

Web address: <http://health.utah.gov/medicaid>

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World Wide Web: <http://health.utah.gov/medicaid>

### Medicaid Information

- S Salt Lake City area, call (801) 538-6155.
- S In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- S From other states, call (801) 538-6155.

### Requesting a Medicaid publication?

Send a Publication Request Form:

- By FAX: (801) 536-0476
- By mail to: Division of MHF  
Box 143106, Salt Lake City UT 84114-3106

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## 12 - 01 Message from the Medicaid Medical Director

Dear Colleagues,

As I have traveled around the state meeting with doctors, hospitals, clinics, and other providers for patients serviced by Medicaid, I am impressed with the beautiful venues of care we have here in Utah. From Salt Lake City to St. George, and from Ogden to Gunnison, we are extremely fortunate. I can only imagine with great trepidation the open air clinics and tent hospitals that many around the world have to endure.

These bulletins are intended to inform you and your staff about the changes in Medicaid policy and practices. It is our objective to make improvements and changes which will help us better serve Medicaid recipients, while still adhering to federal and state regulations.

One recurring complaint that has been brought to my attention is the inappropriate demand for services by individuals enrolled in Medicaid. Tough decisions of denial must be made by all providers with the best clinical and scientific information available. For this reason, I would like to bring your attention to a Medicaid program that limits a client to a specific clinician and one pharmacy if they meet the criteria of excessive ED use, have multiple primary care providers, or appear to be pharmacy shopping. I am speaking of the Medicaid Care Coordination and Restriction Program.

Medicaid staff monitor and coordinate care for clients who seem to be inappropriately utilizing the system for unnecessary or excessive means. These efforts have been shown to reduce, but not eliminate, the number of inappropriate visits to EDs, as well as assist in establishing a medical home for clients. If you know of someone who could benefit from being limited to one primary care provider and one pharmacy, please call (801) 538-9045, or access: <http://www.health.utah.gov/medicaid/pharmacy/Restriction/restriction.php>.

Thank you for not only providing medical services, but for giving care to Utah's most vulnerable populations.

Sincerely,

Joseph Cramer, MD  
Medicaid Medical Director  
Utah Department of Health  
Division of Medicaid and Health Financing  
Phone (801) 538-6316  
Cell (801) 448-4635

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## 12 - 02 HIPAA Version 5010 Implementation

Utah Medicaid is implementing 5010 transactions beginning January 1, 2012. Providers should submit their transactions through UHIN in the 5010 format. CMS announced a 90-day grace period where penalties are not imposed if providers are not 5010 compliant. Based on this announcement, if providers are unable to transmit the 5010 format, please contact Medicaid EDI at (801) 538-6155 or 1-800-662-9651, option 3, option 5, then option 2 to coordinate the 4010 format submission and compliance dates. Medicaid is anticipating working with providers by accepting 837s (Health Care Claim) in the 4010 format for approximately 30 days after January 1, 2012. All other transactions should be submitted in the 5010 format only.

Medicaid has concluded testing with providers on batch transactions and will no longer accept test files. Beginning January 2012, providers should be sending production 5010 files for processing. The Medicaid EDI team may be contacted at the telephone numbers listed in the above paragraph regarding any production issues.

### REMITTANCE ADVICE UPDATES (835)

Effective January 1, 2012, all providers will receive a 5010 format of the 835, unless they contact Medicaid EDI (above)

and request an extension of the 4010 format. Once a 5010 format is generated, a 4010 format cannot be recreated for the same time period.

Medicaid released 4010 parallel run translation to the 5010 version for the weeks of November 25 and December 2, 2011, adjudication dates. Providers wanting to test the 835 transaction can download the 5010 parallel file through UHIN Sundance, and review it against the 4010 version. Call UHIN at 1-877-693-3071 for assistance in downloading the parallel 5010 835s. Call the Medicaid EDI team for discrepancies on your 5010 835 parallel run.

In early 2012, Medicaid will implement a new recoupment of overpayment methodology utilizing the 835. Currently, claims are held against a credit balance until the claims submitted cover the balance owed. The PLB segment of the 835 will be used to report balance forward and current balance owed. Claims payment information will be released against the forward balance in the 835. Negative amounts in this segment are payments and positive amounts are take backs.

Gross adjustments or provider level adjustments/payments are currently reported in the PLB segment. Medicaid will utilize more of the PLB qualifiers to better define the type of lump sum adjustment/payment being made. Please ensure PLB segments are properly captured and posted to your accounts and your reports generated from the 835 capture the PLB adjustments and reasons.

### **PAPER / ELECTRONIC BILLERS**

Medicaid is requiring the billing provider address to be a street address with a valid nine-digit zip code. PO Box and/or Lock Box are no longer allowed.

The subscriber name and address are also required to be on your claim.

### **REAL TIME TRANSACTION**

Testing for real time transactions (270/271, 276/277 & 278, 999) is scheduled for mid 2012. Medicaid will invite providers and billers to participate in the real time testing.

### **NOTIFICATIONS**

To receive Medicaid notices of program changes, announcements of MIBs, 5010 Real Time status updates, and other information, please sign up for the Utah Medicaid Newsletter e-mail list serve at: [medicaidops@utah.gov](mailto:medicaidops@utah.gov). You may also sign up to receive the UHIN Alerts newsletter at: <http://www.uhin.org/pages/membership/newsletter-alerts.php> for notification and payer's availability.

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## **12 - 03 New Code Coverage Lookup Tool**

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## **12 - 04 Medicaid Point-of-Sale Conversion Blackout Dates Postponed**

Utah Medicaid had previously announced that no claims would be processed on December 28 and 29, 2011, due to the planned conversion of its point-of-sale system. However, in light of provider concerns on the proposed timing of the blackout dates, further discussions with the vendor installing the new system, and an extension from the federal government on the adoption of the new prescription processing standards, Utah Medicaid has made the decision to postpone the

conversion date until February 18 and 19, 2012.

On February 17, 2012, at 5:00 pm, the current point-of-sale system will be taken down. On February 18 and 19, 2012, Utah Medicaid will convert its existing pharmacy point-of-sale system over to a new point-of-sale system designed by Goold Health Systems. System programmers will require these two (2) days for the process of conversion to be complete. No claims will be processed on February 18 and 19, 2012. Consequently, pharmacies will need to utilize their "downtime" procedures to process Medicaid prescriptions during that time. Please request that Medicaid clients continue to present their Medicaid card prior to providing services during that time. The new system will be up for prescription claims processing on February 20, 2012.

Emergency medications requiring a prior authorization must be processed under the 72-hour emergency supply rules. The policy states, "Some medications that require PA may be provided in a medical emergency before authorization is obtained from Medicaid. When a medical emergency occurs, and a medication requiring a PA is required, pharmacy providers may provide up to a 72-hour supply of the medication. When contacted, Medicaid will issue an authorization for the 72-hour supply of the medication on the next business day. All subsequent quantities must meet all PA requirements for the medication. It is the responsibility of the medication prescriber to provide the necessary documentation."

Utah Medicaid will also allow early refills of medications from February 6 through February 17, 2012. During this period the current system will allow a 4 to 5 day early fill option. This information is being sent to all Medicaid clients.

Utah Medicaid recognizes that these blackout dates represent an unusual inconvenience in downtime. We ask for your patience during this conversion process. We gratefully recognize all that you do to serve Medicaid patients.

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## 12 - 05 Potential Medicaid Fraud, Waste, or Abuse Referrals

The purpose of this article is to provide information on how to report suspected Medicaid recipient or Medicaid provider fraud, waste, or abuse. Suspected **provider** fraud, waste, or abuse should be referred to the Utah Office of Inspector General for Medicaid Services or to the Medicaid Fraud Control Unit in the Utah Attorney General's Office.

Suspected **recipient** fraud related to the recipient's eligibility for Medicaid (i.e., misrepresentation of facts in order to become or remain eligible for Medicaid) should be referred to the Department of Workforce Services. All other types of suspected **recipient** fraud, waste, or abuse related to the Medicaid program should be referred to the Utah Office of Inspector General for Medicaid Services.

The contact information for each referral agency is as follows:

Utah Office of Inspector General for Medicaid Services (OIG)  
Toll Free Hotline: 1-855-403-7283  
Email: [mpi@utah.gov](mailto:mpi@utah.gov)  
Website: [www.oig.utah.gov](http://www.oig.utah.gov)

Medicaid Fraud Control Unit (MFCU)  
Toll Free: 1-800-244-4636  
Email: [uag@utah.gov](mailto:uag@utah.gov)

Department of Workforce Services Recipient Fraud Hotline  
Telephone: 1-800-955-2210  
Email: [wsinv@utah.gov](mailto:wsinv@utah.gov)

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## 12 - 06 CPT List

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## 12 - 07 Abortion Acknowledgment Form Clarification

The *Abortion Acknowledgment Form* is only required by Utah Medicaid in cases of therapeutic abortion. The form is not required for induction of fetal demise or missed abortion. It is the responsibility of the provider to assure that the code(s) being billed are correct for the diagnosis and/or procedure performed. A copy of the *Abortion Acknowledgment Form* can be found under the "Forms" section at: [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid).

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## 12 - 08 Criteria for Medical and Surgical Procedures

The following criteria have been updated effective January 1, 2012. The criteria can be found on the Utah Medicaid website under the "Criteria" link at: [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid).

- Osteotomy, Le Fort I
- Laminectomy, Cervical, +/- Discectomy/Foraminotomy/Fusion
- Laminectomy, Lumbar, +/- Discectomy/Foraminotomy/Fusion
- Laminectomy, Thoracic, +/- Discectomy/Foraminotomy
- Hysterectomy, Subtotal or Total Following Cesarean Delivery
- Hysterosalpingogram (HSG)
- Sacral Nerve Modulation/Stimulation Trial
- Sacral, Spinal Permanent Stimulator, Revision, Configuration or Replacement
- Mastectomy, Total/Simple
- Mastectomy, Prophylactic, Total/Simple
- Reduction Mammoplasty, Female
- Reduction Mammoplasty, Male
- Breast Reconstruction
- Vagal Nerve Stimulator

McKesson's InterQual® Criteria was updated effective September 23, 2011. UDOH Custom Criteria can be found on the Utah Medicaid website under the "Criteria" link at: [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid). To obtain a copy of criteria that is not posted on the website, please call the prior authorization unit at (801) 538-6155, option 3, option 3, and then choose the appropriate program or send an e-mail to [medicaidcriteria@utah.gov](mailto:medicaidcriteria@utah.gov). Make sure to include the CPT/HCPCS codes for the criteria that you are requesting and allow 24 hours to receive the requested criteria.

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## 12 - 09 Hospital Manual Updates

### Limitations

1. Inpatient hospital care for treatment of alcoholism or drug dependency is limited to medical treatment of withdrawal symptoms associated with drug or alcohol detoxification under MSDRG 896 or MSDRG 897. Any continuing therapy must be accessed under the outpatient mental health or psychiatric services benefit, as appropriate. Drug and alcohol rehabilitation is not a covered service under this code.

### Outpatient OPPS

Effective September 1, 2011, Observation codes (99218-99226) will be open for outpatient facilities and will follow Medicare payment methodology, including an extension of the 24 hour rule when indicated by patient condition.

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## 12 - 10 ICD-9-CM List and Rehab Hospital Manual

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## 12 - 11 Anesthesia Manual

Anesthesia CPT codes have been moved from the Surgical CPT Codes List to the Anesthesia Manual.

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## 12 - 12 Laboratory Manual Updates

The mutation test (T315I) is covered as medically necessary when required in determining salvage therapy and the decision for bone marrow transplant. Direct sequencing includes the following molecular diagnostic tests: 83902x1, 83898 x4, 83896 x3 and 83913 x1.

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## 12 - 13 Nurse Practitioner Manual Updates

HCPCS Codes Open for Pediatric and Family Nurse Practitioner:

99304 Initial nursing facility care per day  
99305 Initial nursing facility care per day  
99306 Initial nursing facility care per day  
99307 Subsequent nursing facility care per day  
99308 Subsequent nursing facility care per day  
99309 Subsequent nursing facility care per day  
99310 Subsequent nursing facility care per day  
99324 Domiciliary, rest home visit, new patient  
99325 Domiciliary, rest home visit, new patient  
99326 Domiciliary, rest home visit, new patient  
99327 Domiciliary, rest home visit, new patient  
99328 Domiciliary, rest home visit, established patient  
99334 Domiciliary, rest home visit, established patient  
99335 Domiciliary, rest home visit, established patient  
99336 Domiciliary, rest home visit, established patient  
99337 Domiciliary, rest home visit, established patient

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## 12 - 14 Pain Management Policy

The pain management services, Section 34 (A) of the Physicians Manual has been modified to reflect updated coverage and reimbursement policy. One change is that any willing Medicaid medical provider or pain management specialist may provide pain management services.

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## 12 - 15 Home Health Manual

Effective January 1, 2012, the Medicaid provider manual entitled, *Home Health Agencies*, has been modified.

Section 4-8, Private Duty Nursing, Eligibility, Coverage, and Limitation, item 11:

“The banking, saving, or accumulation of unused prior authorization hours to be used later for the convenience of the family is not covered. The home health agency may adjust or group hours to meet staffing availability of the agency.”

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## 12 - 16 Dental and Oral Surgery Updates

### Section 4 A. Dental Providers in Urban Counties:

Effective January 1, 2012, modification has been made to the Dental Incentive Programs.

As an incentive to improved client access to dental services in urban counties (Weber, Davis, Salt Lake, and Utah counties), dental providers, which includes oral surgeons, (excluding state-funded clinics) treating 100 or more clients per year will be reimbursed at billed charges, or 120 percent of the established fee schedule, whichever is less. Also, dental providers willing to see 100 or more distinct clients during the next year will be reimbursed at billed charges, or 120 percent of the established fee schedule, whichever is less. In both cases, an agreement for the enhanced payments must be signed and received by Medicaid prior to the increase being effective.

### Dental Upgrades:

Effective January 1, 2012, modifications have been made to the pathway dental providers will use when electing to provide a closed procedure that is considered an upgrade to an open dental code(s). Please carefully review the *Dental Services Provider Manual*, Section 3, Dental Spend-Ups, to understand the new process required for a provider to be able to bill a client when an upgrade is agreed upon.

### Provider Manual Changes:

The following codes have been removed from the *Oral Maxillofacial Surgeon Services Provider Manual* and placed in the Prosthodontic or Oral Surgery Services sections of the *Dental Services Provider Manual*, because these codes may be provided by dentists and oral surgeons:

- D5931 Obturator prosthesis, surgery. See manual for limitations.
- D5955 Palatal lift prosthesis, definitive. See manual for limitations.
- D7411 Excision of benign lesion, greater than 1.25 cm
- D7412 Excision of benign lesion, complicated
- D7413 Excision of malignant lesion, up to 1.25 cm
- D7414 Excision of malignant lesion, greater than 1.25 cm
- D7999 Unspecified oral surgery procedure, by report

The following code has been added to the *Oral Maxillofacial Surgeon Services Provider Manual*, which had inadvertently been left off:

- D7670 Alveolus, closed reduction, may include stabilization of teeth.

The following codes have been transferred to the *Dental Services Provider Manual*, because the procedures are open to dentists and oral surgeons:

- D5931 Obturator prosthesis, surgery. See manual for limitations.
- D5955 Palatal lift prosthesis, definitive. See manual for limitations.
- D7411 Excision of benign lesion, greater than 1.25 cm
- D7412 Excision of benign lesion, complicated

- D7413 Excision of malignant lesion, up to 1.25 cm
- D7414 Excision of malignant lesion, greater than 1.25 cm
- D7999 Unspecified oral surgery procedure, by report

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## 12 - 17 Vision Manual Updates

### Vision Upgrades:

Effective January 1, 2012, modifications have been made to the pathway providers will use when electing to provide a closed procedure that is considered an upgrade to an open vision code(s). Please carefully review the *Vision Care Services Provider Manual*, Section 6, Patient Choice of a Non-Covered Services and Upgrades, to understand the new process required for a provider to be able to bill a client when an upgrade is agreed upon.

### Vision Codes:

Effective January 1, 2012, the following code has been discontinued by HCPCS:

92070

Effective January 1, 2012, the following codes will replace code 92070 and will be opened. A prior authorization is required.

92071 Fitting for contact lenses for treatment of ocular surface disease

92072 Fitting for contact lenses for treatment of keratoconus, initial fitting

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## 12 - 18 Outpatient P.T. and O.T. Manuals

The Guide Physical/Occupational Therapy Procedure Codes Table from the Inpatient Rehab Manual will be added to the Outpatient Manual. Any language that makes reference to any publications will be removed from the manuals.

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## 12 - 19 Speech/Language Services

Section 1-4 Evaluation: Effective January 1, 2012, an evaluation is required once per 12-month period. Please read the entire section to understand the modification to the requirements.

HCPCS Code Opened: Code E2511, speech generating software program, for personal computer or personal digital assistant. Prior authorization will be required and allowed only for speech pathologists (provider type 32). Effective January 1, 2012.

Manual Changes: Modification has been made to criteria for various speech codes. Please review the manual for changes.

InterQual Criteria: Criteria for augmentative and alternative communication devices has been adopted. See InterQual Criteria found under the Health Care Provider menu at [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid).

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## 12 - 20 Medical Supply Manual Updates

### Section 2-7, Oxygen and Related Respiratory Equipment:

Numerous modifications have been made to the document with the intention of adding clarification to policy regarding the oxygen benefit available to Traditional and Non-Traditional Medicaid recipients.

#### Effective 10/25/11:

Gaseous portable oxygen will not require a prior authorization when the need does not exceed 100 cubic feet per month. This is equivalent to four E-tanks. A current physician's order is required and must indicate a diagnosis that requires continuous oxygen, liter flow per minute, and length of time of expected use.

If the quantity of gaseous portable oxygen needed will exceed the above unit limits, a written prior authorization will be required. Documentation must include a physician's order with a diagnosis indicating the client's ability to breathe is severely impaired and requires continuous oxygen, number of medical appointments expected per month, length of visit, and travel time to and from each visit. If exercise is prescribed, you must specify the type of exercise, length of exercise period, and number of days per week. (This is exercise away from the stationary oxygen system, i.e. a monitored therapy program.) If used for transportation to and from school or educational activity, just specify total travel time per day. Portable oxygen will not be provided for use during educational activity or social activity.

Note: Portable oxygen may be provided to eligible Medicaid recipients by any willing Medicaid provider when the above criteria has been met.

#### Oxygen Concentrators:

On October 1, 2011, a new contract was awarded to Alpine Home Medical Equipment as the provider for oxygen concentrators and a backup supply in the event of power failure or equipment failure.

A letter was sent to all oxygen concentrator recipients regarding the above change. Recipients are aware that between October 1, 2011, and January 31, 2012, the transition process of changing the contractor and applicable equipment will take place.

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## 12 - 21 Medical Supplies List Updates

### Clarification Language Added:

Code E0971RR Parenteral infusion pump, stationary single or multi-channel... Rental will be approved for use with chemotherapy when 5Fu has been approved for home health services. A prior authorization is required.

### Open Codes Effective January 1, 2012:

E0240 Bath/shower chair, with or without wheels, any size. Prior authorization is required. See InterQual Criteria found under the Health Care Provider menu at [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid).

A4264 Permanent implantable contraceptive intratubal occlusion device(s) and delivery system. Opened for Traditional Medicaid and Non-Traditional Medicaid. The cost will no longer be included as a global fee for CPT code 58565. Prior authorization is required with code 58565.

HCPCS Codes Opened:

**Effective January 1, 2011, per notification from the Centers for Medicare & Medicaid Services (CMS), the following codes that had been designated for discontinuation were reinstated effective January 1, 2011. Medicaid has corrected the status in the reference file to reflect the same benefit level that the code had at the time the discontinuation occurred. The codes are as follows:**

- L3660 Shoulder orthosis, figure eight design, abduction restrainer. Closed
- L3670 Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment. Open, no prior authorization required.
- L3675 Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, includes fitting and adjustment. Open, no prior authorization required.

**Effective September 1, 2011, the following codes were opened. Replacement is allowed once per year. Replacement should typically be expected six months following the receipt of the appropriate mask. No prior authorization is required, unless the unit limit is exceeded. The codes are as follows:**

- A7028 Oral cushion combo oral/nasal mask, replacement only, each
- A7029 Nasal pillows combo oral/nasal mask, replacement only, each
- A7032 Cushion for use on nasal mask interface, replacement only, each
- A7033 Pillow used on nasal cannula interface, replacement only, each
- A7036 Chin strap used with positive airway pressure device, each (2x per year)

**Effective January 1, 2012, the following wheelchair codes will be opened and will require prior authorization:**

- E1225 Wheelchair accessory, manual semi-reclining back (recline greater than 15 degrees, but less than 80 degrees), each
- E2295 Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
- K0848 PWC GP3 Standard, sling/sold seat/back, 300 lbs
- K0849 PWC GP3 Standard, captains chair, 300 lbs
- K0850 PWC GP3 Standard, sling/sold seat/back, 301-450 lbs
- K0851 PWC GP3 Standard, captains chair, 301-450 lbs
- K0852 PWC GP3 Standard, sling/sold seat/back, 451-600 lbs
- K0853 PWC GP3 Standard, captains chair, 451-600 lbs
- K0854 PWC GP3 Standard, sling/sold seat/back, 601+ lbs
- K0855 PWC GP3 Standard, captains chair, 601+ lbs
- K0856 PWC GP3 Standard, single power opt seat/back, 300 lbs
- K0858 PWC GP3 Standard, single power opt seat/back, 301-450 lbs
- K0860 PWC GP3 Standard, single power opt seat/back, 451-600 lbs

K0864 PWC GP3 Extra heavy duty, multi power opt, 601+ lbs

**The following wheelchair codes will no longer be “capped rentals”, but will only be allowed as rentals, and do not require prior authorization:**

E1050 Fully-reclining wheelchair...

E1060 Fully-reclining wheelchair, detachable arms...

E1070 Fully-reclining wheelchair, detachable arms...

E1088 High strength lightweight wheelchair, detachable arms...

E1090 High strength lightweight wheelchair, detachable arms...

E1092 Wide heavy duty wheelchair, detachable arms...

E1130 Standard wheelchair, fixed full length arms...

E1140 Wheelchair, detachable arms...

E1150 Wheelchair, detachable arms...swing away detachable elevating leg rests

E1160 Wheelchair, fixed full length arms...

K0001 Standard wheelchair—only attachment—E0990 elevating leg rests

K0002 Standard hemi wheelchair—only attachment—E0990 elevating leg rests

K0003 Lightweight wheelchair—only attachment—E0990 elevating leg rests

K0004 High strength, lightweight wheelchair—only attachment—E0990 elevating leg rests

K0006 Heavy duty wheelchair—only attachment—E0990 elevating leg rests

K0007 Extra heavy duty wheelchair—only attachment—E0990 elevating leg rests

**The following codes will be closed:**

K0813, K0815, K0816 Power wheelchair group 1

K0820, K0821 Power wheelchair group 2

**The following codes are being discontinued by HCPCS:**

L1500, L1510, L1520, L5311, L7500

**The following new HCPCS codes are covered:**

A5056 Ostomy pouch, drainable, with extended wear barrier attached, with filter (1 piece), each

A5057 Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each

E2358 Power wheelchair accessory, group 34 non-sealed lead acid battery, each

E2359 Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)

E2626 Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable

E2627 Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type

E2628 Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining

- E2629 Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
- E2630 Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
- E2631 Wheelchair accessory, addition to mobile arm support, elevating proximal arm
- E2632 Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
- E2633 Wheelchair accessory, addition to mobile arm support, supinator
- L5312 Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system

**The following new HCPCS codes are non-covered:**

- A9272 Mechanical wound suction, disposable, includes dressing, all accessories and components, each
- E0988 Manual wheelchair accessory, lever-activated, wheel drive, pair
- L6715 Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
- L6880 Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, including motor(s)

**The following covered codes have had a change in the long description. Please refer to the *Medical Supply List Attachment* for additional details:**

E0637, E0638, E0641, E0642, L6000

**Criteria has been added for the following code:**

E0255 Sleep safe bed

**The following InterQual® Criteria has been added:** See InterQual Criteria found under the Health Care Provider menu at [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid).

- Cochlear Implant Controller, Coil, and/or Cable Replacement. Codes L8628 and L8629.
- Noninvasive Airway Assist Devices. Codes E0601, E0470, E0471, E0472
- Enclosed Hospital Safety Bed. Code E0255
- Gait Trainers. Codes E8000, E8001, E8002
- Standing Frame Systems. Codes E0641, E0642
- Bath Shower Chair Equipment. Codes E0240
- Power Wheelchairs. All power wheelchair codes
- Augmentative and Alternative Communication Devices. Codes E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## 12 - 22 Audiology Manual Updates

Effective January 1, 2012, the following code is open for audiologists (provider type 34):

92550 Tympanography and reflex threshold measures

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## 12 - 23 Chiropractic Manual Updates

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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## 12 - 24 Podiatric Manual Updates

Effective August 20, 2011, the following code is open to podiatric providers:

28475 Closed treatment metatarsal fracture; with manipulation, each

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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**12 - 25 Occupational Therapy (Independent)**

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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**12 - 26 Physical Therapy (Independent)**

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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**12 - 27 P.T. and O.T. Services in Rehab Centers**

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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**12 - 28 Hospice and Community Supports Waiver Provider Manual Updates**

The *Hospice Provider Manual* has been updated, effective January 1, 2012.

The provider manual for the home and community-based waiver previously known as the *Waiver for Individuals with Developmental Disabilities and Mental Retardation* has been updated to reflect the current name of the waiver: *The Community Supports Waiver for Individuals with Intellectual Disabilities and Related Conditions*. In addition, wherever possible, the terminology has been updated to use the term intellectual disabilities in lieu of mental retardation.

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**12 - 29 Attn: Mental Health Centers/Prepaid Mental Health Plans - Providers of Targeted Case Management for the Chronically Mentally Ill**

Effective January 1, 2012, the Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Targeted Case Management for the Chronically Mentally Ill*, has been updated as follows:

- Chapter 1-2, Definitions, the definition of Prepaid Mental Health Plan (PMHP) has been added.
- Chapter 1-4, Qualified Targeted Case Management Providers, revisions have been made to clarify individuals who may provide supervision to certified case managers.
- Chapter 1-5, the title of the chapter, Targeted Case Management Training Curriculum, has been changed to Targeted Case Management Training Requirements. In addition, non-substantive wording changes have been made to clarify the content of the chapter.
- Chapter 2-2, Covered Services/Activities, Section A, Chapter 2-3, Non-Covered Services/Activities, Section N, and Chapter 2-4, Limitations on Reimbursable Services, Section E, have been revised to clarify the circumstances under which targeted case management may be billed when treatment services are provided by the same agency.

Providers may access the current and revised manual at [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid). If you do not have Internet access or have questions, contact Merrila Erickson at (801) 538-6501, or email [merickson@utah.gov](mailto:merickson@utah.gov).

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**12 - 30 Attn: Mental Health Centers / Prepaid Mental Health Plans**

Effective January 1, 2012, the Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Mental Health Centers / Prepaid Mental Health Plan Providers*, has been updated as follows:

- Chapter 1-7, Treatment Plan, revisions have been made in Section C 1 to include references to 1915b (3) services for Prepaid Mental Health Plans.
- Chapter 2-1, General Limitations, Section 2 c 4) has been deleted. This is covered in Chapter 2-2, Psychiatric Diagnostic Interview Examination, under #4 of the 'Limits' section.

- Chapter 2-10, Psychosocial Rehabilitative Services, clarifications on reimbursable activities have been made in the 'Limits' section.
- Chapter 3-1, for Prepaid Mental Health Plans, a clarification regarding the definition of Personal Services has been made.

Providers may access the current and revised manual at [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid). If you do not have Internet access or have questions, contact Merrila Erickson at (801) 538-6501, or email [merickson@utah.gov](mailto:merickson@utah.gov).

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**12 - 31 Attn: Department of Human Services (DHS) Mental Health Providers Serving Children in State Custody (Foster Care) and Subsidized Adoptive Children Exempted from the Prepaid Mental Health Plan for Outpatient Mental Health Care**

Effective January 1, 2012, the Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Rehabilitative Mental Health Services for Children Under Authority of the Division of Child and Family Services or Division of Juvenile Justice Services*, has been updated as follows:

- Chapter 2-9, Psychosocial Rehabilitative Services, clarifications on reimbursable activities have been made in the 'Limits' section.

Providers may access the current and revised manual at [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid). If you do not have Internet access or have questions, contact Merrila Erickson at (801) 538-6501, or email [merickson@utah.gov](mailto:merickson@utah.gov).

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**12 - 32 Attn: Substance Abuse Treatment Services and Targeted Case Management for Substance Abuse Providers**

Effective January 1, 2012, the Medicaid provider manual entitled, *Utah Medicaid Provider Manual for Substance Abuse Treatment Services and Targeted Case Management for Substance Abuse*, has been updated as follows:

- Chapter 2-1, General Limitations, #2 d has been deleted. This is covered in Chapter 2-2, Psychiatric Diagnostic Interview Examination, under #4 of the 'Limits' section. What was #2 e is now #2 d.
- Chapter 2-10, Psychosocial Rehabilitative Services, clarifications on reimbursable activities have been made in the 'Limits' section.
- Chapter 4-5, Qualified Targeted Case Management Providers, revisions have been made to clarify individuals who may provide supervision to certified case managers.
- Chapter 5-1, Covered Services/Activities, Section A, Chapter 5-2, Non-Covered Services/Activities, Section N, and Chapter 5-3, Limitations on Reimbursable Services, Section E, have been revised to clarify the circumstances under which targeted case management may be billed when treatment services are provided by the same agency.

Providers may access the current and revised manual at [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid). If you do not have Internet access or have questions, contact Merrila Erickson at (801) 538-6501, or email [merickson@utah.gov](mailto:merickson@utah.gov).

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## 12 - 33 PDL Update

In September 2011, the Utah Medicaid Pharmacy and Therapeutics Committee met and discussed the addition of the therapeutic class of Platelet Aggregation Inhibitors. In October 2011, Androgenic Agents were reviewed, and in November 2011, Pulmonary Antihypertensives/Phosphodiesterase-5 Enzyme Inhibitors were examined. Look for these classes to be added to the 2012 Preferred Drug List coming in January 2012.

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## 12 - 34 2012 Coding Updates

HCPCS Codes:

Covered

- 15271 Application of skin substitute graft to trunk, arms, legs, total surface area up to 100 sq cm; first 25 sq cm or less wound surface area. *Limited to covered skin substitutes*
- 15272 Application of skin substitute graft to trunk, arms, legs, total surface area up to 100 sq cm; each additional 25 sq cm wound surface area or part thereof. *Limited to covered skin substitutes*
- 15273 Application of skin substitute graft to trunk, arms, legs, total surface area greater than or equal to 100 sq cm; first 25 sq cm or less wound surface area, or 1% of body area of infants and children. *Limited to covered skin substitutes*
- 15274 Application of skin substitute graft to trunk, arms, legs, total surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof. *Limited to covered skin substitutes*
- 15275 Application of skin substitute graft to face scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area. *Limited to covered skin substitutes*
- 15276 Application of skin substitute graft to face scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area or part thereof. *Limited to covered skin substitutes*
- 15277 Application of skin substitute graft to face scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children. *Limited to covered skin substitutes*
- 15278 Application of skin substitute graft to face scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof. *Limited to covered skin substitutes*
- 20527 Injection, enzyme (i.e. collagenase), palmar fascial cord (i.e. dupuytren's contracture)
- 26341 Manipulation, palmar fascial cord (i.e. dupuytren's cord), post enzyme injection (i.e. collagenase), single cord
- 29582 Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed.
- 29583 Application of multi-layer compression system; upper arm and forearm

- 29584 Application of multi-layer compression system; upper arm, forearm, hand, and fingers
- 32096 Thoracotomy, with diagnostic biopsy(s) of lung infiltrate(s) (i.e. wedge, incisional), unilateral.
- 32097 Thoracotomy, with diagnostic biopsy(s) of lung nodule(s) or mass(s) (i.e. wedge, incisional), unilateral.
- 32098 Thoracotomy, with biopsy(s) of pleura
- 32505 Thoracotomy, with therapeutic wedge resection (i.e. mass, nodule), initial
- 32506 Thoracotomy, with therapeutic wedge resection (i.e. mass, nodule), each additional resection, ipsilateral
- 32507 Thoracotomy, with diagnostic wedge resection followed by anatomic lung resection
- 32607 Thoracoscopy; with diagnostic biopsy(s) of lung infiltrate(s) (i.e. wedge, incisional) unilateral
- 32608 Thoracoscopy; with diagnostic biopsy(s) of lung nodule(s) or mass(s) (i.e. wedge, incisional) unilateral
- 32609 Thoracoscopy; with biopsy(s) of pleura
- 32666 Thoracoscopy, surgical; with therapeutic wedge resection (i.e. mass, nodule) initial unilateral
- 32667 Thoracoscopy, surgical; with therapeutic wedge resection (i.e. mass, nodule), each additional resection, ipsilateral
- 32668 Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection
- 32669 Thoracoscopy, surgical; with removal of a single lung segment
- 32670 Thoracoscopy, surgical; with removal of two lobes (bilobectomy)
- 32671 Thoracoscopy, surgical; with removal of lung (pneumonectomy)
- 32672 Thoracoscopy, surgical; with resection-plication for emphysematous lung
- 32673 Thoracoscopy, surgical; with resection thymus, unilateral or bilateral
- 32674 Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy
- 33221 Insertion of pacemaker pulse generator only; with existing multiple leads
- 33227 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
- 33228 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
- 33229 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
- 33230 Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads
- 33231 Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
- 33262 Removal of pacing cardioverter-defibrillator pulse generator with placement of pacing cardioverter-defibrillator pulse generator; single lead system
- 33263 Removal of pacing cardioverter-defibrillator pulse generator with placement of pacing cardioverter-defibrillator pulse generator; dual lead system
- 33264 Removal of pacing cardioverter-defibrillator pulse generator with placement of pacing cardioverter-defibrillator pulse generator; multiple lead system
- 36251 Selective catheter placement(first order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image post processing,

- permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when preformed and flush aortogram when performed, unilateral
- 36252 Selective catheter placement(first order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image post processing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when preformed and flush aortogram when performed, bilateral
- 36253 Superselective catheter placement(one or more second order or higher renal artery branches), renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheterization, fluoroscopy, contrast injection(s), image post processing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when preformed and flush aortogram when performed, unilateral
- 36254 Superselective catheter placement(one or more second order or higher renal artery branches), renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheterization, fluoroscopy, contrast injection(s), image post processing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when preformed and flush aortogram when performed, bilateral
- 37191 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy) when performed.
- 37192 Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy) when performed.
- 37193 Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy) when performed
- 37619 Ligation of inferior vena cava
- 49082 Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
- 49083 Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance
- 49084 Peritoneal lavage, including imaging guidance, when performed
- 64633 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint. *Limitation—Destruction by radiofrequency not covered*
- 64634 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint. *Limitation—Destruction by radiofrequency not covered*
- 64635 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint. *Limitation—Destruction by radiofrequency not covered*
- 64636 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint. *Limitation—Destruction by radiofrequency not covered*
- 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing.
- 77424 Intraoperative radiation treatment delivery, x-ray, single treatment session
- 77425 Intraoperative radiation treatment delivery, electrons, single treatment session
- 77469 Intraoperative radiation treatment management
- 78226 Hepatobiliary system imaging, including gallbladder when present;

- 78227 Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including qualitative measurement(s) when performed
- 78579 Pulmonary ventilation imaging (i.e. aerosol or gas)
- 78582 Pulmonary ventilation imaging (i.e. aerosol or gas) and perfusion imaging
- 78597 Quantitative differential pulmonary perfusion, including imaging when performed
- 78598 Quantitative differential pulmonary perfusion and ventilation (i.e. aerosol or gas), including imaging when performed
- 81225 CYP2c19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (i.e. drug metabolism), gene analysis, common variants (i.e. 2,3,4,8,17)
- 81242 FANCC (Fanconi anemia, complementation group C) (Fanconi anemia, type C) gene analysis, common variant (i.e. IVS4+4A>T)
- 81301 Microsatellite instability analysis (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (i.e. bat25, bat26,) includes comparison of neoplastic and normal tissue, if performed.
- 87389 Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple-step method; HIV1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
- 92258 Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
- 94726 Plethysmography for determination of lung volumes and , when performed, airway resistance.
- 94727 Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes.
- 94728 Airway resistance by impulse oscillometry
- 94729 Diffusing capacity (i.e. carbon monoxide, membrane)
- 95886 Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more spinal levels
- 95887 Needle electromyography, non-extremity, (i.e. cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study
- 95938 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs

#### Prior Authorization Required

- 22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than decompression), single interspace and segment; each additional interspace and segment; lumbar  
 Prior Approval: Written ICD9CM: 81.07,81.08 Refer to Arthrodesis criteria
- 22634 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than decompression), single interspace and segment; each additional interspace and segment  
 Prior Approval: Written ICD9CM: 81.07,81.08 Refer to Arthrodesis criteria
- 38232 Bone marrow harvesting for transplantation; autologous  
 Prior Approval: Written ICD-9:41.01;41.04;41.06;41.07;41.09 See Administrative Rule R414-10A

- 61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array  
Prior Approval: Written ICD-9: 02.93; 86.94;86.96;86.97 Refer to Vagal neurostimulator criteria
- 61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a two or more electrode arrays  
Prior Approval: Written ICD-9: 02.93; 86.95;86.96 Refer to Vagal neurostimulator criteria
- 64553 Percutaneous implantation of neurostimulator electrodes; cranial nerve  
Prior Approval: Written ICD-9: 02.93; 86.96 Refer to Vagal neurostimulator criteria
- 92071 Fitting for contact lens for treatment of ocular surface disease  
Prior Approval: Written See criteria in Vision manual.
- 92072 Fitting for contact lens for management of keratoconus, initial fitting  
Prior Approval: Written See criteria in Vision manual.

### Manual Review

**Codes removed from Manual review:** 11200, 11300-11313, 11401, 11402, 11420, 11421, 11423, 11424, 11440, 11442, 11444, 11704, 17107, 11983, 17004, 33261, 36514, 44701, 62161, 62201, 64722, 86001

Note: See the laboratory manual for coverage guideline under Limitations number 18. Manual review is required prior to testing. Submit supportive medical record documentation for manual review prior to testing. The codes in the laboratory manual will be corrected to address the code changes. The following codes apply to this note:

- 81211 BRCA1, BRCA2 (breast cancer 1 and 2) (i.e. hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (i.e. exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)  
Manual review submit medical record documentation for physician review prior to testing. See the laboratory manual for coverage guideline under Limitations number 18.
- 81212 BRCA1, BRCA2 (breast cancer 1 and 2) (i.e. hereditary breast and ovarian cancer) gene analysis; 185 delag, 5385insc, 617delt variants
- 81213 BRCA1, BRCA2 (breast cancer 1 and 2) (i.e. hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants
- 81214 BRCA1 (breast cancer 1) (i.e. hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (i.e. exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
- 81215 BRCA1 (breast cancer 1) (i.e. hereditary breast and ovarian cancer) gene analysis; known familial variant
- 81216 BRCA2 (breast cancer 2) (i.e. hereditary breast and ovarian cancer) gene analysis; full sequence analysis
- 81217 BRCA2 (breast cancer 2) (i.e. hereditary breast and ovarian cancer) gene analysis; known familial variant

Note: See the laboratory manual for coverage guideline which will include the following information: Manual review is required prior to testing for colon cancer. Less than 3% of colon cancers are linked as hereditary. Results from 81301microsatellite instability analysis support the need for further testing because the result may affect treatment.

Genetic testing may be considered when there are family members with Lynch syndrome (data suggest that there is 50% risk of Lynch syndrome when a first degree relative has the disease). Testing for hereditary non-polyposis requires at least 3 family members with history of colon cancer one of which must be a first degree relative. Submit supportive medical record documentation for manual review prior to testing. The codes included are:

- 81292 MLH1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis.
- 81293 MLH1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants. 81298 MSH6 (muts homolog 6, e.coli ) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis
- 81298 MSH6 (muts homolog 6, e.coli ) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis
- 81299 MSH6 (muts homolog 6, e.coli ) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants.
- 93998 Unlisted noninvasive vascular diagnostic study
- Manual review required prior to payment. Submit documentation for review.

#### Non-Covered

- 15777 Implantation of biologic implant (i.e. acellular dermal matrix) for soft tissue reinforcement (i.e. breast, trunk)
- 62369 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill
- 62370 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring physicians skill)
- 81200 ASPA (aspartoacylase) (i.e. canavan disease) gene analysis, common variants (i.e. E285A, Y231X)
- 81205 BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) li.e. maple syrup urine disease) gene analysis, common variants (i.e. R183P, G278S, E422X)
- 81206 BCR/ABL1 (T(9:22)) (i.e. chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative
- 81207 BCR/ABL1 (T(9:22)) (i.e. chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative
- 81208 BCR/ABL1 (T(9:22)) (i.e. chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative
- 81209 BLM (Bloom syndrome, RECQ Helicase-like) (i.e. Bloom syndrome) gene analysis, 2281DEL6INS7 variant
- 81210 BRAF (V-RAF murine sarcoma viral oncogene homolog B1) (i.e. colon cancer), gene analysis, V600E variant
- 81220 CFTR (cystic fibrosis transmembrane conductance regulator) (i.e. cystic fibrosis) gene analysis; common variants ( i.e. ACMG/ACOG guidelines)
- 81221 CFTR (cystic fibrosis transmembrane conductance regulator) (i.e. cystic fibrosis) gene analysis; common variants
- 81222 CFTR (cystic fibrosis transmembrane conductance regulator) (i.e. cystic fibrosis) gene analysis; duplication/deletion variants
- 81223 CFTR (cystic fibrosis transmembrane conductance regulator) (i.e. cystic fibrosis) gene analysis; full gene sequence
- 81224 CFTR (cystic fibrosis transmembrane conductance regulator) (i.e. cystic fibrosis) gene analysis; intron 8 poly-T

- analysis (male infertility)
- 81226 CYP2d6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (i.e. drug metabolism), gene analysis, common variants (i.e. 2,3,4,5,6,9,10,17,19,29,35,41,1xn, 2xn,4xn)
- 81227 CYP2c9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (i.e. drug metabolism), gene analysis, common variants (i.e.2,3,5,6)
- 81228 Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (i.e. bacterial artificial chromosome (bac) or oligo-based comparative genomic hybridization (cgh) microarray analysis
- 81229 Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide for polymorphism (snp) variants for chromosomal abnormalities
- 81240 F2 (prothrombin, coagulation factor II) (i.e. hereditary hypercoagulability) gene analysis, 20210G>A variant
- 81241 F5 (coagulation factor V) (i.e. hereditary hypercoagulability) gene analysis, Leiden variant
- 81243 FMR1 (fragile x mental retardation 1) (i.e. fragile x mental retardation) gene analysis; evaluation to detect abnormal (i.e. expanded) alleles
- 81244 FMR1 (fragile x mental retardation 1) (i.e. fragile x mental retardation) gene analysis; characterization of alleles (i.e. expanded size and methylation status)
- 81245 FLT3 (FMS-related tyrosine kinase 3) (i.e. acute myeloid leukemia) gene analysis, internal tandem duplication (ITD) variants (i.e, exons 14, 15)
- 81250 G6PC (glucose-6-phosphatase, catalytic subunit) (i.e. glycogen storage disease, type 1A, von gierke disease) gene analysis, common variants (i.e. R83C, Q347x)
- 81251 GBA (glucose, beta, acid) (i.e. gaucher disease) gene analysis, common variants (i.e. n370s, 84gg, l44p, IVS2+1g>A)
- 81255 HEXA (hexosaminidase A (alpha polypeptide)) (i.e. tay-sachs disease) gene analysis, common variants (i.e. 1278instatc, 1421+1G>C)
- 81256 HFE (hemochromatosis) (i.e. hereditary hemochromatosis) gene analysis, common variants, (i.e. c282y, h63d)
- 81257 HBA1/HBA2 (alpha globulin 1 and alpha globulin 2) (i.e. alpha thalassemia, HB bart hydrops fetalis syndrome, HBH disease), gene analysis, for common deletions or variant (i.e. southeast Asian, Thai, Filipino, Mediterranean, alpha 3.7, alpha 4.2, alpha 20.5, and constant spring)
- 81260 IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (i.e. familial dysautonomia) gene analysis, common variants (i.e. 2507+6T>C, r696p)
- 81261 IGH (immunoglobulin heavy chain locus) (i.e. leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (i.e. polymerase chain reaction)
- 81262 IGH (immunoglobulin heavy chain locus) (i.e. leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (i.e. southern blot)
- 81263 IGH (immunoglobulin heavy chain locus) (i.e. leukemias and lymphomas, B-cell), variable region somatic mutation analysis
- 81264 IGK (immunoglobulin kappa light chain locus) (i.e. leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
- 81265 Comparative analysis using short tandem repeat (STR) markers; patient and comparative specimen (i.e. pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline (i.e. buccal swab or other germline tissue sample) and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)

- 81266 Comparative analysis using short tandem repeat (STR) markers; each additional specimen (i.e. additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies)
- 81267 Chimerism (engraftment) analysis, post transplant specimen (i.e. hematopoietic stem cell), includes comparison to previously performed baseline analysis; without cell selection.
- 81268 Chimerism (engraftment) analysis, post transplant specimen (i.e. hematopoietic stem cell), includes comparison to previously performed baseline analysis; with cell selection (i.e. cd3, cd33) each cell type
- 81270 JAK2 (janus kinase 2) (i.e. myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant
- 81275 KRAS (v-ki-ras2 kirsten rate carcoma viral oncogene) (i.e. carcinoma) gene analysis, variants in codons 12 and 13
- 81280 Long QT syndrome gene analysis (i.e. kcnq1, kcnh2, scn5a, kcne1, kcne2, kcnj2, cacna1c, cav3, scn4b, akap, snta1, and ank2); full sequence analysis
- 81281 Long QT syndrome gene analysis (i.e. kcnq1, kcnh2, scn5a, kcne1, kcne2, kcnj2, cacna1c, cav3, scn4b, akap, snta1, and ank2); known familial sequence
- 81282 Long QT syndrome gene analysis (i.e. kcnq1, kcnh2, scn5a, kcne1, kcne2, kcnj2, cacna1c, cav3, scn4b, akap, snta1, and ank2); duplication/deletion variants
- 81290 MCOLN1 (mucolipin 1) (i.e. mucopolidosis, type IV) gene analysis, common variants (i.e. ivs3-2A>G, del 6.4kb)
- 81291 MTHFR (5, 10-methylenetetrahydrofolate reductase) (i.e. hereditary hypercoagulability) gene analysis, common variants (i.e. 677t, 1298c)
- 81294 MLH1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants
- 81295 MSH2 (muts homolog 2, colon cancer, nonpolyposis type 1) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis
- 81296 MSH2 (muts homolog 2, colon cancer, nonpolyposis type 1) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants
- 81297 MSH2 (muts homolog 2, colon cancer, nonpolyposis type 1) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants
- 81300 MSH6 (muts homolog 6, e.coli ) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants
- 81302 MECP2 (methyl cpg binding protein 2) (i.e. rett syndrome) gene analysis; full sequence analysis
- 81303 MECP2 (methyl cpg binding protein 2) (i.e. rett syndrome) gene analysis; known familial variants
- 81304 MECP2 (methyl cpg binding protein 2) (i.e. rett syndrome) gene analysis; duplication/deletion variants
- 81310 NPM1 (nucleophosmin) (i.e. acute myeloid leukemia) gene analysis, exon 12 variants
- 81315 PML/Raralpha, (T(15:17)), (promyelocytic leukemia/retinoic acid receptor alpha) (i.e. Promyelocytic leukemia) translocation analysis; common breakpoints (i.e. intron 3 and intron 6), qualitative or quantitative.
- 81316 PML/Raralpha, (T(15:17)), (promyelocytic leukemia/retinoic acid receptor alpha) (i.e. promyelocytic leukemia) translocation analysis; single breakpoint (i.e. intron 3, intron 6, or exon6), qualitative or quantitative.
- 81317 PMS2 (postmeiotic segregation increase 2 (s.cerevisiae)) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis
- 81318 PMS2 (postmeiotic segregation increase 2 (s.cerevisiae)) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants

- 81319 PMS2 (postmeiotic segregation increase 2 (s.cerevisiae)) (i.e. hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants
- 81330 SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (i.e. niemann-pick disease, type A) gene analysis, common variants (i.e. R496L, L302P, FSP330)
- 81331 SNRP/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (i.e. prader-willi syndrome and/or angelman syndrome), methylation analysis
- 81332 Serpina1 (serpin peptidase inhibitor, clade A, alpha-1, antiproteinase, antitrypsin, member 1) (i.e. alpha-1-antitrypsin deficiency), gene analysis, common variants (i.e. S and Z)
- 81340 TRB (T-cell antigen receptor, beta) (i.e. leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (i.e. polymerase chain reaction)
- 81341 TRB (T-cell antigen receptor, beta) (i.e. leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (i.e. southern blot)
- 81342 TRG (T-cell antigen receptor, beta) (i.e. leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s)
- 81350 UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (i.e. irinotecan metabolism), gene analysis, common variants (i.e. 28, 36, 37)
- 81355 VKORC1 (vitamin K epoxide reductase complex, subunit1) (i.e. warfarin metabolism), gene analysis, common variants (i.e. 1639/3673)
- 81370 HLA class I and II typing, low resolution (i.e. antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1
- 81371 HLA class I and II typing, low resolution (i.e. antigen equivalents); HLA-A, -B, and DRB1/3/4/5 (i.e. verification typing)
- 81372 HLA class I typing, low resolution (i.e. antigen equivalents); complete, (i.e. HLA-A, -B, and -C)
- 81373 HLA class I typing, low resolution (i.e. antigen equivalents); one locus (i.e. HLA-A, -B, or -C), each
- 81374 HLA class I typing, low resolution (i.e. antigen equivalents); one antigen equivalent (i.e. B\*27), each
- 81375 HLA class I and II typing, low resolution (i.e. antigen equivalents); HLA-DRB1/3/4/5 , and -DQB1
- 81376 HLA class II typing, low resolution (i.e. antigen equivalents); one locus (i.e. HLA-DRB1/3/4/5 , -DQB1, DQA1, -DPB1, or -DPA1), each
- 81377 HLA class II typing, low resolution (i.e. antigen equivalents); one antigen equivalent, each
- 81378 HLA class I and II typing, high resolution (i.e. alleles or allele groups); HLA-A, -B, -C, - and -DQB1
- 81379 HLA class I typing, high resolution (i.e. alleles or allele groups); complete, (i.e. HLA-A, -B, and -C)
- 81380 HLA class I typing, high resolution (i.e. alleles or allele groups); one locus (i.e. HLA-A, -B, or -C ), each
- 81381 HLA class I typing, high resolution (i.e. alleles or allele groups); one allele or allele group (i.e. B\*57:01P) each
- 81382 HLA class II typing, high resolution (i.e. alleles or allele groups); one locus (i.e. HLA-DRB1, -DRB3, -DRB4, -DRB5, -DBQ1, -DQA1, -DPB1, or DPA1), each
- 81383 HLA class II typing, high resolution (i.e. alleles or allele groups); one allele or allele group (i.e. HLA-DQB1\*06:02p), each
- 81400 Molecular pathology procedure, level 1 (i.e. identification of single germline variant) (i.e. SNP) by techniques such as restriction enzyme digestion or melt curve analysis)

- 81401 Molecular pathology procedure, level 2 (i.e. 2-10snps, 1 methylated variant, or 1 somatic variant (typically using non-sequencing target variant analysis), or detection of a dynamic mutation disorder/triplet repeat)
- 81402 Molecular pathology procedure, level 3 (i.e. >10snps, 2-10 methylated variants, or 1 2-10 somatic variant (typically using non-sequencing target variant analysis), immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants, 1 exon)
- 81403 Molecular pathology procedure, level 4 (i.e. analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)
- 81404 Molecular pathology procedure, level 5 (i.e. analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by southern blot analysis)
- 81405 Molecular pathology procedure, level 6 (i.e. analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)
- 81406 Molecular pathology procedure, level 7 (i.e. analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)
- 81407 Molecular pathology procedure, level 8 (i.e. analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)
- 81408 Molecular pathology procedure, level 9 (i.e. analysis of >50 exons in a single gene by DNA sequence analysis)
- 86386 Nuclear matrix protein 22 (NMP22), qualitative
- 90869 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
- 92618 Evaluation for prescription of non-speech generating augmentative and alternative communication device, face to face with the patient; each additional 30 minutes
- 94780 Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes
- 94781 Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes
- 95939 Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs

#### Assistant Surgeon Not Covered

15271 15272 15273 15274 15275 15276 15277 15278 15777 20527 26341 29582 29583  
 29584 32607 32609 32092 33221 33227 33228 33229 33230 33231 33262 33263 33264  
 36251 36252 36253 36254 37191 37192 37193 38232 49082 49083 49084 64633 64634  
 64635 64636

#### Post Operative Days - Zero

29582 29583 29584 32609 37191 37192 37193 49082 49083 49084

Post Operative Days – 10

26341 32096 32097 32098 32607 32608 38232 64633 64634 64635 64636

Post Operative Days – 90

15271 15272 15273 15274 15275 15276 15277 15278 15777 20527 22633 22634 32505 32506 32507 32666  
 32667 32668 33269 33270 32671 32672 32673 32674 33221 33227 33228 33229 33230 33231 33262 33263  
 33264 36251 36252 36253 36254 37619

**ICD-9-CM Update**

ER Diagnosis

- 041.41 Shiga toxin-producing Escherichia coli [E. coli] (STEC) O157
- 041.42 Other specified Shiga toxin-producing Escherichia coli [E. coli] (STEC)
- 348.82 Brain death
- 415.13 Saddle embolus of pulmonary artery
- 444.01 Saddle embolus of abdominal aorta
- 444.09 Other arterial embolism and thrombosis of abdominal aorta
- 488.81 Influenza due to identified novel influenza A virus with pneumonia
- 508.2 Respiratory conditions due to smoke inhalation
- 512.81 Primary spontaneous pneumothorax
- 512.82 Secondary spontaneous pneumothorax
- 512.84 Other air leak
- 512.89 Other pneumothorax
- 516.33 Acute interstitial pneumonitis
- 516.34 Respiratory bronchiolitis interstitial lung disease
- 516.35 Idiopathic lymphoid interstitial pneumonia
- 516.36 Cryptogenic organizing pneumonia
- 516.37 Desquamative interstitial pneumonia
- 518.51 Acute respiratory failure following trauma and surgery
- 518.52 Other pulmonary insufficiency, not elsewhere classified, following trauma and surgery
- 518.53 Acute and chronic respiratory failure following trauma and surgery
- 649.81 Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39
- 726.13 Partial tear of rotator cuff
- 808.44 Multiple closed pelvic fractures without disruption of pelvic circle

- 808.54 Multiple open pelvic fractures without disruption of pelvic circle
- 999.32 Bloodstream infection due to central venous catheter
- 999.33 Local infection due to central venous catheter
- 999.34 Acute infection following transfusion, infusion, or injection of blood and blood products
- 999.41 Anaphylactic reaction due to administration of blood and blood products
- 999.42 Anaphylactic reaction due to vaccination
- 999.49 Anaphylactic reaction due to other serum
- 999.51 Other serum reaction due to administration of blood or blood products
- 999.52 Other serum reaction due to vaccination
- 999.59 Other serum reaction

#### Inpatient Hospital

- 041.41 Shiga toxin-producing Escherichia coli [E. coli] (STEC) O157
- 041.42 Other specified Shiga toxin-producing Escherichia coli [E. coli] (STEC)
- 173.01 Basal cell carcinoma of skin of lip
- 173.02 Squamous cell carcinoma of skin of lip
- 173.09 Other specified malignant neoplasm of skin of lip
- 173.11 Basal cell carcinoma of eyelid, including canthus
- 173.12 Squamous cell carcinoma of eyelid, including canthus
- 173.19 Other specified malignant neoplasm of eyelid, including canthus
- 173.21 Basal cell carcinoma of skin of ear and external auditory canal
- 173.22 Squamous cell carcinoma of skin of ear and external auditory canal
- 173.29 Other specified malignant neoplasm of skin of ear and external auditory canal
- 173.31 Basal cell carcinoma of skin of other and unspecified parts of face
- 173.32 Squamous cell carcinoma of skin of other and unspecified parts of face
- 173.39 Other specified malignant neoplasm of skin or other and unspecified parts of face
- 173.41 Basal cell carcinoma of scalp and skin of neck
- 173.42 Squamous cell carcinoma of scalp and skin of neck
- 173.49 Other specified malignant neoplasm of scalp and skin of neck
- 173.51 Basal cell carcinoma of skin of trunk, except scrotum
- 173.52 Squamous cell carcinoma of skin of trunk, except scrotum
- 173.59 Other specified malignant neoplasm of skin of trunk, except scrotum

- 173.61 Basal cell carcinoma of skin of upper limb, including shoulder
- 173.62 Squamous cell carcinoma of skin of upper limb, including shoulder
- 173.69 Other specified malignant neoplasm of skin of upper limb, including shoulder
- 173.72 Squamous cell carcinoma of skin of lower limb, including hip
- 173.79 Other specified malignant neoplasm of skin of lower limb, including hip
- 173.81 Basal cell carcinoma of other specified sites of skin
- 173.82 Squamous cell carcinoma of other specified sites of skin
- 173.89 Other specified malignant neoplasm of other specified sites of skin
- 282.44 Beta thalassemia
- 282.46 Thalassemia minor
- 284.11 Antineoplastic chemotherapy induced pancytopenia
- 284.12 Other drug-induced pancytopenia
- 284.19 Other pancytopenia
- 286.52 Acquired hemophilia
- 286.53 Antiphospholipid antibody with hemorrhagic disorder
- 286.59 Other hemorrhagic disorder due to intrinsic circulating anticoagulants. Antibodies, or inhibitors
- 348.82 Brain death
- 365.05 Open angle with borderline findings, high risk
- 365.72 Moderate stage glaucoma
- 365.73 Severe stage glaucoma
- 365.74 Indeterminate stage glaucoma
- 379.27 Vitreomacular adhesion
- 414.4 Coronary atherosclerosis due to calcified coronary lesion
- 415.13 Saddle embolus of pulmonary artery
- 415.11 Hypertrophic obstruction cardiomyopathy
- 425.18 Other hypertrophic cardiomyopathy
- 444.01 Saddle embolus of abdominal aorta
- 444.09 Other arterial embolism and thrombosis of abdominal aorta
- 488.81 Influenza due to identified novel influenza A virus with pneumonia
- 508.2 Respiratory conditions due to smoke inhalation
- 512.2 Postoperative air leak
- 512.81 Primary spontaneous pneumothorax

- 512.82 Secondary spontaneous pneumothorax
- 512.83 Chronic pneumothorax
- 512.84 Other air leak
- 512.89 Other pneumothorax
- 516.31 Idiopathic pulmonary fibrosis
- 516.32 Idiopathic non-specific interstitial pneumonitis
- 516.33 Acute interstitial pneumonitis
- 516.34 Respiratory bronchiolitis interstitial lung disease
- 516.35 Idiopathic lymphoid interstitial pneumonia
- 516.36 Cryptogenic organizing pneumonia
- 516.37 Desquamative interstitial pneumonia
- 516.4 Lymphagioliomyomatosis
- 516.5 Adult pulmonary Langerhans cell histiocytosis
- 516.61 Neuroendocrine cell hyperplasia of infancy
- 516.62 Pulmonary interstitial glycogenosis
- 516.63 Surfactant mutations of lung
- 516.64 Alveolar capillary dysplasia with vein misalignment
- 515.69 Other interstitial lung diseases of childhood
- 518.51 Acute respiratory failure following trauma and surgery
- 518.52 Other pulmonary insufficiency, not elsewhere classified, following trauma and surgery
- 518.53 Acute and chronic respiratory failure following trauma and surgery
- 539.01 Infection due to gastric band procedure
- 539.89 Other complications of other bariatric procedure
- 573.5 Hepatopulmonary syndrome
- 596.81 Infection of cystostomy
- 596.82 Mechanical complication of cystostomy
- 596.83 Other complication of cystostomy
- 596.89 Other specified disorders of bladder
- 629.31 Erosion of implanted vaginal mesh and other prosthetic materials to surrounding organ or tissue
- 629.32 Exposure of implanted vaginal mesh and other prosthetic materials into vagina
- 631.8 Other abnormal products of conception
- 649.81 Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39

- 649.82 Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39, with delivery by (planned) cesarean section delivered, with mention of postpartum complication
- 704.41 Pilar cyst
- 704.42 Trichilemmal cyst
- 726.13 Partial tear of rotator cuff
- 747.31 Pulmonary artery coarctation and atresia
- 747.32 Pulmonary arteriovenous malformation
- 747.39 Other anomalies of pulmonary artery and pulmonary circulation
- 793.11 Solitary pulmonary nodule
- 793.19 Other nonspecific finding of lung field
- 795.52 Nonspecific reaction to cell mediated immunity measurement of gamma interferon antigen response without active tuberculosis
- 808.44 Multiple closed pelvic fractures without disruption of pelvic circle
- 808.54 Multiple open pelvic fractures without disruption of pelvic circle
- 996.88 Complications of transplanted organ, stem cell
- 997.32 Postprocedural aspiration pneumonia
- 997.41 Retained cholelithiasis following cholecystectomy
- 997.49 Other digestive complications
- 998.01 Postoperative shock, cardiogenic
- 998.02 Postoperative shock, septic
- 998.09 Postoperative shock, other
- 999.32 Bloodstream infection due to central venous catheter
- 999.33 Local infection due to central venous catheter
- 999.34 Acute infection following transfusion, infusion, or injection of blood and blood products
- 999.41 Anaphylactic reaction due to administration of blood and blood products
- 999.42 Anaphylactic reaction due to vaccination
- 999.49 Anaphylactic reaction due to other serum
- 999.51 Other serum reaction due to administration of blood or blood products
- 999.52 Other serum reaction due to vaccination
- 999.59 Other serum reaction

Procedures

- 02.21 Insertion or replacement of external ventricular drain (EVD)
- 02.22 Intracranial ventricular shunt or anastomosis
- 12.67 Insertion of aqueous drainage device
- 17.81 Insertion of antimicrobial envelope

Beginning January 1, 2012, Utah Medicaid will provide coverage and reimbursement information for HCPCS and CPT codes through a new web-based lookup tool. The tool will allow providers to search for coverage and reimbursement information by procedure code, date of service, and provider type. With the introduction of this new website, the coverage information in the provider manuals will be removed; however, the provider policy manuals will still be a reference for criteria, comments, and instructions, including unit limits.

The website is: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

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