



# Medical Assistance Program Bulletin

## Colorado Title XIX

Fiscal Agent



600 Seventeenth Street  
Suite 600 North  
Denver, CO 80202

### Medical Assistance Program Provider Services

303-534-0146  
1-800-237-0757

### Mailing Addresses

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

### Correspondence, Inquiries & Adjustments

P.O. Box 90  
Denver, CO 80201-0090

### Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100  
Denver, CO 80201-1100

### Medical Assistance Program Fiscal Agent Information on the Internet

[www.chcpf.state.co.us](http://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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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: Practitioners

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This bulletin completely replaces Medical Assistance Program Bulletin B0400187 (12/04)  
Bulletin B0400187 should be discarded.

### Practitioner CMS Codes

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

Effective for services provided on and after January 1, 2006, providers should use the codes listed in this bulletin when billing practitioner services. Keep this bulletin with the Medical Assistance Program Provider Manual for reference.

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## Introduction

### Please read the following information carefully:

Colorado Medical Assistance Program claims must be submitted electronically, except for the following:

- 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.

Claims that should be submitted electronically, but are submitted on paper are processed, denied, and marked "Electronic Filing Required."

**Electronic claims:** Submit practitioner services on the electronic Colorado 1500 or 837 professional claim format using HCPCS. Submit EPSDT medical screening services on the electronic EPSDT claim format, using HCPCS.

**Paper claims:** If paper claim submission is allowed, 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 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 HCPCS Level II coding bulletins. Unless otherwise noted, use HCPCS Level II codes only when CPT codes are not available.

**Code Column:** HCPCS Level II codes consist of a letter followed by four numbers. Read the entire entry to determine the benefit status of the item. Medical Assistance Program authorized codes may not correspond to codes approved for Medicare billing. This list contains Medical Assistance Program approved HCPCS Level II codes. Codes that do not appear in CPT or this listing are not benefits of the Colorado Medical Assistance 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. <u>The indicated diagnosis code(s) must substantiate the service as unrelated to the surgical procedure.</u>
-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. <b>Note:</b> 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 post-op 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>
-UB	Invoiced costs	Use when billing more than \$25.00 for procedure code 99070. Include acquisition cost invoice and/or cost documentation.
-GY	Item or service not meeting the definition of Medicare benefit	Use to identify routine podiatric foot care services that are not covered by Medicare.
-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.
-UK	Services provided on behalf of the client to someone other than the client	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.
-55	Post operative management only	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 12/31/05 are invalid for billing services provided on or after 1/1/06. Newly added codes become effective on the date shown. Example: Codes showing an effective date of 1/1/06 may be submitted for services provided on or after 1/1/06.

**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 Medical Assistance Program 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 crossover claims. If Medicare approves benefits, the Medical Assistance Program does not require prior authorization. If the item is not a Medicare benefit, the claim must meet all Medical Assistance Program 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 Medical Assistance Program Provider Services.*

#### Assistant surgeon

The Medical Assistance Program reimburses assistant surgeons' fees for procedures not excluded from assistant surgeon benefits. The Medical Assistance 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 The Medical Assistance Program. 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

Medical Assistance Program clients may qualify for Medicare benefits because of age or disability. The Colorado Medical Assistance Program administers very specific policies to coordinate benefits for Medicare-covered Medical Assistance Program clients. New HCPCS codes beginning with "C" may be submitted to Medicare and are processed by the Medical Assistance Program on crossover claims **only**. "C" codes are **not** benefits of the Colorado Medical Assistance Program.

**Supplies provided by the practitioner****Non-billable 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 and will be denied if submitted for payment. These items may not be billed to the Medical Assistance Program client.

Absorbent pads or sponges	Scissors	Saline for administration of drugs
Alcohol swabs	Gloves (Sterile or non-sterile)	Sterile basins
Anesthetics (topical or local)	Ice packs/hot packs	Steri strips
Antibiotic ointments	Liquid nitrogen	Suppository medications
Band-Aids	Non-adhering dressings (Telfa, etc.)	Surgical blades/handles
Betadine or Betadine scrub	Oral medication	Suture supplies/suture holders/needle holders
Cotton balls	Oxygen	Swabs (alcohol, betadine, glycerine, etc.)
Cotton swabs/applicators	Packing gauze	Syringes & needles (Except Trocar needles)
Emesis basins	Peroxide	Tape
Eye pad, sterile, non-sterile	Saline for irrigation of wounds and catheters	Tongue blades
Eye patches	Silvadene ointment	Tegaderm
Gauze pads	Suture removal kits	Specimen containers, Vacutainers
Topical ointments	Versed drops	

**Billable non-routine supplies - Use individual HCPCS codes**

For birth control procedures/supplies, see page 34.

The following supplies must be billed as individual claim lines. The billed amount should reflect the provider's usual and customary charge. If items listed below are billed using 99070 rather than the appropriate code your claim may be denied.

A4212 - Non coring needle (Huber)	A7003 - Administration set with small volume non-filtered pneumatic nebulizer, disposable
A4220 - Refill kit for implantable infusion pump	A7004 - Small volume non-filtered pneumatic nebulizer, disposable
A4221 - Supplies for maintenance of drug infusion, catheter, per week (list drug separately)	A7006 - Administration set with small volume filtered pneumatic nebulizer
A4222 - Supplies for external drug infusion pump, per cassette or bag (list drug separately)	A7042 - Implanted pleural catheter, each
A4230 - Infusion set for external insulin pump, non-needle cannula type; requires prior authorization and copy of invoice.	A7043 - Vacuum drainage bottle and tubing for use with implanted catheter
A4231 - Infusion set for external insulin pump, needle type; requires prior authorization and copy of invoice.	E0100 - Cane, all materials
A4262 - Temporary, absorbable lacrimal duct implant, each	E0112- Crutches, underarm, adjustable or fixed, wood, pair
A4263 - Permanent, long term, non-dissolvable lacrimal duct implant, each	E0114- Crutches, underarm, adjustable or fixed, aluminum, pair
A4270 - Disposable endoscope sheath, each	E0779 - Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater; requires prior authorization and copy of invoice.
A4465 - Non-elastic binder for extremity	E0780 - Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours; requires prior authorization and copy of invoice.
A4550 - Surgical trays	E0785- Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
A4614 - Peak Expiratory Flow rate meter, hand held	S1016 - Non-PVC (Polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g. Paclitaxel
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	
S8185 - Flutter device.	
<b>Billable casting supplies, splints, and special devices - Use individual HCPCS codes</b>	
A4565 - Slings	L3652 - Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra).
A4570 - Splints/immobilizer	L3701 - Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra).
L0120 - Cervical Collar, flexible, non-adjusting	L3762 - Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment.
L1652 - Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type.	L3909 - Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra).
L1836 - Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment.	L4350 -Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment
L1901 - Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e. g. neoprene, Lycra).	L4360 -Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
L3651 - Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra).	

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

- L4370 - Pneumatic full leg splint, prefabricated, includes fitting and adjustment  
 L4380 - Pneumatic knee splint, prefabricated, includes fitting and adjustment  
 L8631- Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g. stainless steel or cobalt chrome), ceramic-like material (e.g. pyrocarbon), for surgical implantation (all sizes, includes entire system)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  
 L4386 - Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment  
 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 –JB modifier with 99070 when billing more than \$25.00 with invoice and cost documentation.

Ace bandages	Cervical Loops	Disposable supplies for negative pressure wound therapy when dressing change is done in the office setting	Grosshans catheter	Nasal cannula	Sterile barrier (when surgical tray is not utilized)
Aerosol masks	Chemotherapy supplies		Inhalation therapy mask	Nasogastric tubes	
Biosensors for 95903	Clavicle strap		IV administration supplies	Nebulizer	Surgical shoes
Broviac repair kit	Coban wrap		Laminaria/Dilateria	Patellar stabilizer	T-hand nebulizer
Cast shoe	Collagen plugs	Duoderm	Meter chambers	Pediatric aerosol mask	Trocar needles
Catheters, urinary	Corneal bandage lens	G&S disposable dilators	Mucus trap	Plastic haggard dilators	Vaseline gauze
Central line dressing kits	Diaphragm	Gastrostomy buttons			

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

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

Braces	Heel cups	Prosthetics
Exercise equipment	Orthopedic appliances	Self-help devices

**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 Colorado Department of Public Health and Environment for children, the benefit for intramuscular or subcutaneous injections & immunizations covers the cost of medication, associated supplies & administration. Chemotherapy administration services are billed separately from chemotherapy drugs & agents. Chemotherapy supplies and intravenous drug therapy supplies may be billed separately. When billing for injections, 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 Medical Assistance Program clients.
2. Claims submitted using CPT therapeutic or diagnostic injection codes 90782-90799 are denied. Injections/immunizations must be billed using CPT or HCPCS codes that identify the drug or medication. If a drug or therapeutic agent is not identified by a specific code, the claim must be submitted on paper using code J3490, J9999, J3590, J7599, J7699, or J7799. Identify the exact medication and total dosage given in field 30 (Remarks) and bill one unit of service. Claims without complete medication identification are denied.
3. Bill immunizations using CPT codes in the ranges 90281-90399 and 90476-90749. **Note:** 90465-90474 Administration Codes are not a benefit of The Medical Assistance Program and should not be billed.
4. Immunizations provided as part of the EPSDT medical screening service should be billed in addition to the EPSDT medical screening code on the EPSDT claim form.
5. Bill for chemotherapy administration services using CPT codes in the range 96401-96549. Chemotherapy drugs/agents must be billed using HCPCS Level II 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 injectable 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 injectable drug is to be administered at a client's home, it must be supplied by the Pharmacy Program.*

**Pricing information for injectable drugs** - Injectable drugs are reimbursed using average wholesale price + 10 percent + \$2.00 administration fee.

**Immunization pricing** – for additional information please see the 2006 Immunization Bulletin

**1. Immunization reimbursement**

Medically necessary vaccines that are not provided to practitioners at no cost by the Vaccines for Children (VFC) program or the 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, The Medical Assistance Program pays the Medicare deductible and coinsurance OR, the Medical Assistance Program-allowed benefit minus the Medicare payment, whichever amount is less. If Medicare's payment for immunization services is the same or greater than the Medical Assistance Program allowable benefit, no additional payment is available. If Medicare pays 100 percent of the Medicare allowable, no additional Medical Assistance Program 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 under age 21. The clinic may bill and be reimbursed \$2.00 for the ART fee for each immunization.

**4. Private practitioners and Facility-based clinics – Administration, Recordkeeping, and Tracking (ART) fees**

Practitioners billing for immunizations to EPSDT-eligible children (under age 21) 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
<b>Injectables</b>			
J0128	Abarelix, 10 mg	Yes	
J0130	Abciximab, 10 mg	Yes	Reopro
J1120	Acetazolamide Sodium, up to 500 mg	Yes	Diamox
J0132	Acetylcysteine, 100 mg	Yes	Effective 1/1/2006
J0133	Acyclovir, 5 mg	Yes	Effective 1/1/2006
Q4075	Acyclovir, 5 mg	Deleted	Deleted 12/31/05. See J0133.
S0071	Acyclovir Sodium, 50 mg	Deleted	Deleted 12/31/05.
J0135	Adalimumab, 20 mg	Yes	
J0150	Adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)	Yes	Adenocard
J0152	Adenosine for diagnostic use, 30 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)	Yes	Adenoscan
J0170	Adrenalin, Epinephrine, up to 1 ml ampule	Yes	Susphrine
J0180	Agalsidase Beta, 1 mg	Yes	Fabrazyme
S0159	Agalsidase Beta, 35 mg	Deleted	Deleted 3/31/05. See J0180.
J0200	Alatrofloxacin Mesylate, 100 mg	Yes	Trovan
J0215	Alefacept, 0.5 mg	Yes	Amevive
J0205	Alglucerase, per 10 units	Yes	Ceredase
J0256	Alpha 1 - Proteinase Inhibitor - Human, 10 mg	Yes	Prolastin
J0270	Alprostadil, per 1.25 mcg	Yes	Caverject, Edex, Muse, PGE1, Prostaglandin E1, Prostin VR Pediatric
J2997	Alteplase Recombinant, 1 mg	Yes	Activase, Genentech
J0207	Amifostine, 500 mg	Yes	Ethylol
J0278	Amikacin Sulfate, 100 mg	Yes	Effective 1/1/2006
S0072	Amikacin Sulfate, 100 mg	Deleted	Deleted 12/31/05. See J0278.
S0016	Amikacin Sulfate, 500 mg	Deleted	Deleted 3/31/05. See J0278.
S0017	Aminocaproic Acid, 5 grams	Yes	Amicar
J0280	Aminophylline, up to 250 mg	Yes	Phyllocontin, Theophylline ethylenediamine
J0282	Amiodarone Hydrochloride, 30 mg	Yes	Cordarone IV
J1320	Amitriptyline HCL, up to 20 mg	Yes	Elavil
J0300	Amobarbital, up to 125 mg	Yes	Amytal Sodium
J0285	Amphotericin B, 50 mg	Yes	Amphocin, Fungizone
J0287	Amphotericin B Lipid complex, 10mg	Yes	Albecet
J0288	Amphotericin B Colesteryl Sulphate complex, 10 mg	Yes	Amphotec
J0289	Amphotericin B Liposome, 10 mg	Yes	AmBisome
J0290	Ampicillin Sodium, 500 mg	Yes	Omnipen-N, Polycillin-N, Totacillin-N
J0295	Ampicillin sodium/sulbactam sodium, per 1.5 gm	Yes	Unasyn
J0350	Anistreplase, per 30 units	Yes	Eminase
J0365	Aprotonin, 10,000 kiu	Yes	Effective 1/1/2006
Q2003	Aprotinin, 10,000 kiu	Deleted	Deleted 12/31/05. See J0365.
J0395	Arbutamine HCL, 1 mg	Yes	GenESA
J0460	Atropine sulfate, up to 0.3 mg	Yes	
J2910	Aurothioglucose, up to 50 mg	Yes	Solganal

Code	Narrative	Benefit	Comments
J0456	Azithromycin, 500 mg	Yes	Zithromax
S0073	Aztreonam, 500 mg	Yes	Azactam
J0475	Baclofen, 10 mg	Yes	Lioresal
J0476	Baclofen, 50 mcg for intrathecal trial	Yes	Lioresal
J0480	Basiliximab, 20 mg	Yes	Effective 1/1/2006
Q2019	Basiliximab, 20 mg	Deleted	Deleted 12/31/05. See J0480.
J0515	Benzotropine mesylate, per 1 mg	Yes	Cogentin
J0702	Betamethasone Acetate & Betamethasone Sodium Phosphate, per 3 mg	Yes	Celestone Soluspan
J0704	Betamethasone Sodium Phosphate, per 4 mg	Yes	Betameth, Celestone phosphate, Selestoject
J0520	Bethanechol Chloride, Myotonachol or Urecholine, up to 5 mg	Yes	
J0190	Biperiden lactate, per 5 mg	Yes	Akineton
J0583	Bivalirudin, 1 mg	Yes	Angiomax
J0585	Botulinum Toxin Type A, per unit	Yes	Botox, Oculinu. Bill per unit.
J0587	Botulinum Toxin Type B, per 100 units	Yes	Mylobloc
J0945	Brompheniramine Maleate, per 10 mg	Yes	Brom-a-cot, Colhist, Decongest B, Dehist, Histine B, Nasahist B, ND Stat
S0171	Bumetanide, 0.5 mg	Yes	Bumex
S0020	Bupivacaine Hydrochloride, 30 ml	Yes	Marcaine, Sensorcaine
J0592	Buprenorphine Hydrochloride, 0.1 mg	Yes	Buprenex
J0595	Butorphanol Tartrate, 1 mg	Yes	Stadol
J0706	Caffeine Citrate, 5 mg	Yes	Cafcit
J0630	Calcitonin Salmon, up to 400 units	Yes	Calcimar, Miacalcin
J0636	Calcitriol, 0.1 mcg	Yes	Calcijex Non-dialysis use
S0161	Calcitrol, 0.25 mcg	Yes	Non-dialysis use
J0610	Calcium Gluconate, up to 10 ml	Yes	Kaleinate
J0620	Calcium Glycerophosphate & Calcium Lactate, per 10 ml	Yes	Calphosan
J0637	Caspofungin Acetate, 5 mg	Yes	Cancidas
J0690	Cefazolin Sodium, 500 mg	Yes	Ancef, Kefzol, Zolicef
J0692	Cefepime Hydrochloride, 500 mg	Yes	Maxipime
J0698	Cefotaxime Sodium, per g	Yes	Claforan
S0074	Cefotetan Disodium, 500 mg	Yes	Cefotan
J0694	Cefoxitin Sodium, 1 g	Yes	Claforan, Mefoxin
J0713	Ceftazidime, per 500 mg	Yes	Fortaz, Tazidime
S0021	Ceftoperazone Sodium, 1 gram	Yes	Cefobid
J0696	Ceftriaxone Sodium, per 250 mg	Yes	Rocephin
J0715	Ceftrizoxime Sodium, per 500 mg	Yes	Cefizox
J1890	Cephalothin Sodium, up to 1 gram	Yes	Keflin
J0710	Cephapirin Sodium, up to 1 gram	Yes	Cefadyl
J0720	Chloramphenicol Sodium Succinate, up to 1 gm	Yes	Chloromycetin Sodium Succinate
J1990	Chlordiazepoxide HCL, up to 100 mg	Yes	Librium
J2400	Chloroprocaine HCL, per 30 ml	Yes	Nesacaine, Nesacaine-MPF
J0390	Chloroquine HCl, up to 250 mg	Yes	Aralen HCL. Benefit only for diagnosed malaria or amebiasis.
J1205	Chlorothiazide Sodium, per 500 mg	Yes	Diuril Sodium



Code	Narrative	Benefit	Comments
J3230	Chlorpromazine HCL, up to 50 mg	Yes	Ormazine, Thorazine
J0740	Cidofovir, 375 mg	Yes	Vistide
J0743	Cilastatin Sodium: Imipenem, per 250 mg	Yes	Primaxin
S0023	Cimetidine Hydrochloride, 300 mg	Yes	Tagamet
J0744	Ciprofloxacin for intravenous infusion, 200 mg	Yes	Cipro
S0077	Clindamycin Phosphate, 300 mg	Yes	
J0735	Clonidine Hydrochloride, 1 mg	Yes	Catapres
S0136	Clozapine, 25 mg	Yes	
J0745	Codeine Phosphate, per 30 mg	Yes	
J0760	Colchicine, per 1 mg	Yes	
J0770	Colistimethate Sodium, up to 150 mg	Yes	Coly-Mycin M
J0795	Corticotropin Ovine Triflutate, 1 microgram	Yes	Effective 1/1/2006
Q2005	Corticotropin Ovine Triflutate, per dose	Deleted	Deleted 12/31/05. See J0795.
J0800	Corticotropin, up to 40 units	Yes	ACTH, Acthar
J0835	Cosyntropin, per 0.25 mg	Yes	Cortrosyn
J0850	Cytomegalovirus Immune Globulin Intravenous (Human), per vial	Yes	Cytogram
J7513	Daclizumab, parenteral, 25 mg	Yes	Zenapax
J1645	Dalteparin Sodium, per 2500 IU	Yes	Fragmin
J0878	Daptomycin, 1 mg	Yes	
J0895	Deferoxamine mesylate, 500 mg	Yes	Desferal
J1000	Depo-Estradiol Cypionate, up to 5 mg	Yes	DepGynogen, Depogen, Dura-Estrin, Estra-D, Estro-Cyp, Estro-L.A., Estroject L.A.
J2597	Desmopressin Acetate, per 1 mcg	Yes	DDAVP
J1094	Dexamethasone Acetate, 1 mg	Yes	Cortastat LA, Dalalone L.A., Decadron-LA, Decaject-L-A, Dexasone L.A, Dexone LA, Solurex LA
J1100	Dexamethasone Sodium Phosphate, 1 mg	Yes	Cortastat, Dalalone, Decadron Phosphate, Decaject, Dexasone, Hexadrol Phosphate, Solurex
J1190	Dexrazoxane Hydrochloride, per 250 mg	Yes	Zinecard
S0160	Dextroamphetamine Sulfate, 5 mg	No	
J3360	Diazepam, up to 5 mg	Yes	Valium
J1730	Diazoxide, up to 300 mg	Yes	Hyperstat
J0500	Dicyclomine, up to 20 mg	Yes	Antispas, Benty, Di-Spaz, Neoquess
S0137	Didanosine (DDI), 25 mg	Yes	
J1162	Digoxin Immune Fab (Ovine), per vial	Yes	Effective 1/1/2006
Q2006	Digoxin Immune Fab (Ovine), per vial	Deleted	Deleted 12/31/05. See J1162.
J1160	Digoxin, up to 0.5 mg	Yes	Lanoxin
J1110	Dihydroergotamine mesylate, per 1 mg	Yes	D.H.E. 45
J1240	Dimenhydrinate, up to 50 mg	Yes	Dinate, Dramamine, Dramanate, Dramoject, Hydrate
J0470	Dimercaprol, up to 100 mg	Yes	BAL in Oil
J1200	Diphenhydramine HCL, up to 50 mg	Yes	Benadryl, Benoject-50, Hyrexin
J1245	Dipyridamole, per 10 mg	Yes	Persantine IV
J1212	DMSO, Dimethyl Sulfoxide, 50%, 50 ml	Yes	Rimso
J1250	Dobutamine Hydrochloride, per 250 mg	Yes	Dobutrex

Code	Narrative	Benefit	Comments
J1260	Dolasetron mesylate, 10 mg	Yes	Anzemet
J1265	Dopamine HCL, 40 mg	Yes	Effective 1/1/2006
Q4076	Dopamine HCL, 40 mg	Deleted	Deleted 12/31/05. See J1265.
J1270	Doxercalciferol, 1 mcg	Yes	Hectoroic, Hectorol
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	Dilor, Lufyllin
J0600	Edetate Calcium Disodium, up to 1000 mg	Yes	Calcium Disodium Versenate, Calcium EDTA
S0162	Efalizumab, 125 mg	Yes	
J1650	Enoxaparin sodium, 10 mg	Yes	Lovenox
J1325	Epoprostenol, 0.5 mg	Yes	Flolan
S0155	Sterile Dilutant for Epoprostenol, 50 ml	Yes	
J1327	Eptifibatide, 5 mg	Yes	Integrelin
J1330	Ergonovine Maleate, up to 0.2 mg	Yes	Benefit limited to obstetrical diagnoses.
J1335	Ertapenem Sodium, 500 mg	Yes	Invanz
J1364	Erythromycin Lactobionate, per 500 mg	Yes	Erythrocin
J1380	Estradiol Valerate, up to 10 mg	Yes	Delestrogen, Gynogen L.A., Gynogen L.A. 10, Valergen-10
J1390	Estradiol Valerate, up to 20 mg	Yes	Delestrogen, Gynogen L.A. 20, Valergen 20
J0970	Estradiol Valerate, up to 40 mg	Yes	Clinagen LA 40, Delestrogen, Gynogen L.A. 40, Valergen 40
J1410	Estrogen Conjugated, per 25 mg	Yes	Premarin Intravenous
J1435	Estrone, per 1 mg	Yes	Estrone 5, Kestron 5, Theelin
J1438	Etanercept, 25 mg	Yes	Enbrel
J1430	Ethanolamine Oleate, 100 mg	Yes	Effective 1/1/2006
Q2007	Ethanolamine Oleate, 100 mg	Deleted	Deleted 12/31/05. See J1430.
J1436	Etidronate Disodium, per 300 mg	Yes	Didronel
S0156	Exemestane, 25 mg	Yes	Aromasin
S0028	Famotidine, 20 mg	Yes	Pepcid
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	Diflucan
J2680	Fluphenazine Decanoate, up to 25 mg	Yes	Prolixin Decanoate
J1451	Fomepizole, 15 mg	Yes	Effective 1/1/2006
Q2008	Fomepizole, 15 mg	Deleted	Deleted 12/31/05. See J1451.
J1452	Fomivirsin Sodium, intraocular, 1.65 mg	Yes	Vitravene
J1652	Fondaparinux Sodium, 0.5 mg	Yes	Arixtra
J1455	Foscarnet Sodium, per 1000 mg	Yes	Foscavir
Q2009	Fosphenytoin, 50 mg	Yes	Cerebryx
S0078	Fosphenytoin Sodium, 750 mg	Yes	Cerebryx
J1940	Furosemide, up to 20 mg	Yes	Furomide M.D., Lasix
J1457	Gallium Nitrate, 1 mg	Yes	
J1460	Gamma Globulin, Intramuscular, 1 cc	Yes	
J1470	Gamma Globulin, Intramuscular, 2 cc	Yes	

Code	Narrative	Benefit	Comments
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	Gentamicin Sulfate, Jenamicin
J1590	Gatifloxacin, 10 mg	Yes	
J1595	Glatiramer Acetate, 20 mg	Yes	Copaxone
J1610	Glucagon Hydrochloride, per 1 mg	Yes	Glucagen
J1600	Gold Sodium Thiomaleate, up to 50 mg	Yes	Gold Sodium Thiosulfate, Myochrysine
J1620	Gonadorelin Hydrochloride, per 100 mcg	Yes	Factral, Lutrepulse
S0091	Granisetron Hydrochloride, 1 mg (For circumstances falling under the Medicare statute, use Q0166)	Yes	Kytril
J1626	Granisetron Hydrochloride, 100 mcg	Yes	Kytril
J1630	Haloperidol, up to 5 mg	Yes	Haldol
J1631	Haloperidol Decanoate, per 50 mg	Yes	Haldol Decanoate-50
J1640	Hemin, 1 mg	Yes	Effective 1/1/2006
Q2011	Hemin, per 1 mg	Deleted	Deleted 12/31/05. See J1640.
J1642	Heparin Sodium, (Heparin lock flush), per 10 units	Yes	Hep-Lock, Hep-Lock U/P
J1644	Heparin Sodium, per 1000 units	Yes	
J1675	Histrelin Acetate, 10 micrograms	Yes	Effective 1/1/2006
Q2020	Histrelin Acetate, 10 mg	Deleted	Deleted 12/31/05. See J1675.
J3470	Hyaluronidase, up to 150 units	Yes	Wydase
J0360	Hydralazine HCL, up to 20 mg	Yes	Apresoline HCL
J1700	Hydrocortisone Acetate, up to 25 mg	Yes	Biosone, Cortef Acetate, Fernisone, Hydrocortone Acetate
J1710	Hydrocortisone Sodium Phosphate, up to 50 mg	Yes	A-hydroCort, Hydrocortone Phosphate, Solu-Cortef
J1720	Hydrocortisone Sodium Succinate, up to 100 mg	Yes	A-hydroCort, Solu Cortef
S0092	Hydromorphone Hydrochloride, 250 mg (Loading dose for infusion pump)	Yes	Dilaudid
J1170	Hydromorphone, up to 4 mg	Yes	Dilaudid
J3410	Hydroxyzine HCL, up to 25 mg	Yes	Hyzine-50, Vistaril
J7320	Hylan G-F 20, 16 mg, for intra-articular injection	Yes	Synvisc
J1980	Hyoscyamine Sulfate, up to 0.25 mg	Yes	Levsin
J1742	Ibutilide Fumarate, 1 mg	Yes	Corvert
S0088	Imatinib, 100 mg	Yes	Gleevec
J1785	Imiglucerase, per unit	Yes	Cerezyme
J1563	Immune Globulin, intravenous, 1 gm	Deleted	Deleted 12/31/05.
J1564	Immune Globulin, intravenous, 10 gm	Deleted	Deleted 12/31/05.
J1566	Immune Globulin, intravenous, lyophilized (e.g. powder), 500 mg	Yes	Effective 1/1/2006

Code	Narrative	Benefit	Comments
J1567	Immune Globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg	Yes	Effective 1/1/2006
J1745	Infliximab, 10 mg	Yes	Remicade
J1815	Insulin, per 5 units	Yes	Humalog, Humulin, Insulin Lispo
J1817	Insulin for administration through DME (i.e., insulin pump), per 50 units	Yes	Humalog
S5551	Insulin, most rapid onset (lispro or aspart); 5 units	Yes	
J1750	Iron Dextran, 50 mg	Deleted	Deleted 12/31/05. See J1751-J1752.
J1751	Iron Dextran 165, 50 mg	Yes	Effective 1/1/2006
J1752	Iron Dextran 267, 50 mg	Yes	Effective 1/1/2006
J1756	Iron Sucrose, 1 mg	Yes	Venofer
J1835	Itraconazole, 50 mg	Yes	Sporonox
J3365	IV, Urokinase, 250,000 IU vial	Yes	Abbokinase
J1850	Kanamycin Sulfate, up to 75 mg	Yes	Kantrex Klebcil
J1840	Kanamycin Sulfate, up to 500 mg	Yes	Kantrex, Klebcil
J1885	Ketorolac Tromethamine, per 15 mg	Yes	Toradol
J1931	Laronidase, 0.1 mg	Yes	
S0158	Laronidase, 0.58 mg	Deleted	Deleted 3/31/05. See J1931.
J1945	Lepirudin, 50 mg	Yes	Effective 1/1/2006
Q2021	Lepirudin, 50 mg	Deleted	Deleted 12/31/05. See J1945.
J0640	Leucovorin Calcium, per 50 mg	Yes	Wellcovorin
J1950	Leuprolide Acetate (for depot suspension), per 3.75 mg	Yes	Lupron
J1955	Levocarnitine, per 1 g	Yes	Carnitor
J1956	Levofloxacin, 250 mg	Yes	Levaquin
J1960	Levorphanol Tartrate, up to 2 mg	Yes	Levo-Dromoran
J2001	Lidocaine HCL for intravenous infusion, 10 mg	Yes	
J2010	Lincomycin, up to 300 mg	Yes	Lincocin
J2020	Linezolid, 200 mg	Yes	Zyvox
J2060	Lorazepam, 2 mg	Yes	Ativan
J3475	Magnesium Sulfate, per 500 mg	Yes	
J2150	Mannitol, 25% in 50 ml	Yes	Osmitrol
J2175	Meperidine, Hydrochloride, per 100 mg	Yes	Demerol
J2180	Meperidine & Promethazine HCL, up to 50 mg	Yes	Mepergan
J0670	Mepivacaine HCl, per 10 ml	Yes	Carbocaine, Isocaine HCl, Polocaine. Local anesthesia cannot be billed with surgical procedures.
J2185	Meropenem, 100 mg	Yes	Merrem
J0380	Metaraminol bitartrate, per 10 mg	Yes	Aramine
J1230	Methadone HCL, up to 10 mg	Yes	Dolophine HCl
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. Benefit limited to obstetrical diagnoses.
J1020	Methylprednisolone Acetate, 20 mg	Yes	Depo-Medrol
J1030	Methylprednisolone Acetate, 40 mg	Yes	DepMedalone 40, Depo-Medrol, M-Prednisol-40, Rep-Pred 40
J1040	Methylprednisolone Acetate, 80 mg	Yes	DepMedalone 80, Depo-Medrol, Medralone 80, M-Prednisol-80, Rep-Pred 80

Code	Narrative	Benefit	Comments
J2920	Methylprednisolone Sodium Succinate, up to 40 mg	Yes	A-methaPred, Solu-Medrol
J2930	Methylprednisolone Sodium Succinate, up to 125 mg	Yes	A-methaPred, Solu-Medrol
J2765	Metoclorpramide HCL, up to 10 mg	Yes	Reglan
S0030	Metronidazole, 500 mg	Yes	Flagyl IV RTU
J2250	Midazolam Hydrochloride, per 1 mg	Yes	Versed
J2260	Milrinone Lactate, 5 mg	Yes	Primacor
J2270	Morphine Sulfate, up to 10 mg	Yes	Duramorph
J2275	Morphine Sulfate (preservative-free sterile solution), per 10 mg	Yes	Astramorph PF, Duramorph
J2271	Morphine Sulfate, 100 mg	Yes	Astramorph PF, MS Contin
S0093	Morphine Sulfate, 500 mg (loading dose for infusion pump)	Yes	Duramorph, MS Contin
J2280	Moxifloxacin, 100 mg	Yes	Avelox
S0032	Nafcillin Sodium, 2 grams	Yes	Nallpen, Unipen
J2300	Nalbuphine Hydrochloride, per 10 mg	Yes	Nubain
J2310	Naloxone Hydrochloride, per 1 mg	Yes	Narcan
J2320	Nandrolone Decanoate, up to 50 mg	Yes	Deca-Durabolin, Decolone-50, Hybolin Decanoate, Neo-Durabolic
J2321	Nandrolone Decanoate, up to 100 mg	Yes	Deca-Durabolin, Hybolin Decanoate
J2322	Nandrolone Decanoate, up to 200 mg	Yes	Deca-Durabolin
J2710	Neostigmine Methylsulfate, up to 0.5 mg	Yes	Prostigmin
J2324	Nesiritide, 0.25 mg	Deleted	Deleted 12/31/05. See J2325.
J2325	Nesiritide, 0.1 mg	Yes	Effective 1/1/2006
J2353	Octreotide, depot form for intramuscular injection, 1 mg	Yes	Sandostatin Lar
J2354	Octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Yes	
S0034	Ofloxacin, 400 mg	Yes	Floxin IV
J2357	Omalizumab, 5 mg	Yes	
S0107	Omalizumab, 25 mg	Deleted	Deleted 3/31/05. See J2357.
J2405	Ondansetron Hydrochloride, per 1 mg	Yes	Zofran
J2355	Oprelvekin, 5 mg	Yes	Neumega
J2360	Orphenadrine citrate, up to 60 mg	Yes	Banflex, Myolin, Neocyten, Norflex, Orphenate
J2700	Oxacillin Sodium, up to 250 mg	Yes	Bactocill
J2410	Oxymorphone HCL, up to 1 mg	Yes	Numorphan, Numorphan H.P.
J2460	Oxytetracycline HCL, up to 50 mg	Yes	Terramycin IM
J2590	Oxytocin, up to 10 units	Yes	Pitocin, Syntocionon. Benefit limited to obstetrical diagnoses.
J2425	Palifermin, 50 micrograms	Yes	Effective 1/1/2006
J2469	Palonosetron HCL, 25 mcg	Yes	Aloxi
J2430	Pamidronate Disodium, per 30 mg	Yes	Aredia
S0164	Pantoprazole Sodium, 40 mg	Yes	
J2440	Papaverine HCL, up to 60 mg	Yes	Pavagen TD
J2501	Paricalcitol, 1 mcg	Yes	Zemplar
Q2012	Pegademase Bovine, 25 IU	Deleted	Deleted 12/31/05. See J2504.
J2504	Pegademase Bovine, 25 IU	Yes	Effective 1/1/2006
J2503	Pegaptanib Sodium, 0.3 mg	Yes	Effective 1/1/2006
S0198	Pegaptanib Sodium, 0.3 mg	Yes	Effective 7/1/2005 – 12/31/2005 only. After 12/31/2005 see J2503.
J0560	Penicillin G Benzathine, up to 600,000 units	Yes	Bicillin Long-Acting, Permapen

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J0570	Penicillin G Benzathine, up to 1,200,000 units	Yes	Bicillin Long-Acting, Permapen
J0580	Penicillin G Benzathine, up to 2,400,000 units	Yes	Bicillin Long-Acting, Permapen
J0530	Penicillin G Benzathine & Penicillin G Procaine, up to 600,000 units	Yes	Bicillin C-R
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
J2540	Penicillin G Potassium, up to 600,000 units	Yes	Pfizerpen
J2510	Penicillin G, Procaine, Aqueous, up to 600,000 units	Yes	Duracillin A.S., Pfizerpen A.S., Wycillin
S0080	Pentamidine Isethionate, 300 mg	Yes	NebuPent, Pentam 300, Pentacarinat
J2513	Pentastarch, 10% solution, 100 ml	Yes	Effective 1/1/2006
Q2013	Pentastarch, 10% solution, per 100 ml	Deleted	Deleted 12/31/05. See J2513.
J3070	Pentazocine, 30 mg	Yes	Talwin
J2515	Pentobarbital Sodium, per 50 mg	Yes	Nembutal sodium
J3310	Perphenazine, up to 5 mg	Yes	Trilafon
J2560	Phenobarbital Sodium, up to 120 mg	Yes	Luminal sodium
J2760	Phentolaine Mesylate, up to 5 mg	Yes	Regitine
J2370	Phenylephrine HCL, up to 1 ml	Yes	Neo-Synephrine
J1165	Phenytoin Sodium, per 50 mg	Yes	Dilantin
J3430	Phytonadione (vitamin K), per 1 mg	Yes	Aqua Mephyton
S0081	Piperacillin Sodium, 500 mg	Yes	Pipracil
J2543	Piperacillin Sodium/Tazobactam Sodium, 1 gram/0.125 grams (1.125 grams)	Yes	Zosyn
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	Key-Pred 25, Key-Pred 50, Predalone-50, Predcor-25, Predcor-50, Predicort-50, Predoject-50
J2690	Procainamide HCL, up to 1 gram	Yes	Pronestyl, Prostaphlin
J0780	Prochlorperazine, up to 10 mg	Yes	Compazine
J2950	Promazine HCL, up to 25 mg	Yes	Prorex-25, Sparine
J2550	Promethazine HCL, up to 50 mg	Yes	Anergan 50, Phenazine 50, Phenergan, Prorex-25, Prorex-50, V-Gan 50
J1800	Propranolol HCL, up to 1 mg	Yes	Inderal
J2720	Protamine Sulfate, per 10 mg	Yes	
J2725	Protirelin, per 250 mcg	Yes	Thypinone
J3415	Pyridoxine HCL, 100 mg	Yes	Vitamin B6
J2770	Quinupristin/Dalfopristin, 500 mg (150/350)	Yes	Synercid
J2780	Ranitidine Hydrochloride, 25 mg	Yes	Zantac
J2993	Retepase, 18.1 mg	Yes	Retavase
J2790	Rho D Immune Globulin, Human, full dose, 300 mcg	Yes	Gamulin RH. Benefit limited to obstetrical diagnoses.
J2788	Rho D Immune Globulin, Human, Minidose, 50 mcg	Yes	BAYRho-D, HYPRho-D, MICRhoGAM, RhoGam
J2792	Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 IU	Yes	BAYRho-D, WINRho SDF
J2794	Risperidone, long acting, 0.5 mg	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
J2850	Secretin, synthetic, human, 1 microgram	Yes	Effective 1/1/2006

Code	Narrative	Benefit	Comments
Q2014	Sermorelin Acetate, 0.5 mg	Deleted	Deleted 12/31/05. See Q0515.
Q0515	Sermorelin Acetate, 1 microgram	Yes	Effective 1/1/2006
J2805	Sincalide, 5 micrograms	Yes	Effective 1/1/2006
J2912	Sodium Chloride, 0.9%, per 2 ml	Yes	
J2916	Sodium Ferric Gluconate Complex in Sucrose Injection, 12.5 mg	Yes	Ferlecit
J7317	Sodium Hyaluronate, per 20 to 25 mg dose for intra-articular injection	Yes	Hyalgan (20 mg), Supartz (25 mg)
J2940	Somatrem, 1 mg	Yes	Protropin
J2941	Somatropin, 1 mg	Yes	Genotropin, Humatrope, Nutropin
J3320	Spectinomycin Dihydrochloride, up to 2 grams	Yes	Trobicin
J0697	Sterile Cefuroxime Sodium, per 750 mg	Yes	Kefurox, Zinacef
J2995	Streptokinase, per 250,000 IU	Yes	Kabikinase, Streptase. Bill 1 unit for each 250,000 units administered.
J3000	Streptomycin, up to 1 gram	Yes	
J0330	Succinylcholine Chloride, up to 20 mg	Yes	Anectine, Quelicin, Sucostrin
S0039	Sulfamethoxazole and Trimethoprim, 10 ml	Yes	Bactrim IV, Septra IV, SMZ-TMP, Sulfutrim
J3030	Sumatriptan Succinate, 6 mg, administered under direct physician supervision, excludes self administration	Yes	Imitrex
S0014	Tacrine Hydrochloride, 10 mg	Yes	Cognex
J7525	Tacrolimus, Parenteral, 5 mg	Yes	Prograf
J3100	Tenecteplase, 50 mg	Yes	TNKase
Q2017	Teniposide, 50 mg	Yes	Vumon
J3105	Terbutaline Sulfate, up to 1 mg	Yes	Brethine, Bricanyl
J3110	Teriparatide, 10 mcg	Yes	
J1070	Testosterone Cypionate, up to 100 mg	Yes	DepoAndro 100, Depo-Testosterone, Depotest, Duratest-100
J1080	Testosterone Cypionate, 1 cc, 200 mg	Yes	Andro-Cyp 200, Andronate 200, DepAndro 200, Depotest, Depo-testadiol, Depo-Testosterone, Duratest-200, Testaject-LA, Virilon
J1060	Testosterone Cypionate & Estradiol Cypionate, up to 1 ml	Yes	Andro/Fem, De-Comberol, DepAndrogyn, Depo-Testadiol, Depotestogen, Duratestrin, Menoject LA, Test-Estro Cypionates, Test-Estro-C
J3120	Testosterone Enanthate, up to 100 mg	Yes	Andropository100, Delatest, Delatestryl, Everone, Testone LA 100, Testrin PA
J3130	Testosterone Enanthate, up to 200 mg	Yes	Andro L.A. 200, Delatestryl, Testone LA 200
J0900	Testosterone Enanthate & Estradiol Valerate, up to 1 cc	Yes	Andrest 90-4, Andro-Estro 90-4, Androgyn L.A., Deladumone, Deladumone OB, Delatestadiol, Dua-Gen L.A., Estra-Testrin, TEEV, Testadiate, Valertest No. 1, Valertest No. 2
S0189	Testosterone Pellet, 75 mg	Yes	
J3150	Testosterone Propionate, up to 100 mg	Yes	
J3140	Testosterone Suspension, up to 50 mg	Yes	Aqueous Testosterone, Testaqua
J1670	Tetanus Immune Globulin, Human, up to 250 units	Yes	Hyper-Tet
J0120	Tetracycline, up to 250 mg	Yes	Achromycin, Panmycin, Sumycin
J2810	Theophylline, per 40 mg	Yes	Salyrgan-Theophylline
J3411	Thiamine HCL, 100 mg	Yes	Vitamin B1
J3280	Thiethylperazine Maleate, up to 10 mg	Yes	Torecan
J3240	Thyrotropin Alfa, 0.9 mg, provided in 1.1 mg vial	Yes	Thyrogen, Thytropar

Code	Narrative	Benefit	Comments
S0040	Ticarcillin Disodium and Clavulanate Potassium, 3.1 grams	Yes	Timentin
J1655	Tinzaparin Sodium, 1000 IU	Yes	Innohep
J3246	Tirofiban HCL, 0.25 mg	Yes	
J3260	Tobramycin Sulfate, up to 80 mg	Yes	Nebcin
J2670	Tolazoline HCl, up to 25 mg	Yes	Priscoline HCL
J3265	Torsemide, 10 mg/ml	Yes	Demadex
J3285	Treprostinil, 1 mg	Yes	Effective 1/1/2006
Q4077	Treprostinil, 1 mg	Deleted	Deleted 12/31/05. See J3285.
S0114	Treprostinil Sodium, 0.5 mg	Deleted	Deleted 12/31/05.
J3301	Triamcinolone Acetonide, per 10 mg	Yes	Kenaject-40, Kenalog-10, Kenalog-40, Tri-Kort, Triam-A, Trilog
J3302	Triamcinolone Diacetate, per 5 mg	Yes	Amcort, Aristocort Forte, Aristocort intralesional, Cinolone, Clinacort, Trilone
J3303	Triamcinolone Hexacetonide, per 5 mg	Yes	Aristospan intra-articular, Aristospan intralesional
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	Neutrexin
J3315	Triptorelin Pamoate, 3.75 mg	Yes	Trelstar LA
J3350	Urea, up to 40 grams	Yes	Ureaphil
J3364	Urokinase, 5000 IU Vial	Yes	Abbokinase
J3370	Vancomycin HCL, 500 mg	Yes	Vancocin, Vancoled
J3396	Verteporfin, 0.1 mg	Yes	
J3420	Vitamin B-12 Cyanocobalamin, up to 1,000 mcg	Yes	Cobex
J3465	Voriconazole, 10 mg	Yes	
S0141	Zalcitabine (DDC), 0.375 mg	Yes	
J2278	Ziconotide, 1 microgram	Yes	Effective 1/1/2006
J3485	Zidovudine, 10 mg	Yes	Retrovir
J3486	Ziprasidone Mesylate, 10 mg	Yes	
J3487	Zoledronic Acid, 1 mg	Yes	Zometa
J7599	Immunosuppressive Drug, not otherwise classified	Yes	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.
J3490	Unclassified drugs	Yes	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.
J3590	Unclassified Biologics	Yes	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.
<b>Epoetin Alpha (EPOGEN) (PROCRIT)</b>			
J0880	Darbepoetin Alfa, 5 mcg	Deleted	Deleted 12/31/05. See J0881-J0882.
J0881	Darbepoetin Alfa, 1 microgram (non-ESRD use)	Yes	Effective 1/1/2006
J0882	Darbepoetin Alfa, 1 microgram (for ESRD on dialysis)	Yes	Effective 1/1/2006



Code	Narrative	Benefit	Comments
Q0137	Darbepoetin Alpha, 1 mcg (non-ERSD use)	Deleted	Deleted 12/31/05. See J0881.
Q4054	Darbepoetin Alpha, 1 mcg (for ERSD on dialysis)	Deleted	Deleted 12/31/05. See J0882.
J0885	Epoetin Alfa, (for non-ESRD use), 1000 units	Yes	Effective 1/1/2006
J0886	Epoetin Alfa, 1000 units (for ESRD on dialysis)	Yes	Effective 1/1/2006
Q0136	Epoetin Alpha, per 1,000 units	Deleted	Deleted 12/31/05. See J0885.
Q4055	Epoetin Alpha, 1,000 units (for ERSD on dialysis)	Deleted	Deleted 12/31/05. See J0886.

**Chemotherapy agents****Reimbursement of chemotherapeutic agents does not include administration fees.**

J9010	Alemtuzumab, 10 mg	Yes	Campath
J9015	Aldesleukin, per single use vial	Yes	Proleukin
J9017	Arsenic Trioxide, 1 mg	Yes	Trisenox
J9020	Asparaginase, 10,000 units	Yes	Elspar
J9025	Azacitidine, 1 mg	Yes	Effective 1/1/2006
J7501	Azathioprine, parenteral, 5 mg/ml, 20 ml vial	Yes	Imuran
J9031	BCG (Intravesical), per instillation (vial)	Yes	TheraCys, Tice BCG
J9035	Bevacizumab, 10 mg	Yes	Avastin
S0116	Bevacizumab, 100 mg	Yes	Avastin
J9040	Bleomycin sulfate, 15 units	Yes	Blenoxane
J9041	Bortezomib, 0.1 mg	Yes	Velcade
J9045	Carboplatin, 50 mg	Yes	Paraplatin
J9050	Carmustine, 100 mg	Yes	Cisplatin, Bischlorethyl, Nitrosourea, BiCNU
J9055	Cetuximab, 10 mg	Yes	Erbix
J9062	Cisplatin, 50 mg	Yes	Plantinol AQ
J9060	Cisplatin, powder or solution, per 10 mg	Yes	Plantinol AQ
J9065	Cladribine, per 1 mg	Yes	Leustatin
J9027	Clofarabine, 1 mg	Yes	Effective 1/1/2006
J9070	Cyclophosphamide, 100 mg	Yes	Cytoxan, Neosar
J9080	Cyclophosphamide, 200 mg	Yes	Cytoxan, Neosar
J9090	Cyclophosphamide, 500 mg	Yes	Cytoxan, Neosar
J9091	Cyclophosphamide, 1.0 gm	Yes	Cytoxan, Neosar
J9092	Cyclophosphamide, 2.0 gm	Yes	Cytoxan, Neosar
J9093	Cyclophosphamide, Lyophilized, 100 mg	Yes	Lyophilized Cytoxan
J9094	Cyclophosphamide, Lyophilized, 200 mg	Yes	Lyophilized Cytoxan
J9095	Cyclophosphamide, Lyophilized, 500 mg	Yes	Lyophilized Cytoxan
J9096	Cyclophosphamide, Lyophilized, 1.0 gm	Yes	Lyophilized Cytoxan
J9097	Cyclophosphamide, Lyophilized, 2.0 gm	Yes	Lyophilized Cytoxan
J7516	Cyclosporin, parenteral, 250 mg	Yes	Sandimmune
J9100	Cytarabine, 100 mg	Yes	Cytosar-U
J9110	Cytarabine, 500 mg	Yes	Cytosar-U
J9098	Cytarabine Liposome, 10 mg	Yes	
J9130	Dacarbazine, 100 mg	Yes	DTIC-Dome
J9140	Dacarbazine, 200 mg	Yes	DTIC-Dome
J9120	Dactinomycin, 0.5 mg	Yes	Cosmegen, Actinomycin D

Code	Narrative	Benefit	Comments
J9150	Daunorubicin HCl, 10 mg	Yes	Daunomycin, Rubidomycin, Cerabione
J9151	Daunorubicin citrate, liposomal formulation, 10 mg	Yes	Daunoxome
J9160	Denileukin Diftitox, 300 mcg	Yes	Ontak
J9165	Diethylstilbestrol Diphosphate, 250 mg	Yes	Stilphostrol
J9170	Docetaxel, 20 mg	Yes	Taxotere
J9000	Doxorubicin HCL, 10 mg	Yes	Adriamycin PFS, Adriamycin RDF, Rubex
J9001	Doxorubicin Hydrochloride, all Lipid formulations, 10 mg	Yes	Doxil
J9178	Epirubicin HCL, 2 mg	Yes	
J9181	Etoposide, 10 mg	Yes	Toposar, VP-16, Vepesid
J9182	Etoposide, 100 mg	Yes	Toposar, VesPesid
J9200	Floxuridine, 500 mg	Yes	FUDR
J9185	Fludarabine Phosphate, 50 mg	Yes	Fludara
J9190	Fluorouracil, 500 mg	Yes	Adrucil, 5FU
J9395	Fulvestrant, 25 mg	Yes	Faslodex
J9201	Gemcitabine HCl, 200 mg	Yes	Gemzar
J9300	Gemtuzumab Ozogamicin, 5 mg	Yes	Mylotarg
J9202	Goserelin Acetate Implant, per 3.6 mg	Yes	Zoladex
J9225	Histrelin implant, 50 mg	Yes	Effective 1/1/2006
S0133	Histrelin implant, 50 mg	Yes	Effective 7/1/2005 – 12/31/2005 only. After 12/31/2005 use J9225.
J9211	Idarubicin Hydrochloride, 5 mg	Yes	Idamycin
J9208	Ifosfamide, 1 gm	Yes	Ifex
J9213	Interferon, Alfa-2A, Recombinant, 3 million units	Yes	Roferon-A
J9214	Interferon, Alfa-2B, Recombinant, 1 million units	Yes	Intron A
J9215	Interferon, Alfa-N3, (Human Leukocyte Derived), 250,000 IU	Yes	Alferon N
J9212	Interferon alfacon-1, recombinant, 1 mcg	Yes	Infergen
Q3025	Interferon Beta-1A, 11 mcg for intramuscular use	Yes	Avonex
Q3026	Interferon Beta-1A, 11 mcg for subcutaneous use	Yes	Avonex
J1825	Interferon Beta-1A, 33 mcg	Yes	Avonex
J1830	Interferon Beta-1B, 0.25 mg	Yes	Betaseron
J9216	Interferon, Gamma 1-B, 3 million units	Yes	Actimmune
J9208	Irinotecan, 20 mg	Yes	Camptosar
J9218	Leuprolide Acetate, per 1 mg	Yes	Lupron
J9217	Leuprolide Acetate (for depot suspension), 7.5 mg	Yes	Lupron Depot, Eligard
J9219	Leuprolide Acetate Implant, 65 mg	Yes	Lupron Implant
J7504	Lymphocyte Immune Globulin, Antithymocyte Globulin, equine, parenteral, 250 mg	Yes	Atgam
J7511	Lymphocyte Immune Globulin, Antithymocyte Globulin, rabbit, parenteral, 25 mg	Yes	
J9230	Mechlorethamine HCL (nitrogen mustard), 10 mg	Yes	Nitrogen Mustard, Mustargen
J9245	Melphalan Hydrochloride, 50 mg	Yes	Alkeran
J9209	Mesna, 200 mg	Yes	Mesnex
J9250	Methotrexate Sodium, 5 mg	Yes	Folex, Folex PFS, Methotrexate LPF
J9260	Methotrexate Sodium, 50 mg	Yes	Methotrexate LPF
J9280	Mitomycin, 5 mg	Yes	Mutamycin
J9290	Mitomycin, 20 mg	Yes	

Code	Narrative	Benefit	Comments
J9291	Mitomycin, 40 mg	Yes	
J9293	Mitoxantrone HCL, per 5 mg	Yes	Novantrone
J7505	Muromonab-CD3, parenteral, 5 mg	Yes	Orthoclone OKT3
J9263	Oxaliplatin, 0.5 mg	Yes	Eloxatin
J9264	Paclitaxel protein-bound particles, 1 mg	Yes	Effective 1/1/2006
J9265	Paclitaxel, 30 mg	Yes	Taxol
J2469	Palonosetron HCL, 25 mcg	Yes	Aloxi
J9266	Pegaspargase, per single dose vial	Yes	Oncaspar
J2505	Pegfilgrastim, 6 mg	Yes	Neulasta
S0145	Pegylated Interferon Alfa-2A, 180 mcg per ml	Yes	Effective 7/1/2005
S0146	Pegylated Interferon Alfa-2B, 10 mcg per 0.5 ml	Yes	Effective 7/1/2005
J9305	Pemetrexed, 10 mg	Yes	
J9268	Pentostatin, per 10 mg	Yes	Nipent
J9270	Plicamycin, 2.5 mg	Yes	Mithracin, Mithramycin
J9600	Porfimer sodium, 75 mg	Yes	Photofrin
J2783	Rasburicase, 0.5 mg	Yes	Elitek
J9310	Rituximab, 100 mg	Yes	RituXan
J9320	Streptozocin, 1 gm	Yes	Zanosar
J9340	ThioTepa, 15 mg	Yes	Thioplex, Triethylenethosphoramidate
J9350	Topotecan, 4 mg	Yes	Hycamtin
J9355	Trastuzumab, 10 mg	Yes	Herceptin
J9357	Valrubicin, Intravesical, 200 mg	Yes	Valstar
J9360	Vinblastine Sulfate, 1 mg	Yes	Velban
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	Navelbine
J9999	Not otherwise classified, antineoplastic drugs	Yes	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.

**Inhalation drugs and solutions**

J7608	Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram	Yes	Mucomyst, Mucosil
J7611	Albuterol, inhalation solution, administered through DME, concentrated form, 1 mg	Yes	
J7613	Albuterol, inhalation solution, administered through DME, unit dose, 1 mg	Yes	
J7616	Albuterol, up to 5 mg and Ipratropium Bromide, up to 1 mg, compounded inhalation solution, administered through DME	Deleted	Deleted 12/31/05.
J7620	Albuterol, up to 2.5 mg and Ipratropium Bromide, up to 0.5 mg, non-compounded inhalation solution, administered through DME	Yes	Effective 1/1/2006
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	
S0143	Aztreonam, inhalation solution administered through DME, concentrated form, per gram	Yes	Effective 4/1/2005
J7628	Bitolterol Mesylate, inhalation solution administered through DME, concentrated form, per mg	Yes	Tornalate

Code	Narrative	Benefit	Comments
J7629	Bitolterol Mesylate, inhalation solution administered through DME, unit dose form, per mg	Yes	Tornalate
J7626	Budesonide inhalation solution, non-compounded, administered through DME, unit dose form, up to 0.5 mg	Yes	Pulmicort Respules
J7633	Budesonide, inhalation solution administered through DME, concentrated form, per 0.25 mg	Yes	Pulmocort
J7627	Budesonide, powder, compounded for inhalation solution, administered through DME, unit dose form, up to 0.5 mg	Yes	Effective 1/1/2006
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg	Yes	Effective 4/1/2005
J7631	Cromolyn Sodium, inhalation solution administered through DME, unit dose form, per 10 mg	Yes	Gastrocrom
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	Pulmozyme
J7640	Formoterol, inhalation solution administered through DME, unit dose form, 12 micrograms	Yes	Effective 1/1/2006
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	
Q4080	Iloprost, inhalation solution, administered through DME, 20 micrograms	Yes	Effective 7/1/2005
J7644	Ipratropium Bromide, inhalation solution administered through DME, unit dose form, per mg	Yes	Atrovent
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	
J7612	Levalbuterol, inhalation solution, administered through DME, concentrated form, 0.5 mg	Yes	
J7614	Levalbuterol, inhalation solution, administered through DME, unit dose, 0.5 mg	Yes	
J7617	Levalbuterol, up to 2.5 mg and Ipratropium Bromide, up to 1 mg, compounded inhalation solution, administered through DME	Deleted	Deleted 12/31/05.
J7668	Metaproterenol Sulfate, inhalation solution administered through DME, concentrated form, per 10 mg	Yes	Alupent
J7669	Metaproterenol Sulfate, inhalation solution administered through DME, unit dose form, per 10 mg	Yes	Alupent
J7674	Methacholine Chloride administered as inhalation solution through a nebulizer, per 1 mg	Yes	
J2545	Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME	Yes	NebuPent, Pentacarinat, Pentam 300
J7680	Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per mg	Yes	Brethine, Bricanyl
J7681	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per mg	Yes	Brethine
J7682	Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME	Yes	Tobi
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	
J7699	Not otherwise classified (NOC) drugs, inhalation solution administered through DME	Yes	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.

**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	
S5010	5% Dextrose and 45% Normal Saline, 1000 ml	Yes	

Code	Narrative	Benefit	Comments
S5011	5% Dextrose in Lactated Ringer's, 1000 ml	Yes	
S5012	5% Dextrose with Potassium Chloride, 1000 ml	Yes	
S5013	5% Dextrose/45% Normal Saline with Potassium Chloride and Magnesium Sulfate, 1000 ml	Yes	
S5014	5% Dextrose/0.45% Normal Saline with Potassium Chloride and Magnesium Sulfate, 1500 ml	Yes	
J7198	Anti-Inhibitor, per IU.	Yes	Autoplex T
J7197	Antithrombin III (Human), per IU.	Yes	Atnativ, Throbate III
M0300	IV Chelation therapy (chemical endarterectomy)	Yes	Bill on paper. Must identify name, total dosage of chelating agent given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.  <u>Allowable only as a treatment for metal toxicity. 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.
J9175	Elliott's B Solution, 1 ml	Yes	Effective 1/1/2006
Q2002	Elliott's B Solution, per ml	Deleted	Deleted 12/31/05. See J9175.
J7189	Factor VIIA (Antihemophilic factor, recombinant), per 1 microgram	Yes	Effective 1/1/2006
Q0187	Factor VIIA (Coagulation factor, recombinant), per 1.2 mg	Deleted	Deleted 12/31/05. See J7189.
J7192	Factor VIII (antihemophilic factor, recombinant), per IU.	Yes	Helixate, Kogenate, Recombinate
J7191	Factor VIII (antihemophilic factor (porcine), per IU	Yes	Hyate:C
J7190	Factor VIII (antihemophilic factor, human), per IU	Yes	Koate-HP, Monarc-M
J7194	Factor IX, complex, per IU	Yes	Konyne-80, Profilnine Heat-Treated, Proplex SX-T, Proplex T
J7193	Factor IX, (antihemophilic factor, purified, non-recombinant), per IU	Yes	AlphaNine SD, Mononine
J7195	Factor IX (antihemophilic factor, recombinant), per IU	Yes	Benefix, Konyne 80, Profilnine SD, Proplex T
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	Gentran, 10% LMD, Rheomacrodex
J7110	Infusion, Dextran 75, 500 ml	Yes	Gentran 75
Q2004	Irrigation Solution for treatment of bladder calculi (e.g., Renacidin), per 500 ml	Yes	
J7120	Ringers Lactate Infusion, up to 1,000 cc	Yes	Ringers Injection

Code	Narrative	Benefit	Comments
J7051	Sterile saline or water, up to 5 cc	Deleted	Deleted 12/31/05.
J7188	Von Willebrand Factor Complex, human, IU	Yes	Effective 1/1/2006
Q2022	Von Willebrand Factor Complex, human, per IU	Deleted	Deleted 12/31/05. See J7188.
J7799	Not otherwise classified (NOC) drugs, other than inhalation drugs, administered through DME	Yes	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.

**Medical Screening - Early & Periodic Screening, Diagnosis & Treatment (EPSDT) benefit billing information**

EPSDT benefits include comprehensive medical services to Medical Assistance Program clients under age 21. Please refer to the EPSDT portion of the Specialty Manuals section of the Medical Assistance Program Provider Manual for a description of EPSDT benefits and the American Academy of Pediatrics Periodicity Schedule. EPSDT benefits may include all medically necessary covered benefits available for children enrolled in The Medical Assistance Program. A comprehensive EPSDT Periodic Screening examination includes the following components:

- |   |   |
|---|---|
| 1)Comprehensive health & developmental history  | 8)Assessment of nutritional status  |
| 2)Comprehensive unclothed physical examination  | 9)Vision assessment   |
| 3) Assessment of physical, emotional & developmental growth                           | 10)Hearing assessment   |
| 4)Immunizations <i>appropriate to age &amp; health history</i>                        | 11)Health education (including anticipatory guidance)                                   |
| 5) Laboratory tests (including lead blood level assessment appropriate to age & risk) | 12)Family planning services and adolescent maternity care                               |
| 6)Assessment of mental/behavioral health  | 13) Treatment and referrals for any medically necessary further diagnosis and treatment |
| 7)Assessment of mouth, oral cavity and teeth, including referral to a dentist         |   |

**The codes below identify Periodic & Inter-periodic EPSDT exams.**

**EPSDT Periodic Screen – Ages 0-20 – Use the following codes to bill an EPSDT Periodic Screen:**

Yes **An EPSDT Periodic Screening exam includes all of the components listed above.** The AAP recommends that the Periodic Screen should be done according to the Periodicity Schedule described above.

Preventive Medicine Services Codes:	<b>OR</b>	Evaluation & Management Codes:
99381-99385		* 99201-99205
99391-99395		* 99211-99215
99431-99432		* In conjunction with diagnosis codes: V20.0-V20.2 and/or V70.0, V70.3-V70.5 and V70.8

**Inter-periodic Visit – Ages 0-20**

ANY visit including, but not limited to: office or other outpatient, hospital, neonatal intensive care, consultations, emergency department, critical care, nursing facility and home health.

Yes **An Inter-periodic visit is any and all health care visits other than the EPSDT Periodic Screen.** An inter-periodic visit also includes what has been referred to as a "partial screen". Inter-periodic visits should be billed using the CO 1500 or 837 professional claim format.

Use CPT Evaluation & Management (E & M) Codes in the range of 99201-99350 in conjunction with the appropriate diagnosis codes. Do not use V20.0-V20.2 and/or V70.0, V70.3-V70.5 and V70.8.

**Medicine**

G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Yes
G0102	Prostate cancer screening; digital rectal examination	Yes
G0104	Colorectal cancer screening; flexible sigmoidoscopy	Yes
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	Yes
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	Yes
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	Yes
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	Yes
G0122	Colorectal cancer screening; barium enema	Yes
G0166	External counterpulsation, per treatment session	Yes

Code	Narrative	Benefit	Comments
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	
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	
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, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following if present: (1) Local care of superficial wounds, (2) Debridement of corns and calluses, and (3) Trimming and debridement of nails	Yes	
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	Yes	

### Gastrointestinal

M0100	Intragastric hypothermia using gastric freezing	Yes	Bill on Paper. Requires a report.
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### Otorhinolaryngologic Services

Speech therapists and audiologists billing 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 CPT codes in the 92500 series.

S2225	Myringotomy, laser-assisted	Yes	
S9092	Canolith repositioning, per visit	Yes	

### Cardiovascular, Medical

G0030	Pet myocardial perfusion imaging, (following previous pet, G0030-G0047); single study, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0031	Pet myocardial perfusion imaging, (following previous pet, G0030-G0047); multiple studies, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0032	Pet myocardial perfusion imaging (following rest spect, 78464); single study, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0033	Pet myocardial perfusion imaging (following rest spect, 78464); multiple studies, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0034	Pet myocardial perfusion imaging, (following stress spect, 78465); single study, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0035	Pet myocardial perfusion imaging, (following stress spect, 78465); multiple studies, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0036	Pet myocardial perfusion imaging, (following coronary angiography, 93510-93529); single study, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0037	Pet myocardial perfusion imaging, (following coronary angiography, 93510-93529); multiple studies, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.

Code	Narrative	Benefit	Comments
G0038	Pet myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); single study, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0039	Pet myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); multiple studies, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0040	Pet myocardial perfusion imaging, (following stress echocardiogram, 93350); single study, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0041	Pet myocardial perfusion imaging, (following stress echocardiogram, 93350); multiple studies, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0042	Pet myocardial perfusion imaging, (following stress nuclear ventriculogram, 78481 or 78483); single study, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0043	Pet myocardial perfusion imaging, (following stress nuclear ventriculogram, 78481 or 78483); multiple studies, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0044	Pet myocardial perfusion imaging, (following rest ECG, 93000); single study, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0045	Pet myocardial perfusion imaging, (following rest ECG, 93000); multiple studies, rest or stress (exercise and/or pharmacologic)	Deleted	Deleted 12/31/05.
G0046	Pet myocardial perfusion imaging, (following stress ECG, 93015); single study, rest or stress (exercise and/or pharmacologic)	Yes	Deleted 12/31/05.
G0047	Pet myocardial perfusion imaging, (following stress ECG, 93015); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	Deleted 12/31/05.
G0363	Irrigation of implanted venous access device for drug delivery systems (do not report G0363 if an injection or infusion is provided on the same day)	Deleted	Deleted 12/31/05. See 96523.
M0301	Fabric wrapping of abdominal aneurysm	Yes	Bill on paper. Requires a report.
S3902	Ballistocardiogram	Yes	
S3904	Masters Two Step	Yes	
S9025	Omniscardiogram/Cardiointegram	Yes	
<b>Neurology and Neuromuscular Procedures</b>			
S3900	Surface Electromyography (EMG)	Yes	
<b>Chemotherapy equipment and administration</b>			
For disposable chemotherapy supplies see the <a href="#">Supplies Provided by the Practitioner</a> section.			
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	
E0780-KR	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Yes	Requires prior authorization and copy of invoice.
<b>Home Infusion Therapy</b>			
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	



Code	Narrative	Benefit	Comments
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## Psychiatry

**This section applies to fee for service clients only. Local Behavioral Healthcare Organizations (BHOs) provide all other mental health benefits. BHO benefits are not billable to the Colorado Medical Assistance Program. For Community Mental Health Centers or Clinics, please refer to the bottom of this section.**

**Note:** Providers of psychiatric services are instructed to use the appropriate 2006 Current Procedural Terminology (CPT) codes. These codes should be billed utilizing time units and provider types in accordance with their narrative guidelines. For outpatient CPT codes 90804-90807, services are limited to thirty-five (35) days per State fiscal year, except as otherwise required by EPSDT as described in 10 C.C.R. 2505-10, Section 8.282.. For inpatient mental health hospital services in which the consumer remains 24 hours a day in a facility licensed as a hospital by the State, services are limited to forty-five (45) days per State fiscal year, except as otherwise required by EPSDT as described in 10 C.C.R. 2505-10, Section 8.282.

### Billing & benefit information

Benefits are available for face-to-face patient services only. Case Management is not a covered mental health benefit.

Please refer to the Medical Assistance Program Medical/Surgical portion of the Specialty Manuals section of the Medical Assistance Program Provider Manual for psychiatric benefit limitations.

Services provided by non-physicians must be ordered by a licensed physician & provided under the direct supervision of a physician. The supervising physician must submit the claims. Payment is made to the physician. Licensed psychologists may not serve as supervisors of treatment services provided by other non-physician providers.

Procedural Coding: Claims for services provided by non-physician mental health practitioners must be submitted using Current Procedural Terminology (CPT) codes and the specific modifier that correctly corresponds to the educational level of the individual actually rendering the service. Example of modifiers: Clinical psychologist – AH, Clinical social worker – AJ, Masters degree level – HO, Doctoral level – HP.

### Certified Community Mental Health Centers:

Psychiatric benefit services are also available through a state certified community mental health center. Please refer to the Medical Assistance Program Provider Billing Manual, Specialty Manual and Appendix V for information regarding coding and benefit limitations. 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.

## 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	
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 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.

G0329	Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	Yes	
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## Radiology

G0125	PET imaging regional or whole body; single pulmonary nodule	Deleted	Deleted 12/31/05.
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	

Code	Narrative	Benefit	Comments
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	Deleted	Deleted 12/31/05.
G0211	PET imaging whole body; , initial staging; lung cancer; non-small cell	Deleted	Deleted 12/31/05.
G0212	PET imaging whole body; restaging; lung cancer; non-small	Deleted	Deleted 12/31/05.
G0213	PET imaging whole body; diagnosis; colorectal cancer	Deleted	Deleted 12/31/05.
G0214	PET imaging whole body; initial staging; colorectal cancer	Deleted	Deleted 12/31/05.
G0215	PET imaging whole body; restaging; colorectal cancer	Deleted	Deleted 12/31/05.
G0216	PET imaging whole body; diagnosis; melanoma	Deleted	Deleted 12/31/05.
G0217	PET imaging whole body; , initial staging; melanoma	Deleted	Deleted 12/31/05.
G0218	PET imaging whole body; restaging; melanoma	Deleted	Deleted 12/31/05.
G0220	PET imaging whole body; diagnosis; lymphoma	Deleted	Deleted 12/31/05.
G0221	PET imaging whole body; initial staging; lymphoma	Deleted	Deleted 12/31/05.
G0222	PET imaging whole body; restaging; lymphoma	Deleted	Deleted 12/31/05.
G0223	PET imaging whole body or regional; diagnosis; head and neck cancer; excluding thyroid and CNS cancers	Deleted	Deleted 12/31/05.
G0224	PET imaging whole body or regional; initial staging; head and neck cancer; excluding thyroid and CNS cancers	Deleted	Deleted 12/31/05.
G0225	PET imaging whole body or regional; restaging; head and neck cancer; excluding thyroid and CNS cancers	Deleted	Deleted 12/31/05.
G0226	PET imaging whole body; diagnosis; esophageal cancer	Deleted	Deleted 12/31/05.
G0227	PET imaging whole body; initial staging; esophageal cancer	Deleted	Deleted 12/31/05.
G0228	PET imaging whole body; restaging; esophageal cancer	Deleted	Deleted 12/31/05.
G0229	PET imaging; metabolic brain imaging for pre-surgical evaluation of refractory seizures	Deleted	Deleted 12/31/05.
G0230	PET imaging; metabolic assessment for myocardial viability following inconclusive SPECT study	Deleted	Deleted 12/31/05.
G0231	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Deleted	Deleted 12/31/05.
G0232	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Deleted	Deleted 12/31/05.
G0233	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Deleted	Deleted 12/31/05.
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	Deleted	Deleted 12/31/05.
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	Deleted	Deleted 12/31/05.
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	

Code	Narrative	Benefit	Comments
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)	Deleted	Deleted 12/31/05.
G0254	PET imaging for breast cancer, full and partial-ring PET scanners only, evaluation of response to treatment, performed during course of treatment	Deleted	Deleted 12/31/05.
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	Deleted	Deleted 12/31/05.
G0280	Extracorporeal shock wave therapy; involving other than elbow epicondylitis or plantar fasciitis	Deleted	Deleted 12/31/05.
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	Deleted	Deleted 12/31/05.
G0336	PET imaging, brain imaging for the differential diagnosis of Alzheimer's disease with aberrant features vs. fronto-temporal dementia	Deleted	Deleted 12/31/05.
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	
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)	Deleted	Deleted 12/31/05. See Q9945-Q9946.
A4645	Supply of low osmolar contrast material (200-299 mg of iodine)	Deleted	Deleted 12/31/05. See Q9947-Q9948.
A4646	Supply of low osmolar contrast material (300-399 mg of iodine)	Deleted	Deleted 12/31/05. See Q9949-Q9950.
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	

Code	Narrative	Benefit	Comments
A9511	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M, Depreotide, per MCI	Deleted	Deleted 12/31/05. See A9536.
A9512	Technetium TC-99M Pertechnetate, diagnostic, per millicurie	Yes	
A9513	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Mebrofenin, per MCI	Deleted	Deleted 12/31/05. See A9537.
A9514	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Pyrophosphate, per MCI	Deleted	Deleted 12/31/05. See A9538.
A9515	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Pentetate, per MCI	Deleted	Deleted 12/31/05. See A9539.
A9516	Iodine I-123 Sodium Iodide capsule(s), diagnostic, per 100 microcuries	Yes	
A9517	Iodine I-131 Sodium Iodide capsule(s), therapeutic, per millicurie	Yes	
A9519	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Macroaggregated Albumin, per MCI	Deleted	Deleted 12/31/05. See A9540.
A9520	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC-99M Sulfur Colloid, per MCI	Deleted	Deleted 12/31/05. See A9541.
A9521	Technetium TC-99M Exametazine, diagnostic, per study dose, up to 25 millicuries	Yes	
A9522	Supply of radiopharmaceutical diagnostic imaging agent, Indium-111 Ibritumomab Tiuxetan, per MCI	Deleted	Deleted 12/31/05. See A9542.
A9523	Supply of radiopharmaceutical therapeutic imaging agent, Yttrium 90 Ibritumomab Tiuxetan, per MCI	Deleted	Deleted 12/31/05. See A9543.
A9524	Supply of radiopharmaceutical Diagnostic imaging agent, iondiated I-131 Serum Albumin, 5 microcuries	Yes	
A9525	Supply of low or iso-osmolar contrast material, 10 mg of Iodine	Deleted	Deleted 12/31/05.
A9526	Supply of radiopharmaceutical diagnostic imaging agent, Ammonia N-13, per dose	Yes	
A9528	Iodine I-131 Sodium Iodide capsule(s), diagnostic, per millicurie	Yes	
A9529	Iodine I-131 Sodium Iodide solution, diagnostic, per millicurie	Yes	
A9530	Iodine I-131 Sodium Iodide solution, therapeutic, per millicurie	Yes	
A9531	Iodine I-131 Sodium Iodide, diagnostic, per microcurie (up to 100 microcuries)	Yes	
A9532	Iodine I-125, Serum Albumin, diagnostic, per 5 microcuries	Yes	
A9533	Supply of radiopharmaceutical diagnostic imaging agent, I-131 Tositumomab, per millicurie	Deleted	Deleted 12/31/05. See A9544.
A9534	Supply of radiopharmaceutical therapeutic imaging agent, I-131 Tositumomab, per millicurie	Deleted	Deleted 12/31/05. See A9545.
A9535	Injection, Methylene Blue, 1 ml	Yes	Effective 1/1/2006
A9536	Technetium TC-99M Depreotide, diagnostic, per study dose, up to 35 millicuries	Yes	Effective 1/1/2006
A9537	Technetium TC-99M Mebrofenin, diagnostic, per study dose, up to 15 millicuries	Yes	Effective 1/1/2006
A9538	Technetium TC-99M Pyrophosphate, diagnostic, per study dose, up to 25 millicuries	Yes	Effective 1/1/2006
A9539	Technetium TC-99M Pentetate, diagnostic, per study dose, up to 25 millicuries	Yes	Effective 1/1/2006
A9540	Technetium TC-99M Macroaggregated Albumin, diagnostic, per study dose, up to 10 millicuries	Yes	Effective 1/1/2006
A9541	Technetium TC-99M Sulfur Colloid, diagnostic, per study dose, up to 20 millicuries	Yes	Effective 1/1/2006
A9542	Indium IN-111 Ibritumomab Tiuxetan, diagnostic, per study dose, up to 5 millicuries	Yes	Effective 1/1/2006
A9543	Yttrium Y-90 Ibritumomab Tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Yes	Effective 1/1/2006
A9544	Iodine I-131 Tositumomab, diagnostic, per study dose	Yes	Effective 1/1/2006
A9545	Iodine I-131 Tositumomab, therapeutic, per treatment dose	Yes	Effective 1/1/2006

Code	Narrative	Benefit	Comments
A9546	Cobalt CO-57/58, Cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	Yes	Effective 1/1/2006
A9547	Indium IN-111 Oxyquinoline, diagnostic, per 0.5 millicurie	Yes	Effective 1/1/2006
A9548	Indium IN-111 Pentetate, diagnostic, per 0.5 millicurie	Yes	Effective 1/1/2006
A9549	Technetium TC-99M Arcitumomab, diagnostic, per study dose, up to 25 millicuries	Yes	Effective 1/1/2006
A9550	Technetium TC-99M Sodium Gluceptate, diagnostic, per study dose, up to 25 millicuries	Yes	Effective 1/1/2006
A9551	Technetium TC-99M Succimer, diagnostic, per study dose, up to 10 millicuries	Yes	Effective 1/1/2006
A9552	Fludrodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries	Yes	Effective 1/1/2006
A9553	Chromium CR-51 Sodium Chromate, diagnostic, per study dose, up to 250 microcuries	Yes	Effective 1/1/2006
A9554	Iodine I-125 Sodium Iothalamate, diagnostic, per study dose, up to 10 microcuries	Yes	Effective 1/1/2006
A9555	Rubidium RB-82, diagnostic, per study dose, up to 60 millicuries	Yes	Effective 1/1/2006
A9556	Gallium GA-67 Citrate, diagnostic, per millicurie	Yes	Effective 1/1/2006
A9557	Technetium TC-99M Bicisate, diagnostic, per study dose, up to 25 millicuries	Yes	Effective 1/1/2006
A9558	Xenon XE-133 gas, diagnostic, per 10 millicuries	Yes	Effective 1/1/2006
A9559	Cobalt CO-57 Cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie	Yes	Effective 1/1/2006
A9560	Technetium TC-99M labeled red blood cells, diagnostic, per study dose, up to 30 millicuries	Yes	Effective 1/1/2006
A9561	Technetium TC-99M Oxidronate, diagnostic, per study dose, up to 30 millicuries	Yes	Effective 1/1/2006
A9562	Technetium TC-99M Mertiatide, diagnostic, per study dose, up to 15 millicuries	Yes	Effective 1/1/2006
A9563	Sodium Phosphate P-32, therapeutic, per millicurie	Yes	Effective 1/1/2006
A9564	Chromic Phosphate P-32 suspension, therapeutic, per millicurie	Yes	Effective 1/1/2006
A9565	Indium IN-111 Pentetreotide, diagnostic, per millicurie	Yes	Effective 1/1/2006
A9566	Technetium TC-99M Fanolesomab, diagnostic, per study dose, up to 25 millicuries	Yes	Effective 1/1/2006
A9567	Technetium TC-99M Pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries	Yes	Effective 1/1/2006
A9605	Samarium SM-153 Lexidronam, therapeutic, per 50 millicuries	Yes	
A9600	Strontium-89 chloride, therapeutic, per millicurie	Yes	
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study	Yes	Effective 1/1/2006
A9699	Radiopharmaceutical, therapeutic, 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	Deleted	Deleted 12/31/05.
Q3001	Radioelements for Brachytherapy, any type, each	Yes	
Q3002	Supply of radiopharmaceutical diagnostic imaging agent, Gallium GA 67, per MCI	Deleted	Deleted 12/31/05.
Q3003	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Bicisate, per unit dose	Deleted	Deleted 12/31/05.
Q3004	Supply of radiopharmaceutical diagnostic imaging agent, Xenon XE 133, per 10 MCI	Deleted	Deleted 12/31/05.
Q3005	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Mertiatide, per MCI	Deleted	Deleted 12/31/05.
Q3006	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Gluceptate, per 5 MCI	Deleted	Deleted 12/31/05.
Q3007	Supply of radiopharmaceutical diagnostic imaging agent, Sodium Phosphate P32, per MCI	Deleted	Deleted 12/31/05.
Q3008	Supply of radiopharmaceutical diagnostic imaging agent, Indium 111-IN Pentetreotide, per 3 MCI	Deleted	Deleted 12/31/05.

Code	Narrative	Benefit	Comments
Q3009	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Oxidronate, per MCI	Deleted	Deleted 12/31/05.
Q3010	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Labeled red blood cells, per MCI	Deleted	Deleted 12/31/05.
Q3011	Supply of radiopharmaceutical diagnostic imaging agent, Chromic Phosphate P32 Suspension, per MCI	Deleted	Deleted 12/31/05.
Q3012	Supply of oral radiopharmaceutical diagnostic imaging agent, Cyanocobalamin Cobalt CO57, per 0.5 MCI	Deleted	Deleted 12/31/05.
Q9945	Low osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	Yes	Effective 1/1/2006
Q9946	Low osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	Yes	Effective 1/1/2006
Q9947	Low osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Yes	Effective 1/1/2006
Q9948	Low osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Yes	Effective 1/1/2006
Q9949	Low osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	Yes	Effective 1/1/2006
Q9950	Low osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Yes	Effective 1/1/2006
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	Yes	Effective 1/1/2006
Q9952	Injection, gadolinium-based magnetic resonance contrast agent, per ml	Yes	Effective 4/1/2005
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml	Yes	Effective 4/1/2005
Q9954	Oral magnetic resonance contrast agent, per ml	Yes	Effective 4/1/2005
Q9955	Injection, perflerane lipid microspheres, per ml	Yes	Effective 4/1/2005
Q9956	Injection, octafluoropropane microspheres, per ml	Yes	Effective 4/1/2005
Q9957	Injection, perflutren lipid microspheres, per ml	Yes	Effective 4/1/2005
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	Yes	Effective 7/1/2005
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	Yes	Effective 7/1/2005
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Yes	Effective 7/1/2005
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Yes	Effective 7/1/2005
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	Yes	Effective 7/1/2005
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Yes	Effective 7/1/2005
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	Yes	Effective 7/1/2005
S8004	Radioimmunopharmaceutical localization of targeted cells; whole body	Deleted	Deleted 3/31/05. See 78804.
S0820	Computerized Corneal Topography, unilateral	Yes	
S8030	Scleral application of Tantalum ring(s) for localization of lesions for proton beam therapy	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	

## 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.

Code	Narrative	Benefit	Comments
	CPT lists tests that can be & frequently are done as groups & combinations (profiles) on automated multi-channel 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, the Medical Assistance Program 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 Medical Assistance Program for specific tests for which a claim for the same test, inclusive in a panel or multi-channel test, has been or will be submitted. Reimbursement received as a result of incorrect billing is subject to recovery.		
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.
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, phenylalanine (PKU); and thyroxine, total)	Yes	
S3626	Maternal serum quadruple marker screen including alpha-fetoprotein (AFP), estriol, human chorionic gonadotropin (hCG), and inhibin A	Yes	Effective 10/1/2005
S3630	Eosinophil count, blood, direct	Yes	
S3655	Antisperm antibodies test (immunobead)	Yes	

Code	Narrative	Benefit	Comments
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	
S3829	Complete gene sequence analysis; MLH2 gene	Yes	
S3833	Complete APC gene sequence analysis for susceptibility for familial 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 epsilon 4 allele for susceptibility to Alzheimer's disease	Yes	
S3853	Genetic testing for myotonic muscular dystrophy	Yes	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Yes	Effective 1/1/2006

#### 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.

87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	Yes	Effective 1/1/2006
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)	Deleted	Deleted 12/31/05. See 87900.

#### 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.



Code	Narrative	Benefit	Comments
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	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**

Q3031	Collagen skin test	Yes	
G0127	Trimming of dystrophic nails, any number	Yes	Limit to 1 unit of service.
G0168	Wound closure utilizing tissue adhesive(s) only	Yes	
J7341	Dermal (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	Yes	Effective 1/1/2006
J7342	Dermal (substitute) tissue, of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	Yes	
J7343	Dermal and epidermal, (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter	Yes	
J7344	Dermal (substitute) tissue, of human origin, with or without other bioengineered or processed elements, without 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	Chemodenervation of abductor muscle(s) of vocal cord	Yes	
S2341	Chemodenervation 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	

Code	Narrative	Benefit	Comments
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	Yes	
G0290	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	Yes	
G0291	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel	Yes	
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Yes	
G0297	Insertion of single chamber pacing cardioverter defibrillator pulse generator	Yes	
G0298	Insertion of dual chamber pacing cardioverter defibrillator pulse generator	Yes	
G0299	Insertion or repositioning of electrode lead for single chamber pacing cardioverter defibrillator and insertion of pulse generator	Yes	
G0300	Insertion or repositioning of electrode lead(s) for dual chamber pacing cardioverter defibrillator and insertion of pulse generator	Yes	
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	
<b>Digestive, Surgical</b>			
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Yes	
S2082	Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band (includes placement of subcutaneous port)	Deleted	Deleted 12/31/05. See 43370.
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	Yes	
S2213	Implantation of gastric electrical stimulation device	Yes	
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP use 43265)	Yes	
<b>Musculoskeletal – For casting supplies see page 4 &amp; 5</b>			
L8642	Hallux implant prosthesis	Yes	May be billed by ambulatory surgical center or surgeon.
J7330	Autologous cultured chondrocytes, implant	Yes	
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	
G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	Yes	

Code	Narrative	Benefit	Comments
S2112	Arthroscopy, knee, surgical, for harvesting of cartilage (Chondrocyte cells)	Yes	
S2114	Arthroscopy, shoulder, surgical; tenodesis of biceps	Yes	Effective 10/1/2005
S2115	Osteotomy, periacetabular, with internal fixation	Yes	
S2117	Arthroeresis, subtalar	Yes	Effective 10/1/2005
S2135	Neurolysis, by injection, of metatarsal neuroma/interdigital neuritis, any interspace of the foot	Yes	
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	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	
S2362	Kyphoplasty, one vertebral body, unilateral or bilateral injection	Yes	
S2363	Kyphoplasty, one vertebral body, unilateral or bilateral injection; each additional 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.
Q2004	Irrigation Solution for treatment of bladder calculi (e.g., Renacidin), per 500 ml	Yes	
P9612	Catheterization for collection of specimen, single patient, all places of service	Yes	
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)	Yes	
S2090	Ablation, open, one or more renal tumor(s); cryosurgical	Deleted	Deleted 12/31/05.
S2091	Ablation, percutaneous, one or more renal tumor(s); cryosurgical	Deleted	Deleted 12/31/05.

### End Stage Renal Disease (ESRD) Related Services

Codes G0308 – G0327 are only valid for Medicare crossover claims.

Coding instructions for Medical Assistance Program only clients:

Codes G0308 – G0319 are not covered. Providers should use appropriate Evaluation and Management (E/M) codes instead.

Codes G0320 – G0327 are not covered. These services are included in the comprehensive rate for dialysis services in the home or dialysis facility.

### Female genital

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

S2250	Uterine artery embolization for uterine fibroids	Yes	
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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. 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 The Medical Assistance Program 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.

Clinics certified as a family planning clinic or non-physician practitioner group for the purposes of providing family planning services may dispense birth control pills directly to the client if they are licensed as an outlet pharmacy. Birth control pills will be reimbursed at \$14.00 per monthly supply. For more costly oral contraceptives, the clinics may choose to write a prescription to be filled by a pharmacist. All other practitioners must prescribe oral contraceptives through a pharmacy.

Code	Narrative	Benefit	Comments
A4261	Cervical cap for contraceptive use	Yes	
A4266	Diaphragm for contraceptive use	Yes	
A4267	Contraceptive supply, condom, male, each	Yes	Provider must bill at least 10 units at a time.
A4268	Contraceptive supply, condom, female, each	Yes	Provider must bill at least 10 units at a time.
A4561	Pessary, rubber any type	Yes	
A4562	Pessary, non-rubber, any type	Yes	
J1051	Medroxyprogesterone Acetate, 50 mg	Yes	Depo-Provera
J1055	Medroxyprogesterone Acetate for contraceptive use, 150 mg	Yes	Depo Provera
J1056	Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg	Yes	Lunelle
J7300	Intrauterine copper contraceptive	Yes	ParaGard. Report IUD insertion using 58300. Bill usual and customary charge.
J7302	Levonorgestrel – releasing intrauterine contraceptive system, 52 mg	Yes	Mirena
J7304	Contraceptive supply, hormone containing patch, each	Yes	May only be billed by Family Planning Clinics.
J7306	Levonogestrel (contraceptive) implant system, including implants and supplies	Yes	Effective 1/1/2006
S4981	Insertion of levonorgestrel-releasing intrauterine system	Yes	
S4989	Contraceptive intrauterine device (e.g., progestacert IUD), including implants and supplies	Yes	Estring Vaginal Ring
S4993	Contraceptive pills for birth control	Yes	May only be billed by Family Planning Clinics.
<b>Transplants</b>			
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	Yes	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	Yes	
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	Yes	
S2065	Simultaneous pancreas kidney transplantation	Yes	
<b>Ophthalmology</b>			
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	
G0186	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); Photocoagulation, feeder vessel technique, one or more sessions	Yes	
S0625	Retinal telescreening by digital imaging of multiple different fundus areas to screen for vision-threatening conditions, including imaging, interpretation and report	Yes	Effective 4/1/2005
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral	Yes	
V2785	Processing, preserving & transporting corneal tissue	Yes	Bill on paper. Must attach eye bank invoice to claim.
<b>Billing information</b>			
When modifier –55 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 –55 with the following procedures removes all prior authorization requirements for clients under age 21 and allows surgery-related vision services for clients age 21 and over.			
V2020-V2499	V2500-V2599	V2700-V2730	V2755- V2784
			92340-92353

**Prosthetics & Orthotics**

Prostheses and orthoses are a covered Medical Assistance Program benefit for the child and adult Medical Assistance Program 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 may require prior authorization before services are rendered. Please see the Medical Assistance Program bulletin titled "Equipment, Supply, Orthotic & Prosthetic CMS Codes" for a list of items that require prior authorization.

Code	Narrative	Benefit	Comments
<b>Vision eyewear</b>			
<b>Billing &amp; benefit information. Please review this information carefully before referencing CPT. Use CPT codes <u>only</u> if there is no HCPCS Level II code to appropriately describe the service performed.</b>			
The Colorado Medical Assistance 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 under age 21, <u>determination of the refractive state only</u> , 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 Medical Assistance Program clients as non-benefit services.			
<u>Benefits for clients age 21 and over:</u> Medically necessary eye examinations are benefits for Medical Assistance Program clients age 21 and over. Use CPT codes to submit claims for eye exams.			
Medically necessary glasses & contact lenses are benefits for clients age 21 and over <b>following eye surgery only</b> & do not require prior authorization. Each procedure code must be billed with modifier -55 to identify surgery related eyewear.			
<b>Billing information</b>			
<b>Modifier –55. 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.</b>			
Modifier –55 is used with one of the procedures listed below, if the service is related to a prior eye surgery. The use of modifier –55 with the following procedures removes all prior authorization requirements for clients under age 21 and allows surgery-related vision services for clients age 21 and over.			
V2020-V2499	V2500-V2599	V2700-V2730	V2755-V2784 92340-92353
<u>Benefits for clients under age 21:</u> The EPSDT Program provides the following vision benefits for clients under age 21:			
<ul style="list-style-type: none"> <li>• Standard eye glasses (one or two single or multifocal clear glass lenses with one standard frame). The Medical Assistance Program provides payment for a standard frame.</li> <li>• Glasses dispensed by an optician are a benefit when ordered by an ophthalmologist or optometrist.</li> <li>• Replacement or repair of frames or lenses (standard eye glasses), not to exceed the cost of replacement.</li> <li>• Contact lenses are a benefit if medically necessary &amp; prior authorized, or when billed with modifier –55 to identify surgery-related services.</li> <li>• Contact lens supplies &amp; contact lens insurance are not benefits.</li> <li>• Ocular prosthetics are a benefit if services are prior authorized. A statement of medical necessity must accompany the prior authorization request.</li> <li>• There is no yearly maximum for eye exams or glasses.</li> </ul>			
Claims: Ophthalmologists, optometrists, and opticians bill on the Colorado 1500 or 837 professional claim format.			
Lens materials: Materials must be billed using HCPCS Level II codes from this bulletin. 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.			
<b>Frames</b>			
V2020	Frames, purchases	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 provider's <u>retail</u> usual and customary charges for the Medical Assistance Program allowable frames and the <u>retail</u> 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.
V2025	Deluxe Frame	No	See V2020

Code	Narrative	Benefit	Comments
<b>Single vision lens</b>			
	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 code V2784 in addition to the code(s) representing the appropriate lens prescription. The allowable for polycarbonate lenses will be an additional charge.		
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	
V2118	Aniseikonic lens, single vision	Yes	
V2121	Lenticular lens, per lens, single	Yes	
V2199	Not otherwise classified, single vision lens	Yes	Bill on paper. Requires report of type of single vision lens and optical lab invoice.
<b>Bifocal lens</b>			
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	
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	

Code	Narrative	Benefit	Comments
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	
V2218	Aniseikonic, per lens, bifocal	Yes	
V2219	Bifocal segment width over 28 mm	Yes	
V2220	Bifocal add over 3.25d	Yes	
V2221	Lenticular lens, per lens, bifocal	Yes	
V2299	Specialty bifocal	Yes	Bill on paper. Requires report of type of specialty bifocal lens and optical lab invoice.
<b>Trifocal lens</b>			
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	
V2313	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2314	Sphero-cylinder, trifocal, sphere over plus or minus 12.00d, per lens	Yes	
V2315	Lenticular (Myodisc), per lens, trifocal	Yes	
V2318	Aniseikonic lens, trifocal	Yes	
V2319	Trifocal segment width over 28 mm	Yes	

Code	Narrative	Benefit	Comments
V2320	Trifocal add over 3.25d	Yes	
V2321	Lenticular lens, per lens, trifocal	Yes	
V2399	Specialty trifocal	Yes	Bill on paper. Requires report of type of specialty trifocal lens and optical lab invoice.
<b>Polycarbonate lens</b>			
V2784	Lens, polycarbonate or equal, any index, per lens (list this code in addition to the basic code for the lens)	Yes	
<b>Variable asphericity lens</b>			
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.
<b>Contact lens</b>			
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 -55 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 under age 21 unless provided for vision correction after surgery. Contact lens supplies are not a benefit of the Medical Assistance Program.			
V2500	Contact lens, PMMA, spherical, per lens	Yes	Requires prior authorization for clients under age 21.
V2501	Contact lens, PMMA, toric or prism ballast, per lens	Yes	Requires prior authorization for clients under age 21.
V2502	Contact lens, PMMA, bifocal, per lens	Yes	Requires prior authorization for clients under age 21. Bill on paper. Requires optical lab invoice.
V2503	Contact lens, PMMA, color vision deficiency, per lens	Yes	Requires prior authorization for clients under age 21. Bill on paper. Requires optical lab invoice.
V2510	Contact lens, gas permeable, spherical, per lens	Yes	Requires prior authorization for clients under age 21.
V2511	Contact lens, gas permeable, toric, prism ballast, per lens	Yes	Requires prior authorization for clients under age 21.
V2512	Contact lens, gas permeable, bifocal, per lens	Yes	Requires prior authorization for clients under age 21.
V2513	Contact lens, gas permeable, extended wear, per lens	Yes	Requires prior authorization for clients under age 21.
V2520	Contact lens, hydrophilic, spherical, per lens	Yes	Requires prior authorization for clients under age 21.
V2521	Contact lens, hydrophilic, toric or prism ballast, per lens	Yes	Requires prior authorization for clients under age 21.
V2522	Contact lens, hydrophilic, bifocal, per lens	Yes	Requires prior authorization for clients under age 21.
V2523	Contact lens, hydrophilic, extended wear, per lens	Yes	Requires prior authorization for clients under age 21.
V2530	Contact lens, scleral, per lens	Yes	Requires prior authorization for clients under age 21.
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	Yes	Requires prior authorization for clients under age 21. 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.
<b>Low vision aids</b>			
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.



Code	Narrative	Benefit	Comments
<b>Ocular prosthetic</b>			
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.
<b>Intraocular lens</b>			
V2630	Anterior chamber intraocular lens	Yes	
V2631	Iris supported intraocular lens	Yes	
V2632	Posterior chamber intraocular lens	Yes	
<b>Other lens service</b>			
V2700	Balance lens, per lens	Yes	
V2702	Deluxe lens feature	No	If a client requests a deluxe frame and deluxe lens features are required to fit the deluxe frames, 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 provider's <u>retail</u> usual and customary charges for the Medical Assistance Program allowable lenses and the <u>retail</u> amount for the upgraded lenses requested by the client. Provider must bill S1001, Deluxe item, (list in addition to code for basic item) to report charges to the client.
V2710	Slab off prism, glass or plastic, per lens	Yes	
V2715	Prism, per lens	Yes	
V2718	Press-on lens, Fresnell prism, per lens	Yes	
V2730	Special base curve, glass or plastic, per lens	Yes	
V2744	Tint, photochromatic, per lens	Yes	Requires prior authorization.
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	Yes	

Code	Narrative	Benefit	Comments
V2750	Anti-reflective coating, per lens	Yes	Requires prior authorization. Available only for EPSDT clients (under age 21). 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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