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16-24 Tables of Authorized Emergency Diagnoses

The tables of authorized emergency inpatient diagnoses and authorized emergency department diagnoses are updated regularly. The current authorized diagnoses lists are available on the Medicaid website at: <http://health.utah.gov/medicaid/stplan/lookup/DXDownload.php>.

16-25 Speech-Language Pathology and Audiology Services

CPT code 69930, cochlear device implant with or without mastoidectomy, is available only to pregnant women and EPSDT (CHEC) Medicaid members. The *Utah Medicaid Speech-Language Pathology and Audiology Services Provider Manual* has been updated to add clarification regarding coverage of this code.

16-26 RHC and FQHC Procedure Codes

A review of Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) procedure code coverage has been completed. A determination was made regarding which procedure codes should be opened or closed for Medicaid FQHCs and RHCs. The claims system has been updated to reflect these changes. It will also indicate which codes are considered encounters.

Additional Medicaid Information

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As stated in the July 2014 MIB, FQHCs and RHCs are required to bill all procedure codes for services rendered in addition to code T1015. Providers should use national correct coding guidelines when billing Medicaid.

Please note, there was a programming issue, as a result of the July 2014 changes. As a result, there have been some overpayments. Any such overpayments will be reprocessed and recouped.

None of these changes impact the overall reimbursement methodology. FQHCs and RHCs on the Prospective Payment System (PPS) will be paid their encounter rate if an approved encounter code is listed and the rest of the claim is correct.

Providers can view the open procedure codes, identify which codes are approved encounters, and which codes require prior authorization (PA) at the Coverage and Reimbursement Code Lookup Tool at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

16-27 RHC/FQHC Code Updates

The following codes are open to RHC and FQHC providers. Codes not on this list are closed. This includes codes that may have previously been open.

10040 Acne surgery
10060 Drainage of skin abscess
10061 Drainage of skin abscess
10120 Remove foreign body
10140 Drainage of hematoma/fluid
10160 Puncture drainage of lesion
10180 Complex drainage wound
11000 Debride infected skin
11010 Debride skin at fx site
11042 Deb subq tissue 20 sq cm/<
11055 Trim skin lesion
11056 Trim skin lesions 2 to 4
11100 Biopsy skin lesion
11101 Biopsy skin add-on
11200 Removal of skin tags <w/15
11201 Remove skin tags add-on
11300 Shave skin lesion 0.5 cm/<
11301 Shave skin lesion 0.6-1.0 cm
11305 Shave skin lesion 0.5 cm/<
11306 Shave skin lesion 0.6-1.0 cm
11310 Shave skin lesion 0.5 cm/<
11311 Shave skin lesion 0.6-1.0 cm

11312 Shave skin lesion 1.1-2.0 cm
 11400 Exc tr-ext b9+marg 0.5 cm<
 11401 Exc tr-ext b9+marg 0.6-1 cm
 11402 Exc tr-ext b9+marg 1.1-2 cm
 11403 Exc tr-ext b9+marg 2.1-3 cm/<
 11406 Exc tr-ext b9+marg >4.0 cm
 11420 Exc h-f-nk-sp b9+marg 0.5/<
 11421 Exc h-f-nk-sp b9+marg 0.6-1
 11422 Exc h-f-nk-sp b9+marg 1.1-2
 11423 Exc h-f-nk-sp b9+marg 2.1-3
 11440 Exc face-mm b9+marg 0.5 cm/<
 11441 Exc face-mm b9+marg 0.6-1 cm
 11442 Exc face-mm b9+marg 1.1-2 cm
 11443 Exc face-mm b9+marg 2.1-3 cm
 11719 Trim nail(s) any number
 11720 Debride nail 1-5
 11730 Removal of nail plate
 11740 Drain blood from under nail
 11750 Removal of nail bed
 11765 Excision of nail fold toe
 11770 Remove pilonidal cyst simple
 11976 Remove contraceptive capsule
 11981 Insert drug implant device
 11982 Remove drug implant device
 12001 Rpr s/n/ax/gen/trnk 2.5cm/<
 12002 Rpr s/n/ax/gen/trnk2.6-7.5cm
 12006 Rpr s/n/a/gen/trk20.1-30.0cm
 12011 Rpr f/e/e/n/l/m 2.5 cm/<
 12013 Rpr f/e/e/n/l/m 2.6-5.0 cm
 12031 Intmd rpr s/a/t/ext 2.5 cm/<
 12032 Intmd rpr s/a/t/ext 2.6-7.5
 12037 Intmd rpr s/tr/ext >30.0 cm
 12041 Intmd rpr n-hf/genit 2.5cm/<
 12042 Intmd rpr n-hf/genit2.6-7.5
 13121 Cmplx rpr s/a/l 2.6-7.5 cm
 13132 Cmplx rpr f/c/c/m/n/ax/g/h/f
 13133 Cmplx rpr f/c/c/m/n/ax/g/h/f
 16020 Dress/debrid p-thick burn s
 16025 Dress/debrid p-thick burn m
 17000 Destruct prealg lesion
 17003 Destruct prealg les 2-14
 17004 Destroy premal lesions 15/>
 17106 Destruction of skin lesions
 17110 Destruct b9 lesion 1-14

17111 Destruct lesion 15 or more
17250 Chemical cautery tissue
17260 Destruction of skin lesions
19000 Drainage of breast lesion
19001 Drain breast lesion add-on
20520 Removal of foreign body
20526 Ther injection carp tunnel
20550 Inj tendon sheath/ligament
20551 Inj tendon origin/insertion
20552 Inj trigger point 1/2 muscl
20600 Drain/inj joint/bursa w/o us
20605 Drain/inj joint/bursa w/o us
20610 Drain/inj joint/bursa w/o us
20612 Aspirate/inj ganglion cyst
23600 Treat humerus fracture
24640 Treat elbow dislocation
24650 Treat radius fracture
24670 Treat ulnar fracture
25500 Treat fracture of radius
25560 Treat fracture radius & ulna
25600 Treat fracture radius/ulna
26600 Treat metacarpal fracture
26720 Treat finger fracture each
26770 Treat finger dislocation
27096 Inject sacroiliac joint
27372 Removal of FB thigh or knee
27750 Treatment of tibia fracture
27786 Treatment of ankle fracture
28190 Removal of foot foreign body
28192 Removal of foot foreign body
28400 Treatment of heel fracture
28450 Treat midfoot fracture each
29065 Application of forearm cast
29075 Apply hand/wrist cast
29085 Apply finger cast
29105 Apply forearm splint
29125 Apply forearm splint
29130 Application of finger splint
29405 Apply short leg cast
29515 Strapping of hip
29540 Strapping of toes
29580 Apply multlay comprs lwr leg
30300 Remove nasal foreign body
30801 Ablate inf turbinate superf

30901 Control of nosebleed
31515 Laryngoscopy for aspiration
36410 Non-routine bl draw 3/> yrs
36420 Vein access cutdown < 1 yr
36568 Insert picc cath
40819 Excise lip or cheek fold
41010 Incision of tongue fold
41115 Excision of tongue fold
41520 Reconstruction tongue fold
42821 Remove tonsils and adenoids
43239 Egd biopsy single/multiple
46600 Diagnostic anoscopy spx
46916 Cryosurgery anal lesion(s)
47562 Laparoscopic cholecystectomy
49585 Rpr umbil hern reduc > 5 yr
51700 Irrigation of bladder
51701 Insert bladder catheter
51702 Insert temp bladder cath
54056 Cryosurgery penis lesion(s)
54150 Circumcision w/regionl block
54450 Preputial stretching
57160 Insert pessary/other device
57452 Exam of cervix w/scope
57454 Bx/curett of cervix w/scope
57455 Biopsy of cervix w/scope
57456 Endocerv curettage w/scope
57460 Bx of cervix w/scope leep
57500 Biopsy of cervix
57511 Cryocautery of cervix
58100 Biopsy of uterus lining
58300 Insert intrauterine device
58301 Remove intrauterine device
59025 Fetal non-stress test
59300 Episiotomy or vaginal repair
59400 Obstetrical care
59409 Obstetrical care
59410 Obstetrical care
59414 Deliver placenta
59425 Antepartum care only
59426 Antepartum care only
59430 Care after delivery
59525 Remove uterus after cesarean
59610 Vbac delivery
59612 Vbac delivery only

59618 Attempted vbac delivery
62270 Spinal fluid tap diagnostic
64400 N block inj trigeminal
64402 N block inj facial
64421 N block inj intercost mlt
64450 N block other peripheral
65222 Remove foreign body from eye
69000 Drain external ear lesion
69200 Clear outer ear canal
69210 Remove impacted ear wax uni
70150 X-ray exam of facial bones
70160 X-ray exam of nasal bones
70220 X-ray exam of sinuses
70360 X-ray exam of neck
90785 Psytx complex interactive
90791 Psych diagnostic evaluation
90792 Psych diag eval w/med srvcs
90832 Psytx pt&/family 30 minutes
90833 Psytx pt&/fam w/e&m 30 min
90834 Psytx pt&/family 45 minutes
90836 Psytx pt&/fam w/e&m 45 min
90837 Psytx pt&/family 60 minutes
90838 Psytx pt&/fam w/e&m 60 min
90839 Psytx crisis initial 60 min
90840 Psytx crisis ea addl 30 min
90846 Family psytx w/o patient
90847 Family psytx w/patient
90849 Multiple family group psytx
90853 Group psychotherapy
90865 Narcosynthesis
90880 Hypnotherapy
90899 Psychiatric service/therapy
92002 Eye exam new patient
92004 Eye exam establish patient
92012 Eye exam&tx estab pt 1/>vst
92014 Comprehensive established patient one or more visits
92020 Gonioscopy
92071 Contact lens fitting for tx
92072 Fit contac lens for managmnt
92081 Visual field examination(s)
92140 Glaucoma provocative tests
92250 Eye exam with photos
92551 Pure tone hearing test air
92552 Pure tone audiometry air

92567 Tympanometry
92587 Distortion product evoked emissions
93000 Electrocardiogram complete
93005 Electrocardiogram tracing
93017 Cardiovascular stress test
93040 Rhythm ecg with report
93041 ECG tracing only without tracing and report
93271 Ecg/monitoring and analysis
93272 Ecg/review interpret only
94010 Breathing capacity test
94060 Evaluation of wheezing
94150 Vital capacity test
94200 Lung function test (mbc/mvv)
94640 Airway inhalation treatment
95115 Immunotherapy one injection
95117 Immunotherapy injections
96152 Intervene hlth/behave indiv
96360 Hydration iv infusion init
96361 Hydrate iv infusion add-on
96365 Ther/proph/diag iv inf init
96366 Ther/proph/diag iv inf addon
96369 Sc ther infusion up to 1 hr
96372 Ther/proph/diag inj sc/im
96373 Ther/proph/diag inj ia
96374 Ther/proph/diag inj iv push
96375 Tx/pro/dx inj new drug addon
97014 Electric stimulation therapy
97110 Therapeutic exercises
97140 Manual therapy 1/> regions
97597 Rmvl devital tis 20 cm/<
97602 Remove devitalized tissue nonselective
97803 Med nutrition indiv subseq
98925 Osteopath manj 1-2 regions
98926 Osteopath manj 3-4 regions
99050 Medical services after hrs
99051 Med serv eve/wkend/holiday
99058 Office emergency care
99070 Special supplies phys/qhp
99195 Phlebotomy
99201 Office/outpatient visit new
99202 Office/outpatient visit new
99203 Office/outpatient visit new
99204 Office/outpatient visit new
99205 Office/outpatient visit new

99211 Office/outpatient visit est
99212 Office/outpatient visit est
99213 Office/outpatient visit est
99214 Office/outpatient visit est
99215 Office/outpatient visit est
99217+K284A278: K285A278: K286A278: K287A278: K28A278: L295 Observation care discharge
99218 Initial observation care
99219 Initial observation care
99220 Initial observation care
99221 Initial hospital care
99222 Initial hospital care
99223 Initial hospital care
99231 Subsequent hospital care
99232 Subsequent hospital care
99233 Subsequent hospital care
99234 Observ/hosp same date
99235 Observ/hosp same date
99236 Observ/hosp same date
99238 Hospital discharge day
99239 Hospital discharge day management; more than 30 min
99241 Office consultation
99242 Office consultation
99243 Office consultation
99244 Office consultation
99245 Office consultation
99281 Emergency dept visit
99282 Emergency dept visit
99283 Emergency dept visit
99284 Emergency dept visit
99285 Emergency dept visit
99304 Nursing facility care init
99305 Nursing facility care init
99306 Nursing facility care init
99307 Nursing fac care subseq
99308 Nursing fac care subseq
99309 Nursing fac care subseq
99310 Nursing fac care subseq
99313 Subsq nsg fac care, day, new/est 2/3 H:DT E:DT D:MC
99324 Domicil/r-home visit new pat
99325 Domicil/r-home visit new pat
99326 Domicil/r-home visit new pat
99327 Domicil/r-home visit new pat
99328 Domicil/r-home visit new pat
99334 Domicil/r-home visit est pat

99335 Domicil/r-home visit est pat
99336 Domicil/r-home visit est pat
99337 Domicil/r-home visit est pat
99341 Home visit new patient
99342 Home visit new patient
99343 Home visit new patient
99344 Home visit new patient
99345 Home visit new patient
99347 Home visit est patient
99348 Home visit est patient
99349 Home visit est patient
99350 Home visit est patient
99354 Prolonged service office
99355 Prolonged service office
99356 Prolonged service inpatient
99357 Prolonged service inpatient
99358 Prolong eval, manag svc before/aft direct PT, 1st hr
99381 Init pm e/m new pat infant
99382 Init pm e/m new pat 1-4 yrs
99383 Prev visit new age 5-11
99384 Prev visit new age 12-17
99385 Prev visit new age 18-39
99386 Prev visit new age 40-64
99387 Init pm e/m new pat 65+ yrs
99391 Per pm reeval est pat infant
99392 Prev visit est age 1-4
99393 Prev visit est age 5-11
99394 Prev visit est age 12-17
99395 Prev visit est age 18-39
99396 Prev visit est age 40-64
99460 Init nb em per day hosp
99461 Init nb em per day non-fac
99462 Sbsq nb em per day hosp
99463 Same day nb discharge
99464 Attendance at delivery
99465 Nb resuscitation
99477 Init day hosp neonate care
D0120 Periodic Oral Evaluation – Established Patient
D0140 Limit oral eval problem focus
D0150 Comprehensive Oral Evaluation – New or Established Patient
D0220 Intraoral periapical first
D0230 Intraoral periapical ea add
D0330 Panoramic image
D1110 Dental prophylaxis adult

D1510 Space maintainer fxd unilat
D1515 Fixed bilat space maintainer
D2140 Amalgam one surface permanen
D2150 Amalgam two surfaces permane
D2160 Amalgam three surfaces perma
D2161 Amalgam 4 or > surfaces perm
D2330 Resin – One Surface, Anterior
D2331 Resin – Two Surfaces, Anterior
D2332 Resin – Three Surfaces, Anterior
D2335 Resin 4/> surf or w incis an
D3220 Therapeutic pulpotomy
D3310 End thxpy, anteriod tooth
D3320 End thxpy, bicuspid tooth
D3330 End thxpy, molar
D3410 Apicoectomy – anterior
D4210 Gingivectomy/plasty 4 or more
D5110 Dentures complete maxillary
D5120 Dentures complete mandible
D5211 Dentures maxill part resin
D5640 Replace part denture teeth
D5760 Denture reln part maxil lab
D7140 Extraction erupted tooth/exr
D7210 Rem imp tooth w mucoper flp
D7230 Impact tooth remov part bony
D7240 Impact tooth remov comp bony
D7510 I&d absc Intraoral; soft tissue

The following codes are open to FQHC providers, but not open to RHC providers:

59510 Cesarean delivery
59514 Cesarean delivery only
59515 Cesarean delivery only; including postpartum care
59620 Attempted vbac delivery only
59622 Attempted vbac after care

16-28 Code Changes

Prior Authorization Required

38206 Blood derived hematopoietic progenitor cell harvesting for transplantation, per collection autologous

- 51597 Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy with removal of bladder and ureteral transplantations, with or without hysterectomy, and/or resection of rectum and colostomy, or any combination thereof
- 52601 Transurethral electrosurgical resection of prostate, including control of postop bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
- 52630 Transurethral resection; residual or regrowth of obstruction prostate tissue including control of postop bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
- 56625 Vulvectomy simple; complete
- S3841 Genetic testing for retinoblastoma
Note: The unlisted code 81479 will no longer be accepted for reimbursement of genetic testing for the RB1 gene.

Prior Authorization Required on the Following Pharmacy Codes

- J7321 HYALURONAN OR DERIVATIVE, HYLGN/SPRZ, INJ PER DOSE
- J7323 HYLRON/DERIV, EUFLEXXA INJECTION, PER DOSE
- J7324 HYLRN/DERIV, ORTHOVISC INJECTION, PER DOSE
- J7327 MONOVISC INJ PER DOSE

Manual Review Required

- 76140 Consultation on x-ray examination made elsewhere, written report
Note: Manual review required for medical necessity when more than one unit is billed on a date of service.

Prior Authorization Removed from Non-Traditional Medicaid

- 50365 Renal transplant

Codes Closed

- 11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
- 11451 . . . with complete repair
- 11462 Excise skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
- 11463 . . . with complete repair
- 11470 Excise skin and subcutaneous tissue for hidradenitis, perianal, or umbilical; with simple or intermediate repair

ICD-10-CM Diagnoses Codes Removed from Prior Authorization and Closed in PCN

- 08R83KZ Replace right cornea, percutaneous approach
- 08R8XKZ Replace right cornea, external approach
- 08R93KZ Replace left cornea, percutaneous approach
- 08R9XKZ Replace left cornea, external approach

Diagnoses Codes Closed to Reimbursement

- Z750 Medical service not available in home
- Z751 Person awaiting admission to adequate facility elsewhere
- Z752 Other waiting period for investigation and treatment
- Z753 Unavailability and inaccessibility of health care facilities
- Z754 Unavailability and inaccessibility of other helping agencies
- Z758 Other problems related to medical facilities and other health care
- Z759 Unspecified problem related to medical facilities and other health care
- Z763 Healthy person accompanying sick person
- Z764 Other boarder to health care facility
- Z765 Malingerer (conscious simulation)

16-29 New 2016 Codes

Covered CPT Codes

- 10035 Placement of soft tissue localization device(s) (e.g., Clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion
- 10036 . . . each additional lesion
- 31652 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration(s)/biopsy(ies), one or two mediastinal and/or hilar lymph node stations or structures
- 31653 . . . with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration(s)/biopsy(ies), three or more mediastinal and/or hilar lymph node stations or structures
- 31654 . . . with transendoscopic endobronchial ultrasound (EBUS) during diagnostic or therapeutic intervention(s) for peripheral lesion(s) (list separately in addition to code for primary procedure(s))
- 37252 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (list separately in addition to code for primary procedure)
- 37253 . . . each additional noncoronary vessel (list separately in addition to code for primary procedure)
- 39401 Mediastinoscopy includes biopsy(ies) of mediastinal mass (e.g., lymphoma) when performed
- 39402 . . . with lymph node biopsy(ies)(e.g., lung cancer staging)
- 43210 Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
- 47531 Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access
- 47532 . . . new access (e.g., percutaneous transhepatic cholangiogram)
- 47533 Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external
- 47534 . . . internal-external
- 47535 Conversion of external biliary drainage catheter to internal-external biliary catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation

- 47536 Exchange of biliary drainage catheter (e.g., external, internal-external, or conversion of internal-external to external only) percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation
- 47537 Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (e.g., with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (e.g., fluoroscopy) and all associated radiological supervision and interpretation
- 47538 Placement of stent(s) into bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access
- 47539 . . . new access, without placement of separate biliary drainage catheter
- 47540 . . . new access, with placement of separate biliary drainage catheter (e.g., external or internal-external)
- 47541 Placement of access through the biliary tree and into the small bowel to assist with endoscopic biliary procedure (e.g., rendezvous procedure) percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological and supervision and interpretation, new access
- 47542 Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (e.g., fluoroscopy) and all associated radiological supervision and interpretation, each duct (list separately in addition to code for primary procedure)
- 47543 Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (e.g., brush, forceps, and/or needle), including imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (list separately in addition to code for primary procedure)
- 47544 Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (e.g., mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (e.g., fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)
- 49185 Sclerotherapy of a fluid collection (e.g., lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (e.g., ultrasound, fluoroscopy) and radiological supervision and interpretation when performed
- 50430 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (e.g., ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
- 50431 . . . existing access
- 50432 Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
- 50433 Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access
- 50434 Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract
- 50435 Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
- 50606 Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)

- 50693 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; pre-existing nephrostomy tract
- 50694 . . . new access without separate nephrostomy catheter
- 50695 . . . new access with separate nephrostomy catheter
- 50705 Ureteral embolization or occlusion, including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)
- 50706 Balloon dilation, ureteral stricture, including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, each duct (list separately in addition to code for primary procedure)
- 54437 Repair of traumatic corporeal tear(s)
- 54438 Replantation of penis, complete amputation including urethral repair
- 61650 Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory
- 61651 . . . each additional vascular territory (list separately in addition to code for primary procedure)
- 64462 . . . second and any additional injection site(s), includes imaging guidance when performed (list separately in addition to code for primary procedure)
- 64463 . . . continuous infusion by catheter (includes imaging guidance, when performed)
- 72081 Radiological examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (e.g., scoliosis evaluation); one view
- 72082 . . . 2 or 3 views
- 72083 . . . 4 or 5 views
- 72084 . . . minimum of 6 views
- 73501 Radiologic examination, hip, unilateral, with pelvis when performed; one view
- 73502 . . . 2 or 3 views
- 73503 . . . minimum of 4 views
- 73521 Radiologic examination, hips, bilateral, with pelvis when performed; 2 views
- 73522 . . . 3 or 4 views
- 73523 . . . minimum of 5 views
- 73551 Radiologic examination, femur, one view
- 73552 . . . minimum of 2 views
- 77767 Remote after loading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel
- 77768 . . . lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
- 77770 Remote after loading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
- 77771 . . . 2 to 12 channels
- 77772 . . . over 12 channels
- 78265 Gastric emptying imaging study; with small bowel transit
- 78266 . . . with small bowel and colon transit, multiple days
- 80081 Obstetrical panel, includes HIV testing
- 90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB) 2 dose schedule, for intramuscular use
- 90621 Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB) 3 dose schedule, for intramuscular use
- 90697 Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP, conjugate vaccine, and inactivated hepatitis B vaccine (DTap-IPV/Hib) for intramuscular use

- 92537 Caloric vestibular test with recording, bilateral; bithermal (i.e., one warm and one cool irrigation in each ear for a total of four irrigations)
- 92538 . . . monothermal (i.e., one irrigation in each ear for a total of two irrigations)

Covered CPT Codes with Prior Authorization (See Coverage and Reimbursement Lookup Tool)

- 65785 Implantation of intrastromal corneal ring segments
- 81162 BRCA, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis
- 81412 Ashkenazi Jewish associated disorders (e.g., Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1
- 81437 Hereditary neuroendocrine tumor disorders (e.g., medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma; genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL
- 74712 Magnetic resonance (e.g., proton) imaging, fetal including placental and maternal pelvic imaging when performed; single or first gestation
- 74713 . . . each additional gestation (list separately in addition to code for primary procedure)
Note: This code is an add-on code to 74712. Prior authorization is obtained for 74712.

Covered CPT Codes with Manual Review (See Coverage and Reimbursement Lookup Tool)

- 64461 Paravertebral block (PVB) (paraspinal block) thoracic; single injection site, includes imaging guidance, when performed
- 88346 Immunofluorescent study; single antibody stain
- 88350 . . . each additional single antibody stain procedure (list separately in addition to code for primary procedure)

Non-Covered CPT Codes

- 33477 Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
- 61645 Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)
- 69209 Removal impacted cerumen using irrigation/lavage, unilateral
- 81170 ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (e.g., acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
- 81218 CEBPA (CCAAT/enhancer binding protein{C/EBP}, alpha) (e.g., acute myeloid leukemia), gene analysis, full gene sequence)
- 81219 CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9

- 81272 KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (e.g., gastrointestinal stromal tumor {GIST}, acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (e.g., exons 8, 11, 13, 17, 18)
- 81273 KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (e.g., mastocytosis) gene analysis, D816 variants
- 81276 KRAS (Kristen rate sarcoma viral oncogene homolog, gene analysis; additional variant(s) (e.g., codon 61, codon 146)
- 81311 NRAS (neuroblastoma RAS viral {v-ras} oncogene homolog) (e.g., colorectal carcinoma), gene analysis, variants in exon 2 (e.g., codons 12 and 13) and exon 3 (e.g.. codon 61)
- 81314 PDGFRFA (platelet-derived growth factor receptor, alpha polypeptide) (e.g., gastrointestinal stromal tumor {GIST}), gene analysis (e.g., exons 12, 18)
- 81432 Hereditary breast cancer-related disorder (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53
- 81433 . . . duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1.MSH2, and STK11
- 81434 Hereditary retinal disorders (e.g., retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy) genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A
- 81438 . . . duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SCHD, and VHL
- 81442 Noonan spectrum disorders (e.g., Noonan syndrome, cardio-facio-cutaneous syndrome, LEOPARD syndrome, Costello syndrome, Noonan-like syndrome) genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1
- 81490 Autoimmune (rheumatoid arthritis) analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as disease activity score
- 81493 Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
- 81525 Oncology (colon) mRNA, gene expression profiling by real-time RT-PCR of 12 genes, (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
- 81528 Oncology (colorectal) screening, qualitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG-4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result
- 81535 Oncology (gynecologic) live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination
- 81536 . . . each additional single drug or drug combination (list separately in addition to code for primary procedure)
- 81538 Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good verses poor overall survival
- 81540 Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-

- fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype
- 81545 Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (e.g., benign or suspicious)
- 81595 Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping) utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
- 90625 Cholera vaccine, live adult dosage, 1 dose schedule for oral use
- 93050 Arterial pressure wave form analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive
- 96931 Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
- 96932 . . . image acquisition only, first lesion
- 96933 . . . interpretation and report only, first lesion
- 96934 . . . image acquisition interpretation and report, each additional lesion (list separately in addition to code for primary procedure)
- 96935 . . . image acquisition only, each additional lesion (list separately in addition to code for primary procedure)
- 96936 . . . interpretation and report only, each additional lesion (list separately in addition to code for primary procedure)
- 99177 Instrument-based ocular screening (e.g., photo screening, automated refraction), bilateral; with on-site analysis
- 99415 Prolonged office or other outpatient service by clinical staff-1st hour
- 99416 Prolonged office or other outpatient service by clinical staff-ea add 30 mi

Non-Covered CPT Codes Ending in M or T

- 0009M Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
- 0010M Oncology (high-grade prostate cancer), biochemical assay of four proteins (total PSA, free PSA, intact PSA and human kallidrein 2 (hk2)) plus patient age, digital rectal examination status, and no history of positive prostate biopsy, utilizing plasma, prognostic algorithm reported as a probability score
- 0392T Repair of esophageal sphincter using an endoscope and placement of sphincter augmentation device
- 0393T Removal of prosthesis of esophageal sphincter
- 0394T High dose rate electronic brachytherapy
- 0395T High dose rate electronic brachytherapy
- 0396T Intra-operative use of kinetic balance sensor for joint implant stability during knee replacement surgery
- 0397T Diagnostic examination of gallbladder and pancreatic, liver, and bile ducts using an endoscope
- 0398T Destruction of tissue of brain using MRI guidance
- 0399T Nuclear medicine study of heart muscle
- 0400T Digital analysis of unusual pigmented lesions of skin for detection of melanoma, one to five lesions
- 0401T Digital analysis of unusual pigmented lesions of skin for detection of melanoma, six or more lesions

- 0402T Collagen cross linking treatment of disease of cornea
- 0403T Health and behavior intervention for prevention of diabetes, minimum 60 minutes, per day
- 0404T Destruction of growths in uterus with ultrasound guidance using an endoscope
- 0405T Supervision of patient with extracorporeal liver assist system
- 0406T Examination of nasal passage and sinus using an endoscope with placement of implant
- 0407T Examination of nasal passage and sinus using an endoscope with placement of implant, biopsy and removal of polyps
- 0408T Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes
- 0409T Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only
- 0410T Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only
- 0411T Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only
- 0412T Removal of permanent cardiac contractility modulation system; pulse generator only
- 0413T Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)
- 0414T Removal and replacement of permanent cardiac contractility modulation system pulse generator only
- 0415T Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)
- 0416T Relocation of skin pocket for implanted cardiac contractility modulation pulse generator
- 0417T Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system
- 0418T Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system
- 0419T Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50
- 0420T Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, greater than 100
- 0421T Transurethral waterjet ablation of prostate, including control of post-operative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)
- 0422T Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral
- 0423T Secretory type ii phospholipase a2 (spla2-iiia)
- 0424T Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)
- 0425T Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only
- 0426T Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only

- 0427T Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only
- 0428T Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only
- 0429T Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only
- 0430T Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only
- 0431T Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only
- 0432T Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only
- 0433T Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only
- 0434T Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea
- 0435T Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session
- 0436T Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study

Medical Supplies Covered Codes (Traditional Medicaid Only)

- E0465RR Home ventilator, any type used with invasive interface..... (This code is closed as a purchase)
- E0466RR Home ventilator, any type used with non- invasive interface..... (This code is closed as a purchase)
- E1012 Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each. Purchase only. PA required.

Medical Supplies Non-Covered Codes

- A4337 Incontinence supply, rectal insert, any type, each
- C1822 Generator, neurostimulator (implantable), high frequency

Medical Supplies Discontinued Codes Effective December 31, 2015

The following codes were discontinued by CMS and were open for Utah Medicaid:

- E0450 Volume control ventilator...invasive interface
- E0460 Negative pressure ventilator
- E0461 Volume control ventilator...non-invasive interface
- E0463 Pressure support ventilator...invasive interface
- E0464 Pressure support ventilator...non-invasive interface

Dental Services Covered Codes

- D9223 Deep sedation/general anesthesia - each 15 minute increment
- D9243 Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment

Dental Services Non-Covered Codes

- D0251 Extra-oral posterior dental radiographic image
- D0422 Collection and preparation of genetic sample material for laboratory analysis and report
- D0423 Genetic test for susceptibility to diseases - specimen analysis
- D1354 Interim caries arresting medicament application
- D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site
- D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site
- D5221 Immediate maxillary partial denture - resin base (including any conventional clasps, rest and teeth)
- D5222 Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
- D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D7881 Occlusal orthotic device adjustment
- D8681 Removable orthodontic retainer adjustment
- D9932 Cleaning and inspection of removable complete denture, maxillary
- D9933 Cleaning and inspection of removable complete denture, mandibular
- D9934 Cleaning and inspection of removable partial denture, maxillary
- D9935 Cleaning and inspection of removable partial denture, mandibular
- D9943 Occlusal guard adjustment

G Codes Covered with Prior Authorization (See Coverage and Reimbursement Lookup Tool)

- G0299 Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
- G0300 Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes

G Codes Non-Covered

- G0296 Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (service is for eligibility determination and shared decision making)
- G0297 Low dose CT scan (LDCT) for lung cancer screening
- G0298 HIV antigen/antibody, combination assay, screening
- G0475 HIV antigen/antibody, combination assay, screening
- G0476 Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test
- G9473 Services performed by chaplain in the hospice setting, each 15 minutes
- G9474 Services performed by dietary counselor in the hospice setting, each 15 minutes

- G9475 Services performed by other counselor in the hospice setting, each 15 minutes
- G9476 Services performed by volunteer in the hospice setting, each 15 minutes
- G9477 Services performed by care coordinator in the hospice setting, each 15 minutes
- G9478 Services performed by other qualified therapist in the hospice setting, each 15 minutes
- G9479 Services performed by qualified pharmacist in the hospice setting, each 15 minutes
- G9480 Admission to Medicare care choice model program (MCCM)
- G9496 Documentation of reason for not detecting adenoma(s) or other neoplasm. (e.g., neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma)
- G9497 Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery
- G9498 Antibiotic regimen prescribed
- G9499 Patient did not start or is not receiving antiviral treatment for hepatitis c during the measurement period
- G9500 Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented
- G9501 Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given
- G9502 Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period)
- G9503 Patient taking tamsulosin hydrochloride
- G9504 Documented reason for not assessing hepatitis b virus (HBV) status (e.g., patient not receiving a first course of anti-TNF therapy, patient declined) within one year prior to first course of anti-TNF therapy
- G9505 Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason
- G9506 Biologic immune response modifier prescribed
- G9507 Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myositis or toxic myopathy related to drugs)
- G9508 Documentation that the patient is not on a statin medication
- G9509 Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5
- G9510 Remission at twelve months not demonstrated by a twelve month (+/-30 days) phq-9 score of less than five; either phq-9 score was not assessed or is greater than or equal to 5
- G9511 Index date phq-9 score greater than 9 documented during the twelve month denominator identification period
- G9512 Individual had a PDC of 0.8 or greater
- G9513 Individual did not have a PDC of 0.8 or greater
- G9514 Patient required a return to the operating room within 90 days of surgery
- G9515 Patient did not require a return to the operating room within 90 days of surgery
- G9516 Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery
- G9517 Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given

- G9518 Documentation of active injection drug use
- G9519 Patient achieves final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery
- G9520 Patient does not achieve final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery, reason not given
- G9521 Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months
- G9522 Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given
- G9523 Patient discontinued from hemodialysis or peritoneal dialysis
- G9524 Patient was referred to hospice care
- G9525 Documentation of patient reason(s) for not referring to hospice care (e.g., patient declined, other patient reasons)
- G9526 Patient was not referred to hospice care, reason not given
- G9529 Patient with minor blunt head trauma had an appropriate indication(s) for a head CT
- G9530 Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider
- G9531 Patient has a valid reason for a head CT for trauma being ordered, regardless of indications (i.e., ventricular shunt, brain tumor, multisystem trauma, pregnancy, or currently taking an antiplatelet medication including: ASA/dipyridamole, clopidogrel, prasugrel, ticlopidine, ticagrelor or cilostazol)
- G9532 Patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a GCS score less than 15, or had a head ct for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma
- G9533 Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct
- G9534 Advanced brain imaging (CTA, CT, MRA or MRI) was not ordered
- G9535 Patients with a normal neurological examination
- G9536 Documentation of medical reason(s) for ordering an advanced brain imaging study (i.e., patient has an abnormal neurological examination; patient has the coexistence of seizures, or both; recent onset of severe headache; change in the type of headache; signs of increased intracranial pressure (e.g., papilledema, absent venous pulsations on funduscopic examination, altered mental status, focal neurologic deficits, signs of meningeal irritation); HIV-positive patients with a new type of headache; immunocompromised patient with unexplained headache symptoms; patient on coagulopathy/anti-coagulation or anti-platelet therapy; very young patients with unexplained headache symptoms)
- G9537 Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)
- G9538 Advanced brain imaging (CTA, CT, MRA or MRI) was ordered
- G9539 Intent for potential removal at time of placement
- G9540 Patient alive 3 months post procedure
- G9541 Filter removed within 3 months of placement
- G9542 Documented re-assessment for the appropriateness of filter removal within 3 months of placement
- G9543 Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement

- G9544 Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement
- G9547 Incidental CT finding: liver lesion = 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion = 1.0 cm
- G9548 Final reports for abdominal imaging studies with follow-up imaging recommended
- G9549 Documentation of medical reason(s) that follow-up imaging is not indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s))
- G9550 Final reports for abdominal imaging studies with follow-up imaging not recommended
- G9551 Final reports for abdominal imaging studies without a liver lesion < 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion < 1.0 cm noted
- G9552 Incidental thyroid nodule < 1.0 cm noted in report
- G9553 Prior thyroid disease diagnosis
- G9554 Final reports for CT or MRI of the chest or neck or ultrasound of the neck with follow-up imaging recommended
- G9555 Documentation of medical reason(s) for not including documentation that follow up imaging is not needed (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))
- G9556 Final reports for CT or MRI of the chest or neck or ultrasound of the neck with follow-up imaging not recommended
- G9557 Final reports for CT or MRI studies of the chest or neck or ultrasound of the neck without a thyroid nodule < 1.0 cm noted
- G9558 Patient treated with a beta-lactam antibiotic as definitive therapy
- G9559 Documentation of medical reason(s) for not prescribing a beta-lactam antibiotic (e.g., allergy, intolerance to beta -lactam antibiotics)
- G9560 Patient not treated with a beta-lactam antibiotic as definitive therapy, reason not given
- G9561 Patients prescribed opiates for longer than six weeks
- G9562 Patients who had a follow-up evaluation conducted at least every three months during opioid therapy
- G9563 Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy
- G9572 Index date PHQ score greater than 9 documented during the twelve month denominator identification period
- G9573 Remission at six months as demonstrated by a six month (+/-30 days) PHQ-9 score of less than five
- G9574 Remission at six months not demonstrated by a six month (+/-30 days) PHQ-9 score of less than five
Either PHQ-9 score was not assessed or is greater than or equal to five.
- G9577 Patients prescribed opiates for longer than six weeks
- G9578 Documentation of signed opioid treatment agreement at least once during opioid therapy
- G9579 No documentation of signed an opioid treatment agreement at least once during opioid therapy
- G9580 Door to puncture time of less than 2 hours
- G9581 Door to puncture time of greater than 2 hours for reasons documented by clinician (e.g., patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment; hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment)
- G9582 Door to puncture time of greater than 2 hours, no reason given
- G9583 Patients prescribed opiates for longer than six weeks

- G9584 Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, SOAPP-R) or patient interviewed at least once during opioid therapy
- G9585 Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, SOAPP-R) or patient not interviewed at least once during opioid therapy
- G9593 Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules
- G9594 Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider
- G9595 Patient has a valid reason for a head CT for trauma being ordered, regardless of indications (i.e., ventricular shunt, brain tumor, coagulopathy, including thrombocytopenia)
- G9596 Pediatric patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a GCS score less than 15, or had a head CT for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma
- G9597 Pediatric patient with minor blunt head trauma not classified as low risk according to the PECARN prediction rules
- G9598 Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT
- G9599 Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT
- G9600 Symptomatic AAAS that required urgent/emergent (non-elective) repair
- G9601 Patient discharge to home no later than post-operative day #7
- G9602 Patient not discharged to home by post-operative day #7
- G9603 Patient survey score improved from baseline following treatment
- G9604 Patient survey results not available
- G9605 Patient survey score did not improve from baseline following treatment
- G9606 Intraoperative cystoscopy performed to evaluate for lower tract injury
- G9607 Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)
- G9608 Intraoperative cystoscopy not performed to evaluate for lower tract injury
- G9609 Documentation of an order for anti-platelet agents or P2Y12 antagonists
- G9610 Documentation of medical reason(s) for not ordering anti-platelet agents or P2Y12 antagonists (e.g., patients with known intolerance to anti-platelet agents such as aspirin or aspirin-like agents, or P2Y12 antagonists, or those on or other intravenous anti-coagulants; patients with active bleeding or undergoing urgent or emergent operations or endarterectomy combined with cardiac surgery, other medical reason(s))
- G9611 Order for anti-platelet agents or P2Y12 antagonists was not documented, reason not otherwise specified
- G9612 Photodocumentation of one or more cecal landmarks to establish a complete examination
- G9613 Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)
- G9614 No photodocumentation of cecal landmarks to establish a complete examination
- G9615 Preoperative assessment documented
- G9616 Documentation of reason(s) for not documenting a preoperative assessment (e.g., patient with a gynecologic or other pelvic malignancy noted at the time of surgery)
- G9617 Preoperative assessment not documented, reason not given
- G9618 Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind

- G9619 Documentation of reason(s) for not screening for uterine malignancy (e.g., prior hysterectomy)
- G9620 Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given
- G9621 Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling
- G9622 Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method
- G9623 Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)
- G9624 Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given
- G9625 Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery
- G9626 Patient is not eligible (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.)
- G9627 Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery
- G9628 Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-surgery
- G9629 Patient is not eligible (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.)
- G9630 Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery
- G9631 Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery
- G9632 Patient is not eligible (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.)
- G9633 Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post-surgery
- G9634 Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved
- G9635 Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the HRQOL survey, patient has the inability to read and/or write in order to complete the HRQOL questionnaire)
- G9636 Health-related quality of life not assessed with tool during at least two visits or quality of life score declined
- G9637 Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)
- G9638 Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)
- G9639 Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure
- G9640 Documentation of planned hybrid or staged procedure

- G9641 Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure
- G9642 Current cigarette smokers
- G9643 Elective surgery
- G9644 Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure
- G9645 Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure
- G9646 Patients with 90 day mRS score of 0 to 2
- G9647 Patients in whom mRS score could not be obtained at 90 day follow-up
- G9648 Patients with 90 day mRS score greater than 2
- G9649 Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (PGA; 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index) (DLQI))
- G9650 Documentation that the patient declined therapy change or has documented contraindications (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured byPGA, BSA, PASI, or DLQI
- G9651 Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (PGA; 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index) (DLQI)) or psoriasis assessment tool not documented
- G9652 Patient has been treated with a systemic or biologic medication for psoriasis for at least six months
- G9653 Patient has not been treated with a systemic or biologic medication for psoriasis for at least six months
- G9654 Monitored anesthesia care (MAC)
- G9655 A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used
- G9656 Patient transferred directly from anesthetizing location to PACU
- G9657 Transfer of care during an anesthetic or to the intensive care unit
- G9658 A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used
- G9659 Patients greater than 85 years of age who did not have a history of colorectal cancer or valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits
- G9660 Documentation of medical reason(s) for a colonoscopy performed on a patient greater than 85 years of age (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits)
- G9661 Patients greater than 85 years of age who received a routine colonoscopy for a reason other than the following: an assessment of signs/symptoms of GI tract illness, and/or the patient is considered high risk, and/or to follow-up on previously diagnoses advance lesions
- G9662 Previously diagnosed or have an active diagnosis of clinical ASCVD
- G9663 Any fasting or direct LDL-C laboratory test result = 190 mg/dl
- G9664 Patients who are currently statin therapy users or received an order (prescription) for statin therapy
- G9665 Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy

- G9666 The highest fasting or direct LDL-C laboratory test result of 70-189 mg/dl in the measurement period or two years prior to the beginning of the measurement period
- G9667 Documentation of medical reason(s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patient with adverse effect, allergy or intolerance to statin medication therapy, patients who have an active diagnosis of pregnancy or who are breastfeeding, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease (ESRD), and patients with diabetes who have a fasting or direct LDL-C laboratory test result < 70 mg/dl and are not taking statin therapy)
- G9668 Documentation of medical reason(s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patient with adverse effect, allergy or intolerance to statin medication therapy, patients who have an active diagnosis of pregnancy or who are breastfeeding, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease (ESRD), and patients with diabetes who have a fasting or direct ldl-c laboratory test result < 70 mg/dl and are not taking statin therapy)
- G9669 I intend to report the multiple chronic conditions measures group
- G9670 All quality actions for the applicable measures in the multiple chronic conditions measures group have been performed for this patient
- G9671 I intend to report the diabetic retinopathy measures group
- G9672 All quality actions for the applicable measures in the diabetic retinopathy measures group have been performed for this patient
- G9673 I intend to report the cardiovascular prevention measures group
- G9674 Patients with clinical ASCVD diagnosis
- G9675 Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl
- G9676 Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an LDL-C result of 70-189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period
- G9677 All quality actions for the applicable measures in the cardiovascular prevention measures group have been performed for this patient

Other HCPCS Codes Covered for PT 01

- P9070 Plasma, pooled multiple donor, pathogen reduced, frozen, each unit
- P9071 Plasma (single donor), pathogen reduced, frozen, each unit
- P9072 Platelets, pheresis, pathogen reduced, each unit

Non-Covered HCPCS Codes

- C2645 Brachytherapy planar source, palladium-103, per square millimeter
- C9743 Injection/implantation of bulking or spacer material (any type) with or without image guidance (not to be used if a more specific code applies)
- L8607 Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies
- Q4161 Bio-Connekt wound matrix, per square centimeter
- Q4162 AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, AmnioGen-A, AmnioGen-C, 0.5 cc

Q4163 AmnioPro, BioSkin, BioRenew, WoundEx, AmnioGen-45, AmnioGen-200, per square centimeter
Q4164 Helicoll, per square centimeter
Q4165 Keramatrix, per square centimeter

Pharmacy Codes Covered (Traditional and Non-Traditional Only)

C9458 Florbitaben f18, diagnostic, per study dose, up to 8.1 millicuries
C9460 Injection, cangrelor, 1 mg
J0202 Injection, alemtuzumab, 1 mg
J0596 Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
J0695 Injection, ceftolozane 50 mg and tazobactam 25 mg
J0714 Injection, ceftazidime and avibactam, 0.5 g/0.125 g
J0875 Injection, dalbavancin, 5mg
J1447 Injection, tbo-filgrastim, 1 microgram
J1575 Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
J1833 Injection, isavuconazonium, 1 mg
J2407 Injection, oritavancin, 10 mg
J2502 Injection, pasireotide long acting, 1 mg
J2547 Injection, peramivir, 1 mg
J2860 Injection, siltuximab, 10 mg
J3090 Injection, tedizolid phosphate, 1 mg
J3380 Injection, vedolizumab, 1 mg
J7121 5% dextrose in lactated ringers infusion, up to 1000 cc
J7297 Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration
J7298 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7313 Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg
J9032 Injection, belinostat, 10 mg
J9039 Injection, blinatumomab, 1 microgram
J9271 Injection, pembrolizumab, 1 mg
J9299 Injection, nivolumab, 1 mg
J9308 Injection, ramucirumab, 5 mg

Pharmacy Codes Non-Covered

C9459 Flutemetamol f18, diagnostic, per study dose, up to 5 millicuries
J1443 Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron
J7188 Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
J7205 Injection, factor viii fc fusion (recombinant), per i.u.
J7328 Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg
J7340 Carbidopa 5 mg/levodopa 20 mg enteral suspension
J7503 Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg
J7512 Prednisone, immediate release or delayed release, oral, 1 mg
J7999 Compounded drug, not otherwise classified
J8655 Netupitant 300 mg and palonosetron 0.5 mg

Q5101 Injection, filgrastim (g-csf), biosimilar, 1 microgram

Q9950 Injection, sulfur hexafluoride lipid microspheres, per ml

Q9980 Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg