SECTION 4

PROCEDURE CODES

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SECTION 4 PROCEDURE CODES

END STAGE RENAL DISEASE CLINICS

CODE	DESCRIPTION
36430	TRANSFUSION, BLOOD
71010	RADIOLOGY, CHEST; SINGLE VIEW, FRONTAL*
71015	RADIOLOGY, CHEST; STEREO, FRONTAL*
71020	RADIOLOGY, CHEST; TWO VIEWS, FRONTAL AND LATERAL*
71021	RADIOLOGY, CHEST; WITH APICAL LORDOTIC PROCEDURE*
71022	RADIOLOGY, CHEST; WITH OBLIQUE PROJECTIONS*
71023	RADIOLOGY, CHEST; WITH FLUOROSCOPY*
71030	RADIOLOGY, CHEST; COMPLETE MINIMUM OF FOUR VIEWS*
71034	RADIOLOGY, CHEST; WITH FLUOROSCOPY*
71035	RADIOLOGY, CHEST; SPECIAL VIEWS (E.G., LAT DECUB)*
82108	ALUMINUM
82728	FERRITIN
86580	SKIN TEST TUBERCULOSIS INTRADERMAL
86704	HEPATITIS B CORE ANTIBODY (HBCAB); IGC AND IGM
86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY
87340	HEPATITIS B SURFACE ANTIGEN (HBSAG)
90657	INFLUENZA VACCINE, SPLIT VIRUS, 6–35 MONTHS DOSAGE
90658	INFLUENZA VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE
90732	PNEUMONIA VACCINE
90743	HEPATITIS B VACCINE, PED/ADOLESC (2 DOSE)
90744	HEPATITIS B VACCINE, PED/ADOLESC (3 DOSE)
90746	HEPATITIS B VACCINE – ADULT DOSAGE
90747	HEPATITIS B VACCINE-PATIENT DOSAGE (4 DOSE)
90935	HEMODIALYSIS (IN CENTER), PER TREATMENT
90989	DIALYSIS TRAINING, INCLUDING HELPER, ANY MODE, COMPLETED COURSE
90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER, ANY MODE, COURSE NOT COMPLETED, PER SESSION
90997	HEMOPERFUSION (*E.G.*, ACTIVATED CHARCOAL OR RESIN)
93000	EKG 12 LEAD WITH INTERPRETATION AND REPORT*

SECTION 4 PROCEDURE CODES

END STAGE RENAL DISEASE CLINICS

CODE	DESCRIPTION
93005	EKG TRACING ONLY (NO REPORT OR INTERPRETATION)*
96372	INJECTION ADMIN – SUPPLY CHARGE
B4150	ENTERAL FORMULAE; CATEGORY I; SEMISYNTHETIC INTACT PROTEIN/PROTEIN ISOLATES, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT *USE MODIFIER BO — ORALLY ADMINISTERED NUTRITION, NOT BY FEEDING TUBE, ENSURE*
B4152	ENTERAL FORMULAE; CATEGORY II; INTACT PROTEIN/PROTEIN ISOLATES (CALORICALLY DENSE), ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT *USE MODIFIER BO — ORALLY ADMINISTERED NUTRITION, NOT BY FEEDING TUBE, ENSURE PLUS*
B4154	ENTERAL FORMULAE; CATEGORY IV; DEFINED FORMULA FOR SPECIAL METABOLIC NEED, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT *USE MODIFIER BO — ORALLY ADMINISTERED NUTRITION, NOT BY FEEDING TUBE, NEPRO, SUPLENA*
Q4081	INJ, EPOETIN ALFA, 100 UNITS
S9335	HOME HEMODIALYSIS, PER TREATMENT DAY
S9339	HOME PERITONEAL DIALYSIS, PER TREATMENT HOUR
X6661	MULTIVITAMINS, PER 100 TABS OR CAPS
X6704	CALCIUM ACETATE, PER 100 TABS OR CAPS
X6711	VITAMIN D, PER 30 TABS OR CAPS
X6717	CALCIUM, PER 100 TABS OR CAPS
X6718	ANTACIDS (PHOSPHATE BINDERS), PER 100 TABS OR CAPS
X6719	IRON SALTS, PER 100 TABS OR CAPS
X6720	IRON WITH VITAMINS, PER 100 TABS OR CAPS
X6721	IRON COMPLEX, PER 100 TABS OR CAPS

Note: Asterisk indicates codes that must be submitted with documentation to support medical necessity.

SECTION 4 PROCEDURE CODES

DIALYSIS J-CODES

Code	Description
J0290	AMPICILLIN SODIUM, 500 MG
J2995	STREPTOKINASE PER 250,000 IU
J0360	HYDRALAZINE HCL TO 20 MG
J0610	CALCIUM GLUCONTE TO 10 ML
J0636	CALCITRIOL, 0.1 MCG
J0690	CEFAZOLIN SODIUM, 500 MG
J0692	CEFEPHINE HYDROCHLORIDE, 500 MG
J0694	CEFOXITIN SODIUM, 1 GM
J0696	CEFTRIAXONE SODIUM PER 250 MG
J0697	STERILE CEFUROXIME SOD PER 750 MG
J7131	HYPERTONIC SALINE SOLUTION, 1 ML
J0713	CEFTAZIDIME, PER 500 MG
J0735	CLONIDINE HYDROCHLORIDE, 1 MG
J0780	PROCHLORPERAZINE TO 10 MG
J0882	INJECTION, DARBEPOETIN ALFA, 1 MG
J0886	EPOETIN ALFA, 1000 UNITS
J0895	DEFEROXAMINE MESYLATE, 500 MG
J1070	TESTOSTERONE CYPIONATE TO 100 MG
J1080	TESTOSTERONE CYPIONATE 1CC/200 MG
J1165	PHENYTOIN SODIUM TO 50 MG
J1200	DIPHENHYDRAMINE UP TO 50 MG
J1270	DOXERCALCIFEROL, 1 MCG
J1410	ESTROGEN CONJUGATED PER 25 MG
J1450	FLUCONAZOLE, 200 MG
J1570	GANCICLOVIR SODIUM 500 MG
J1580	GARAMYCIN- GENTAMICIN TO 80 MGS
J1644	HEPARIN SODIUM PER 1000 UNITS

SECTION 4 PROCEDURE CODES

DIALYSIS J-CODES

Code	Description
J1720	HYDROCORTISONE SOD SUCCIN TO 100 MG
J1750	IRON DEXTRAN, 50 MG
J1756	IRON SUCROSE, 1 MG
J1955	LEVOCARNITINE, PER 1 GM
J1956	LEVOFLOXACIN, 250 MG
J2060	ATIVAN TO 4MG
J2150	MANNITOL, 25% IN 50 ML
J2310	NALOXONE HYDROCHLORIDE, PER 1 MG
J2320	NANDROLONE DECANOATE TO 50 MG
J2321	NANDROLONE DECANOATE TO 100 MG
J2322	NANDROLONE DECANOATE TO 200 MG
J2430	PAMIDRONATE DISODIUM, PER 30 MG
J2501	PARICALCITOL, 1 MCG
J2550	PROMETHAZINE HCL TO 50 MG
J2720	PROTAMINE SULFATE PER 10 MG
J2765	METOCLOPRAMIDE HCL TO 10 MG
J2916	NA FERRIC GLUCONATE COMPLEX, 12.5 MG
J2930	METHYLPREDNISOLONE SOD SU TO 125 MG
J2997	ALTEPLASE RECOMBINANT, 1 MG
J3260	TOBRAMYCIN SULFATE TO 80 MG
J3350	UREA TO 40 GM
J3360	VALIUM UP TO 5 MG
J3364	UROKINASE 5000 IU VIAL
J3365	IV, UROKINASE 250,000 IU VIAL
J3370	VANCOMYCI HCL, 500 MG
J3410	VISTARIL UP TO 25 MG
J3490	UNCLASSIFIED DRUGS

SECTION 4 PROCEDURE CODES

DIALYSIS J-CODES

Code	Description
J7030	IV NORMAL SALINE 1000 CC
J7040	IV NORMAL SALINE SOL, STERILE(500 ML=UNIT)
J7042	INFUSION 5% DEXTROSE/NS (500 ML=1 UNIT)
J7050	IV, NORMAL SALINE SOLUTION, 250 CC
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)
J7070	INFUSION D5W 1000 ML
J7100	IV DEXTRAN 40, 500 ML
J7110	IV DEXTRAN 75, 500 ML

SECTION 4 PROCEDURE CODES

OUTPATIENT PEDIATRIC AIDS CLINICS

CODE	DESCRIPTION
T1025	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MENTAL AND PSYCHOSOCIAL IMPAIRMENTS, PER DIEM
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE

INFUSION CENTERS

CODE	DESCRIPTION
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS
90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (SYNAGIS)
90657	INFLUENZA VIRUS VACCINE, 6-35 MONTHS OF AGE, IM
90658	INFLUENZA VIRUS VACCINE, 3 YEARS OR OLDER, IM
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR, UP TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR, UP TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96372	THERAPEUTIC, PROPHYLACTIC, DIAG INJ; SUB/IM
96374	THERAPEUTIC, PROPHYLACTIC, DIAG INJ; IV PUSH
96375	THERAPEUTIC, PROPHYLACTIC, DIAG INJ; EACH ADDITIONAL IV PUSH

SECTION 4 PROCEDURE CODES

INFUSION CENTERS

CODE	DESCRIPTION
94640	PRESSURIZED OR NON PRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION OR FOR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES (*E.G.*, WITH AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING)
96409	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; PUSH TECHNIQUE
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO EIGHT HOURS, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN EIGHT HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC (*E.G.*, INTRAVENOUS, INTRA-ARTERIAL)
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)
P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT

SECTION 4 PROCEDURE CODES

INFUSION CENTERS

CODE	DESCRIPTION
P9012	CRYOPRECIPITATE, EACH UNIT
P9016	RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT
P9019	PLATELETS, EACH UNIT
P9021	RED BLOOD CELLS, EACH UNIT
P9034	PLATELETS, PHERESIS, EACH UNIT
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT
P9036	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML

CHEMOTHERAPY DRUG CODES

The following table lists the chemotherapy drug codes. They include the cost of the drug only, not the administration.

CODE	DESCRIPTION
J0202	INJECTION, ALEMTUZUMAB, 1 MG
J9000	DOXORUBICIN HCL 10 MG
J9015	ALEDESLEUKIN, PER SINGLE USE VIAL
J9017	ARSENIC TRIOXIDE, 1 MG
J9020	ASPARAGINASE, 10,000 UNITS
J9025	AZACITIDINE, 1 MG
J9031	BCG(INTRAVESICAL) PER INSTILLATION
J9033	BENDAMUSTINE HCL, 1 MG (TREANDA) **(PA REQUIRED)**
J9035	BEVACIZUMAB, 10 MG
J9040	BLEOMYCIN SULFATE 15 UNITS
J9041	BORTEZOMIB, 0.1 MG
J9045	CARBOPLATIN, 50 MG

SECTION 4 PROCEDURE CODES

CHEMOTHERAPY DRUG CODES

CODE	DESCRIPTION
J9050	CARMUSTINE, 100 MG
J9055	CETUXIMAB, 10 MG
J9060	CISPLATIN,POWDER OR SOL, PER 10 MG
J9065	CLADRIBINE, PER 1 MG
J9070	CYCLOPHOSPHAMIDE, 100 MG
J9100	CYTARABINE 100 MG
J9120	DACTINOMYCIN, .5 MG
J9130	DACARBAZINE, 100 MG
J9150	DAUNORUBICIN HCL, 10 MG
J9178	EPIRUBICIN, HCI, 2 MG
J9181	ETOPOSIDE, 10 MG
J9185	FLUDARABINE PHOSPHATE, 50 MG
J9190	FLUOROURACIL, 500 MG
J9200	FLOXURIDINE 500 MG
J9201	GEMCITABINE HCL, 200 MG
J9202	GOSERELIN ACETATE IMPLANT, 3.6 MG
J9206	IRINOTECAN, 20 MG
J9207	IXABEPILONE, 1 MG (IXEMPRA) **(PA REQUIRED)**
J9208	IFOSFAMIDE, 1 GM
J9209	MESNA, 200 MG
J9211	IDARUBICIN HYDROCHLORIDE 5 MG
J9214	INTERFERON ALFA-2B RECOMB 1 MIL UN
J9215	INTERFERON ALFA-N3/HUM LEUK250,000
J9216	INTERFERON GAMMA 1-B,3 MILLION UNI
J9217	LEUPROLIDE ACETATE(DEPOT SUS)7.5MG
J9218	LEUPROLIDE ACETATE PER 1MG
J9230	MECHLORETHAMINE HYDRO(NIT MUS)10MG
J9245	INJECTION MELPHALAN HYDROCHLORIDE, 50 MG
J9250	METHOTREXATE SODIUM, 5 MG

SECTION 4 PROCEDURE CODES

CHEMOTHERAPY DRUG CODES

CODE	DESCRIPTION
J9260	METHOTREXATE SODIUM, 50 MG
J9263	OXALIPLATIN, 0.5 MG
J9264	PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL
J9268	PENTOSTATIN, PER 10 MG
J9280	MITOMYCIN,5 MG
J9293	MITOXANTRONE HYDROCHLORIDE PER 5 MG
J9303	PANITUMUMAB, 10 MG **(PA REQUIRED)**
J9305	PEMETREXED, 10 MG
J9310	RITUXIMAB, 100 MG
J9320	STREPTOZOCIN, 1 GM
J9330	TEMSIROLIMUS, 1 MG (TORISEL) **(PA REQUIRED)**
J9340	THIOTEPA, 15 MG
J9355	TRASTUZUMAB, 10 MG
J9357	VALRUBICIN, INTRAVESICAL, 200 MG
J9360	VINBLASTINE SULFATE, 1 MG
J9370	VINCRISTINE SULFATE, 1 MG
J9390	VINORELBINE TARTRATE, PER 10 MG
J9395	FULVESTRANT, 25 MG
J9600	PORFIMER SODIUM, 75 MG
J9999	NOC, ANTINEOPLASTIC DRUGS

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY ICORE HEALTHCARE

Effective with date of service September 9, 2013, J-code drug PA requests for beneficiaries enrolled in FFS Medicaid or Medicaid Medical Home Networks will be processed by ICORE. PA requests may be submitted online at www.icorehealthcare.com, or by telephone at 1-800-424-8219, Monday through Friday, 8:00 a.m. to 5:00 p.m. Detailed information about the J-code drug PA process can be found in the Medicaid bulletin dated August 8, 2013.

Prior authorization is required for the following CPT codes:

J-CODE	DRUG NAME	CATEGORY
J2505	NEULASTA	CHEMO SUPPORT
J9355	HERCEPTIN	CHEMO
J9035	AVASTIN	CHEMO
J1745	REMICADE	RA
J9263	ELOXATIN	CHEMO
J9305	ALIMTA	CHEMO
J9055	ERBITUX	CHEMO
J9310	RITUXAN	CHEMO/RA
J2323	TYSABRI	MS
J2469	ALOXI	CHEMO SUPPORT
J9264	ABRAXANE	CHEMO
J0881	ARANESP	CHEMO SUPPORT
J0885	PROCRIT	CHEMO SUPPORT
J0129	ORENCIA	RA
J1440	NEUPOGEN	CHEMO SUPPORT
J1442	NEUPOGEN	CHEMO SUPPORT
J9303	VECTIBIX	CHEMO
J9228	YERVOY	CHEMO
J9179	HALAVAN	CHEMO
J2507	KRYSTEXXA	GOUT
J3590	KADCYLA	CHEMO
J9306	PERJETA	CHEMO
Q2043	PROVENGE	PROSTATE CANCER

SECTION 4 PROCEDURE CODES

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SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

CPT CODES REQUIRING PRIOR AUTHORIZATION REVIEW

KEPRO will pre-authorize all CPT codes listed below and may be reached at 1-855-326-5219.

CODE	CODE	CODE	CODE	CODE	CODE
15823	19369	22812	43887	58290	61886
15830	19370	22830	43888	58291	63001
15847	19371	22840	51925	58292	63003
19300	19380	22841	54235	58293	63005
19301	21899	22842	54400	58294	63011
19302	22548	22843	54401	58541	63012
19303	22551	22844	54405	58542	63015
19304	22552	22845	54690	58543	63016
19305	22554	22846	57291	58544	63017
19306	22556	22847	57292	58548	63020
19307	22558	22848	57295	58550	63030
19316	22585	22849	58150	58552	63035
19318	22590	22851	58152	58553	63040
19328	22595	22899	58180	58554	63042
19330	22600	37788	58200	58570	63043
19340	22610	43644	58210	58571	63044
19342	22612	43645	58240	58572	63045
19350	22614	43770	58260	58573	63046
19355	22630	43771	58262	58952	63047
19357	22632	43773	58263	58953	63048
19361	22800	43842	58267	58954	63050
19364	22802	43846	58270	58956	63051
19366	22804	43847	58275	58957	63055
19367	22808	43848	58280	59525	63056
19368	22810	43886	58285	61885	63057

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

CODE	CODE	CODE	CODE	CODE	CODE
63064	63085	63173	63196	63662	69715
63066	63086	63180	63197	63663	69718
63075	63087	63182	63198	63664	69930
63076	63088	63185	63199	63685	
63077	63090	63190	63200	63688	
63078	63091	63191	63650	69300	
63081	63170	63194	63655	69710	
63082	63172	63195	63661	69714	

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

CPT CODES REQUIRING SCDHHS PRIOR AUTHORIZATION REVIEW

Requests for prior approval should be faxed to (803) 255-8351, Attn: Prior Review Authorization with documentation to support the medical necessity or mailed to SCDHHS at the following address for review:

SCDHHS
South Carolina Medicaid
Post Office Box 8206
Columbia, SC 29202-8206

CODE	CODE	CODE
11920	54160	J1743
11921	54161	J1931
27416	54240	J2323
38204	54250	J2357
38205	93750	J2503
38206	A9604	J2724
38230	J0180	J2778
38240	J0205	J3285
38241	J0215	J3489
38242	J0220	J7311
44135	J0400	J9033
50320	J0598	J9207
50323	J0894	J9226
50325	J1300	J9303
50327	J1453	J9330
50328	J1573	Q4100
50329	J1725	
54150	J1740	

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

PT/OT/ST CPT CODES REQUIRING PRIOR AUTHORIZATION BY KEPRO

The following physical therapy (PT), occupational therapy (OT), and speech therapy (ST) procedure codes require prior authorization by KEPRO. Providers should contact KEPRO at 1-855-326-5219.

CODE	CODE
92507	97035
92508	97036
92521	97110
92522	97112
92523	97113
92524	97116
92607	97124
92608	97140
92609	97150
92610	97530
97001	97532
97002	97533
97003	97535
97004	97537
97012	97542
97016	97597
97018	97598
97022	97605
97024	97606
97026	97750
97028	97755
97032	97760
97033	97761
97034	97762

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

TRANSPLANT CODES REQUIRING PRIOR AUTHORIZATION BY KEPRO

The following transplant procedure codes require prior authorization by KEPRO. Providers should contact KEPRO at 1-855-326-5219.

CODE	CODE
32851	44721
32852	47125
32853	47130
32854	47133
32855	47135
32856	47399
33933	47143
33935	47144
33944	47145
33945	47146
33975	47147
33976	48160
33977	48550
33978	48551
33979	48552
44715	48554
44720	48556

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

FAMILY PLANNING PROCEDURE AND DIAGNOSIS CODES

The following tables include the CPT and diagnosis codes for Family Planning.

FAMILY PLANNING PROCEDURE CODES

CODE
J1050
J1950
J7297
J7298
J7300
J7301
J7307
11976
11981
11982
11983
58340
58565
58600
58615
58670
58671

Family Planning ICD-9-CM Diagnosis Codes

For dates of service on or before September 30, 2015, please use the following ICD-9-CM diagnosis codes.

FAMILY PLANNING DIAGNOSIS CODES

CODE	DESCRIPTION
V25.01	PRESCRIPTION – ORAL CONTRACEPTION
V25.02	INITIATE CONTRACEPTION NEC
V25.09	FAMILY PLANNING ADVICE
V25.1	INSERTION OF IUD
V25.2	STERILIZATION
V25.40	CONTRACEPTION SURVEILLANCE, NOS

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

FAMILY PLANNING DIAGNOSIS CODES

CODE	DESCRIPTION
V25.41	CONTRACEPTION PILL SURVEILLANCE
V25.42	IUD SURVEILLANCE
V25.43	IMPLANTABLE SUBDERMAL CONTRACEPTION
V25.49	CONTRACEPTION SURVEILLANCE, NECESSARY
V 25.5	FAMILY PLANNING DEVICE
V25.8	CONTRACEPTIVE MANAGEMENT, NECESSARY
V25.9	CONTRACEPTIVE MANAGEMENT, NOS

Family Planning ICD-10-CM Diagnosis Codes

October 2016 Update

For dates of service on or after **October 1, 2016**, please use the following ICD-10-CM diagnosis codes. For dates of service prior to October 1, 2016, refer to the October 2015 Update included in this section.

FAMILY PLANNING DIAGNOSIS CODES
OCTOBER 2016 UPDATE

CODE	DESCRIPTION
Z30.011	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVE PILLS
Z30.013	ENCOUNTER FOR INITIAL PRESCRIPTION OF INJECTABLE CONTRACEPTIVE
Z30.014	ENCOUNTER FOR INITIAL PRESCRIPTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.015	ENCOUNTER FOR INITIAL PRESCRIPTION OF VAGINAL RING HORMONAL CONTRACEPTIVE
Z30.016	ENCOUNTER FOR INITIAL PRESCRIPTION OF TRANSDERMAL PATCH HORMONAL CONTRACEPTIVE DEVICE
Z30.017	ENCOUNTER FOR INITIAL PRESCRIPTION OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE
Z30.018	ENCOUNTER FOR INITIAL PRESCRIPTION OF OTHER CONTRACEPTIVES

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

FAMILY PLANNING DIAGNOSIS CODES

OCTOBER 2016 UPDATE

CODE	DESCRIPTION
Z30.019	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVES, UNSPECIFIED
Z30.09	ENCOUNTER FOR OTHER GENERAL COUNSELING AND ADVICE ON CONTRACEPTION
Z30.2	ENCOUNTER FOR STERILIZATION
Z30.40	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVES, UNSPECIFIED
Z30.41	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVE PILLS
Z30.42	ENCOUNTER FOR SURVEILLANCE OF INJECTABLE CONTRACEPTIVE
Z30.430	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.431	ENCOUNTER FOR ROUTINE CHECKING OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.44	ENCOUNTER FOR SURVEILLANCE OF VAGINAL RING HORMONAL CONTRACEPTIVE DEVICE
Z30.45	ENCOUNTER FOR SURVEILLANCE OF TRANSDERMAL PATCH HORMONAL CONTRACEPTIVE DEVICE
Z30.46	ENCOUNTER FOR SURVEILLANCE OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE
Z30.49	ENCOUNTER FOR SURVEILLANCE OF OTHER CONTRACEPTIVES
Z30.8	ENCOUNTER FOR OTHER CONTRACEPTIVE MANAGEMENT
Z30.9	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

October 2015 Update

For dates of service on or after October 1, 2015, please use the following ICD-10-CM diagnosis codes. For dates of service on or after October 1, 2016, refer to the October 2016 Update included in this section.

FAMILY PLANNING DIAGNOSIS CODES
OCTOBER 2015 UPDATE

CODE	DESCRIPTION
Z30.011	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVE PILLS
Z30.013	ENCOUNTER FOR INITIAL PRESCRIPTION OF INJECTABLE CONTRACEPTIVE
Z30.014	ENCOUNTER FOR INITIAL PRESCRIPTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.015	ENCOUNTER FOR INITIAL PRESCRIPTION OF VAGINAL RING HORMONAL CONTRACEPTIVE
Z30.016	ENCOUNTER FOR INITIAL PRESCRIPTION OF TRANSDERMAL PATCH HORMONAL CONTRACEPTIVE DEVICE
Z30.017	ENCOUNTER FOR INITIAL PRESCRIPTION OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE
Z30.018	ENCOUNTER FOR INITIAL PRESCRIPTION OF OTHER CONTRACEPTIVES
Z30.019	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVES, UNSPECIFIED
Z30.09	ENCOUNTER FOR OTHER GENERAL COUNSELING AND ADVICE ON CONTRACEPTION
Z30.2	ENCOUNTER FOR STERILIZATION
Z30.40	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVES, UNSPECIFIED
Z30.41	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVE PILLS
Z30.42	ENCOUNTER FOR SURVEILLANCE OF INJECTABLE CONTRACEPTIVE
Z30.430	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.431	ENCOUNTER FOR ROUTINE CHECKING OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.44	ENCOUNTER FOR SURVEILLANCE OF VAGINAL RING HORMONAL CONTRACEPTIVE DEVICE
Z30.45	ENCOUNTER FOR SURVEILLANCE OF TRANSDERMAL PATCH HORMONAL CONTRACEPTIVE DEVICE

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

FAMILY PLANNING DIAGNOSIS CODES
OCTOBER 2015 UPDATE

CODE	DESCRIPTION
Z30.46	ENCOUNTER FOR SURVEILLANCE OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE
Z30.49	ENCOUNTER FOR SURVEILLANCE OF OTHER CONTRACEPTIVES
Z30.8	ENCOUNTER FOR OTHER CONTRACEPTIVE MANAGEMENT
Z30.9	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED