Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent

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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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 **December 2004**

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This document *replaces* Medical Assistance Program Bulletin B0300170

Bulletin B0300170 (03/04) 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.

Effective for services provided on and after January 1, 2005, providers may bill The Medical Assistance Program using the codes listed in this bulletin. These codes for laboratory and radiology 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.

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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 and radiology 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 and radiology 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 only 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. *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).*

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	Linear accelerator based stereotactic radiosurgery, completed 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	
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	

Code	Narrative	Benefit	Comments
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	
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	
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	
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	
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	
G0336	PET imaging, brain imaging for the differential diagnosis of Alzheimer's disease with aberrant features vs. fronto-temporal dementia	Yes	Effective 1/1/05

Code	Narrative	Benefit	Comments
G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	Yes	Effective 1/1/05
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	
A9513	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Mebrofenin, per MCI	Yes	
A9514	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Pyrophosphate, per MCI	Yes	
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	
A9519	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Macroaggregated Albumin, per MCI	Yes	

Code	Narrative	Benefit	Comments
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	Deleted	Deleted 3/31/04. See A4644 – A4646
A9526	Supply of radiopharmaceutical diagnostic imaging agent, Ammonia N-13, per dose	Yes	
A9528	Supply of radiopharmaceutical diagnostic agent, I-131 Sodium Iodide capsule, per millicurie	Yes	
A9529	Supply of radiopharmaceutical diagnostic agent, I-131 Sodium Iodide solution, per millicurie	Yes	
A9530	Supply of radiopharmaceutical therapeutic agent, I-131 Sodium Iodide solution, per millicurie	Yes	
A9531	Supply of radiopharmaceutical diagnostic agent, I-131 Sodium Iodide, per microcurie (up to 100 microcuries)	Yes	
A9532	Supply of radiopharmaceutical therapeutic agent, iodinated I-125, Serum Albumin, 5 microcuries	Yes	
A9533	Supply of radiopharmaceutical diagnostic imaging agent, I-131 Tositumomab, per millicurie	Yes	
A9534	Supply of radiopharmaceutical therapeutic imaging agent, I-131 Tositumomab, per millicurie	Yes	
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	
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 Mertiatide, per MCI	Yes	

Code	Narrative	Benefit	Comments
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	Deleted	Deleted 04/01/04. See 76514.
S2130	Endoluminal radiofrequency ablation of refluxing saphenous vein	Deleted	Deleted 12/31/04
S8037	Magnetic resonance cholangiopancreatography (MRCP)	Yes	
S8042	Magnetic resonance imaging (MRI), low-field	Yes	
S8080	Scintimammography (Radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical	Yes	
S8085	Fluorine-18 Fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)	Yes	

Laboratory

Billing information

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G0026	Fecal Leucocyte examination	Deleted	Deleted. See 89055.
G0103	Prostate cancer screening, Prostate Specific Antigen test (PSA), total	Yes	

Code	Narrative	Benefit	Comments
G0107	Colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations	Yes	Bill with 1 unit of service.
S3890	DNA analysis, fecal, for colorectal cancer screening	Yes	
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 platelet count) and automated WBC differential count	Yes	
G0307	Complete (CBC), automated (HGB, HCT, RBC, WBC; without platelet count)	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, phenylanine (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	

Code	Narrative	Benefit	Comments
S3828	Complete gene sequence analysis; MLH1 gene	Yes	
S3829	Complete gene sequence analysis; MLH2 gene	Yes	
S3833	Complete APC gene sequence analysis for susceptibility for familiar adenomatous polyposis (FAP) and attenuated FAP	Yes	
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	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Yes	
S3841	Genetic testing for retinoblastoma	Yes	
S3842	Genetic testing for Von Hippel-Lindau disease	Yes	
S3843	DNA analysis of the F5 gene for susceptibility to Factor V Leiden thrombophilia	Yes	
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	Yes	
S3845	Genetic testing for alpha-thalassemia	Yes	
S3846	Genetic testing for hemoglobin E beta-thalassemia	Yes	
S3847	Genetic testing for Tay-Sachs disease	Yes	
S3848	Genetic testing for Gaucher disease	Yes	
S3849	Genetic testing for Niemann-Pick disease	Yes	
S3850	Genetic testing for sickle cell anemia	Yes	
S3851	Genetic testing for Canavan disease	Yes	
S3852	DNA analysis for APOE epilson 4 allele for susceptibility to Alzheimer's disease	Yes	
S3853	Genetic testing for myotonic muscular dystrophy	Yes	

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	