per MCI | Yes | |
| A9524 | Supply of radiopharmaceutical Diagnostic imaging agent, Iodinated I-131 Serum Albumin, 5 microcuries | Yes | |
| A9525 | Supply of low or iso-osmolar contrast material, 10 mg of Iodine | Yes | Effective 01/01/04 |
| A9526 | Supply of radiopharmaceutical diagnostic imaging agent, Ammonia N-13, per dose | Yes | Effective 01/01/04 |
| A9528 | Supply of radiopharmaceutical diagnostic agent, I-131 Sodium Iodide capsule, per millicurie | Yes | Effective 01/01/04 |
| A9529 | Supply of radiopharmaceutical diagnostic agent, I-131 Sodium Iodide solution, per millicurie | Yes | Effective 01/01/04 |
| A9530 | Supply of radiopharmaceutical therapeutic agent, I-131 Sodium Iodide solution, per millicurie | Yes | Effective 01/01/04 |
| A9531 | Supply of radiopharmaceutical diagnostic agent, I-131 Sodium Iodide, per microcurie (up to 100 microcureis) | Yes | Effective 01/01/04 |
| A9532 | Supply of radiopharmaceutical therapeutic agent, iodinated I-125, Serum Albumin, 5 microcuries | Yes | Effective 01/01/04 |
| A9533 | Supply of radiopharmaceutical diagnostic imaging agent, I-131 Tositumomab, per millicurie | Yes | Effective 01/01/04 |
| A9534 | Supply of radiopharmaceutical therapeutic imaging agent, I-131 Tositumomab, per millicurie | Yes | Effective 01/01/04 |
| A9605 | Supply of therapeutic radiopharmaceutical, Samarium SM 153 Lexidronamm, 50 MCI | Yes | |
| A9600 | Supply of therapeutic radiopharmaceutical, Strontium-89 chloride, per MCI | Yes | |

| Code | Narrative | Benefit | Comments |
|-------|---|---------|------------------------------|
| A9699 | Supply of radiopharmaceutical therapeutic imaging agent, not otherwise classified | Yes | |
| 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 | |
| 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 Mertiatile, 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 | |
| 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 | Deleted 04/01/04. See 76514. |
| S2130 | Endoluminal radiofrequency ablation of refluxing saphenous vein | Yes | |
| S8037 | Magnetic resonance cholangiopancreatography (MRCP) | Yes | |
| S8042 | Magnetic resonance imaging (MRI), low-field | Yes | |
| 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 Medical Assistance Program payment, all providers of laboratory services must be CLIA certified & Medical Assistance Program 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 | |
| G0306 | Complete CBC, automated (HGB, HCT, RBC, WBC, without platlet count) and automated WBC differential count | Yes | Effective 01/01/04 |
| G0307 | Complete (CBC), automated (HGB, HCT, RBC, WBC; without platlet count) | Yes | Effective 01/01/04 |

| Code | Narrative | Benefit | Comments |
|-------|--|---------|--------------------|
| 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 | |
| S3655 | Antisperm antibodies test (immunobead) | Yes | |
| S3701 | Immunoassay for nuclear matrix protein 22 (NMP-22), quantitative | Yes | |
| S3708 | Gastrointestinal fat absorption study | Yes | |
| S3828 | Complete gene sequence analysis; MLH1 gene | Yes | Effective 01/01/04 |
| S3829 | Complete gene sequence analysis; MLH2 gene | Yes | Effective 01/01/04 |
| S3833 | Complete APC gene sequence analysis for susceptibility for familiar adenomatous polyposis (FAP) and attenuated FAP | Yes | Effective 01/01/04 |
| S3834 | Single-mutation analysis (in individual with a known APC mutation in the family) for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP | Yes | Effective 01/01/04 |
| S3840 | DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2 | Yes | Effective 01/01/04 |
| S3841 | Genetic testing for retinoblastoma | Yes | Effective 01/01/04 |
| S3842 | Genetic testing for Von Hippel-Lindau disease | Yes | Effective 01/01/04 |
| S3843 | DNA analysis of the F5 gene for susceptibility to Factor V Leiden thrombophilia | Yes | Effective 01/01/04 |
| S3844 | DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness | Yes | Effective 01/01/04 |
| S3845 | Genetic testing for alpha-thalassemia | Yes | Effective 01/01/04 |
| S3846 | Genetic testing for hemoglobin E beta-thalassemia | Yes | Effective 01/01/04 |
| S3847 | Genetic testing for Tay-Sachs disease | Yes | Effective 01/01/04 |
| S3848 | Genetic testing for Gaucher disease | Yes | Effective 01/01/04 |
| S3849 | Genetic testing for Niemann-Pick disease | Yes | Effective 01/01/04 |
| S3850 | Genetic testing for sickle cell anemia | Yes | Effective 01/01/04 |
| S3851 | Genetic testing for Canavan disease | Yes | Effective 01/01/04 |
| S3852 | DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease | Yes | Effective 01/01/04 |
| S3853 | Genetic testing for myotonic muscular dystrophy | Yes | Effective 01/01/04 |

| Code | Narrative | Benefit | Comments |
|--|--|---------|--------------------|
| S3890 | DNA analysis, fecal, for colorectal cancer screening | Yes | Effective 04/01/04 |
| Genotype / Phenotype Resistance Testing | | | |
| Colorado Medical Assistance Program 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 | |
| 0023T | Predictive Phenotype – infectious agent drug susceptibility phenotype prediction (must be billed with 87901) | Yes | |