

SECTION 4

PROCEDURE CODES

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Note: ICD-9 codes for dates of service on or before **September 30, 2015** are located on the SCDHHS website on the [Physicians Services Provider Manual](#) webpage.

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ASSISTANT SURGEON CODES

Please refer to the [Physicians Services Provider Manual](#) webpage on the SCDHHS website for eligible assistant surgeon codes.

PAYMENT CATEGORY

A two-digit numeric code indicating the category under which assistance is being received.

PAYMENT CATEGORY		ALLOWABLE QUALIFYING CATEGORIES
A. MEDICAL ASSISTANCE ONLY (MAO)		
10	MAO (NURSING HOMES)	10, 20, 30, 40, 50, 70
11	MAO TRANSITIONAL MEDICAID	30
12	OPTIONAL COVERAGE FOR WOMEN AND INFANTS (OCWI) INFANTS UP TO AGE 1	30
13	MAO (FOSTER CARE)	60
14	MAO (GENERAL HOSPITAL)	10, 20, 30, 50
15	MAO (OTHER) – SEE CS-2 FOR COVERAGE GROUPS (FOR WAIVERS)	10, 20, 30, 50, 70
16	PASS-ALONG ELIGIBLES	10, 20, 50
31	TITLE IV-E FOSTER CARE	31
32	AGED, BLIND AND DISABLED	10, 20, 30
40	WORKING DISABLED	50
50	QUALIFIED WORKING DISABLED INDIVIDUALS (QWDI)	50
51	TITLE IV-E ADOPTIONS	31
52	SPECIFIED LOW INCOME MEDICARE BENEFICIARY (SLMB)	10, 20, 50
54	SSI NURSING HOMES	10, 20, 30, 50, 70
55	FAMILY PLANNING	30
56	COSY/ISCEDC	50
57	TEFRA/KATIE BECKETT	50
58	FAMILY INDEPENDENCE (MAO)	30

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PAYMENT CATEGORY

PAYMENT CATEGORY		ALLOWABLE QUALIFYING CATEGORIES
A. MEDICAL ASSISTANCE ONLY (MAO)		
59	LOW INCOME FAMILIES	30
60	REGULAR FOSTER CARE	60
70	REFUGEE/ENTRANT	70
71	BREAST & CERVICAL CANCER PROGRAM	30
80	SSI (INCLUDING SSI INSTITUTIONAL CASES)	10, 20, 50
81	SSI WITH ESSENTIAL SPOUSE	10, 20, 50
85	OPTIONAL STATE SUPPLEMENTATION (OSS)/OSS ADULT FOSTER CARE	10, 20, 50
86	OSS & SSI/OSS & SSI ADULT FOSTER CARE	10, 20, 50
87	OPTIONAL COVERAGE FOR WOMEN AND INFANTS (OCWI) – PREGNANT WOMEN	30
88	PARTNERS FOR HEALTHY CHILDREN (CHILDREN UP TO AGE 19)	30
90	QUALIFIED MEDICARE BENEFICIARY (QMB)	10, 20, 30, 50
91	RIBICOFF CHILDREN	30
92+	SILVERXCARD RECIPIENT/PHARMACY SERVICES ONLY	

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PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10-PCS SURGICAL CODES AND CPT CODES REQUIRING SUPPORTING DOCUMENTATION

October 2017 Update

For dates of service on or after **October 1, 2017**, the following ICD-10 PCS codes require supporting documentation for KEPRO and SCDHHS Physicians Services. For dates of service prior to October 1, 2017, refer to the October 2015 Update included in this section.

ICD-10 CODE	DESCRIPTION
00Q00ZZ	REPAIR BRAIN, OPEN APPROACH
00Q03ZZ	REPAIR BRAIN, PERCUTANEOUS APPROACH
00Q04ZZ	REPAIR BRAIN, PERCUTANEOUS ENDOSCOPIC APPROACH
08SN0ZZ	REPOSITION RIGHT UPPER EYELID, OPEN APPROACH
08SN3ZZ	REPOSITION RIGHT UPPER EYELID, PERCUTANEOUS APPROACH
08SP0ZZ	REPOSITION LEFT UPPER EYELID, OPEN APPROACH
08SP3ZZ	REPOSITION LEFT UPPER EYELID, PERCUTANEOUS APPROACH
08SQ0ZZ	REPOSITION RIGHT LOWER EYELID, OPEN APPROACH
08SQ3ZZ	REPOSITION RIGHT LOWER EYELID, PERCUTANEOUS APPROACH
08SR0ZZ	REPOSITION LEFT LOWER EYELID, OPEN APPROACH
08SR3ZZ	REPOSITION LEFT LOWER EYELID, PERCUTANEOUS APPROACH
0D16079	BYPASS STOMACH TO DUODENUM WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0D1607B	BYPASS STOMACH TO ILEUM WITH AUTOL SUB, OPEN APPROACH
0D1607L	BYPASS STOMACH TO TRANS COLON WITH AUTOL SUB, OPEN APPROACH
0D160J9	BYPASS STOMACH TO DUODENUM WITH SYNTH SUB, OPEN APPROACH
0D160JB	BYPASS STOMACH TO ILEUM WITH SYNTH SUB, OPEN APPROACH
0D160JL	BYPASS STOMACH TO TRANS COLON WITH SYNTH SUB, OPEN APPROACH
0D160K9	BYPASS STOMACH TO DUODENUM WITH NONAUT SUB, OPEN APPROACH
0D160KB	BYPASS STOMACH TO ILEUM WITH NONAUT SUB, OPEN APPROACH

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PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0D160KL	BYPASS STOMACH TO TRANS COLON WITH NONAUT SUB, OPEN APPROACH
0D160Z9	BYPASS STOMACH TO DUODENUM, OPEN APPROACH
0D160ZB	BYPASS STOMACH TO ILEUM, OPEN APPROACH
0D160ZL	BYPASS STOMACH TO TRANSVERSE COLON, OPEN APPROACH
0D16879	BYPASS STOMACH TO DUODENUM WITH AUTOL SUB, ENDO
0D1687B	BYPASS STOMACH TO ILEUM WITH AUTOL SUB, ENDO
0D1687L	BYPASS STOMACH TO TRANSVERSE COLON WITH AUTOL SUB, ENDO
0D168J9	BYPASS STOMACH TO DUODENUM WITH SYNTHETIC SUBSTITUTE, ENDO
0D168JB	BYPASS STOMACH TO ILEUM WITH SYNTHETIC SUBSTITUTE, ENDO
0D168JL	BYPASS STOMACH TO TRANSVERSE COLON WITH SYNTH SUB, ENDO
0D168K9	BYPASS STOMACH TO DUODENUM WITH NONAUT SUB, ENDO
0D168KB	BYPASS STOMACH TO ILEUM WITH NONAUT SUB, ENDO
0D168KL	BYPASS STOMACH TO TRANSVERSE COLON WITH NONAUT SUB, ENDO
0D168Z9	BYPASS STOMACH TO DUODENUM, ENDO
0D168ZB	BYPASS STOMACH TO ILEUM, ENDO
0D168ZL	BYPASS STOMACH TO TRANSVERSE COLON, ENDO
0VLN0DZ	OCCLUSION OF R VAS DEFERENS WITH INTRALUM DEV, OPEN APPROACH
0VLN3DZ	OCCLUSION OF R VAS DEFERENS WITH INTRALUM DEV, PERC APPROACH
0VLN4DZ	OCCLUSION R VAS DEFERENS W INTRALUM DEV, PERC ENDO
0VLN8DZ	OCCLUSION OF RIGHT VAS DEFERENS WITH INTRALUMINAL DEVICE, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VLP0DZ	OCCLUSION OF L VAS DEFERENS WITH INTRALUM DEV, OPEN APPROACH
0VLP3DZ	OCCLUSION OF L VAS DEFERENS WITH INTRALUM DEV, PERC APPROACH
0VLP4DZ	OCCLUSION L VAS DEFERENS W INTRALUM DEV, PERC ENDO
0VLP8DZ	OCCLUSION OF LEFT VAS DEFERENS WITH INTRALUMINAL DEVICE, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VLQ0DZ	OCCLUSION BI VAS DEFERENS W INTRALUM DEV, OPEN
0VLQ3DZ	OCCLUSION BI VAS DEFERENS W INTRALUM DEV, PERC
0VLQ4DZ	OCCLUSION BI VAS DEFERENS W INTRALUM DEV, PERC ENDO
0VLQ8DZ	OCCLUSION OF BILATERAL VAS DEFERENS WITH INTRALUMINAL DEVICE, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VNJ0ZZ	RELEASE RIGHT EPIDIDYMIS, OPEN APPROACH
0VNJ3ZZ	RELEASE RIGHT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VNJ4ZZ	RELEASE RIGHT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VNJ8ZZ	RELEASE RIGHT EPIDIDYMIS, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VNK0ZZ	RELEASE LEFT EPIDIDYMIS, OPEN APPROACH
0VNK3ZZ	RELEASE LEFT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VNK4ZZ	RELEASE LEFT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH

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PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0VNK8ZZ	RELEASE LEFT EPIDIDYMIS, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VNL0ZZ	RELEASE BILATERAL EPIDIDYMIS, OPEN APPROACH
0VNL3ZZ	RELEASE BILATERAL EPIDIDYMIS, PERCUTANEOUS APPROACH
0VNL4ZZ	RELEASE BILATERAL EPIDIDYMIS, PERC ENDO APPROACH
0VNL8ZZ	RELEASE BILATERAL EPIDIDYMIS, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VQF0ZZ	REPAIR RIGHT SPERMATIC CORD, OPEN APPROACH
0VQF3ZZ	REPAIR RIGHT SPERMATIC CORD, PERCUTANEOUS APPROACH
0VQF4ZZ	REPAIR RIGHT SPERMATIC CORD, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQF8ZZ	REPAIR RIGHT SPERMATIC CORD, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VQG0ZZ	REPAIR LEFT SPERMATIC CORD, OPEN APPROACH
0VQG3ZZ	REPAIR LEFT SPERMATIC CORD, PERCUTANEOUS APPROACH
0VQG4ZZ	REPAIR LEFT SPERMATIC CORD, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQG8ZZ	REPAIR LEFT SPERMATIC CORD, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VQH0ZZ	REPAIR BILATERAL SPERMATIC CORDS, OPEN APPROACH
0VQH3ZZ	REPAIR BILATERAL SPERMATIC CORDS, PERCUTANEOUS APPROACH
0VQH4ZZ	REPAIR BILATERAL SPERMATIC CORDS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQH8ZZ	REPAIR BILATERAL SPERMATIC CORDS, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VQJ0ZZ	REPAIR RIGHT EPIDIDYMIS, OPEN APPROACH
0VQJ3ZZ	REPAIR RIGHT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VQJ4ZZ	REPAIR RIGHT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQJ8ZZ	REPAIR RIGHT EPIDIDYMIS, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VQK0ZZ	REPAIR LEFT EPIDIDYMIS, OPEN APPROACH
0VQK3ZZ	REPAIR LEFT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VQK4ZZ	REPAIR LEFT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQK8ZZ	REPAIR LEFT EPIDIDYMIS, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VQL0ZZ	REPAIR BILATERAL EPIDIDYMIS, OPEN APPROACH
0VQL3ZZ	REPAIR BILATERAL EPIDIDYMIS, PERCUTANEOUS APPROACH
0VQL4ZZ	REPAIR BILATERAL EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQL8ZZ	REPAIR BILATERAL EPIDIDYMIS, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VQN0ZZ	REPAIR RIGHT VAS DEFERENS, OPEN APPROACH
0VQN3ZZ	REPAIR RIGHT VAS DEFERENS, PERCUTANEOUS APPROACH
0VQN4ZZ	REPAIR RIGHT VAS DEFERENS, PERCUTANEOUS ENDOSCOPIC APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0VQN8ZZ	REPAIR RIGHT VAS DEFERENS, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VQP0ZZ	REPAIR LEFT VAS DEFERENS, OPEN APPROACH
0VQP3ZZ	REPAIR LEFT VAS DEFERENS, PERCUTANEOUS APPROACH
0VQP4ZZ	REPAIR LEFT VAS DEFERENS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQP8ZZ	REPAIR LEFT VAS DEFERENS, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0VQQ0ZZ	REPAIR BILATERAL VAS DEFERENS, OPEN APPROACH
0VQQ3ZZ	REPAIR BILATERAL VAS DEFERENS, PERCUTANEOUS APPROACH
0VQQ4ZZ	REPAIR BILATERAL VAS DEFERENS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQQ8ZZ	REPAIR BILATERAL VAS DEFERENS, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0UL50ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH
0UL53ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH
0UL54ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS ENDOSCOPIC APPROACH
0UL60ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, OPEN APPROACH
0UL63ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH
0UL64ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS ENDOSCOPIC APPROACH
0UL70ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH
0UL73ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH
0UL74ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS ENDOSCOPIC APPROACH
10A07ZZ	ABORTION OF PRODUCTS OF CONCEPTION, VIA OPENING
10A08ZZ	ABORTION OF PRODUCTS OF CONCEPTION, ENDO
10A07ZW	ABORTION OF PRODUCTS OF CONCEPTION, LAMINARIA, VIA NATURAL OR ARTIFICIAL OPENING
10A00ZZ	ABORTION OF PRODUCTS OF CONCEPTION, OPEN APPROACH
10A03ZZ	ABORTION OF PRODUCTS OF CONCEPTION, PERCUTANEOUS APPROACH
10A04ZZ	ABORTION OF PRODUCTS OF CONCEPTION, PERCUTANEOUS ENDOSCOPIC APPROACH
10A07Z6	ABORTION OF PRODUCTS OF CONCEPTION, VACUUM, VIA OPENING
10A07ZX	ABORTION OF PRODUCTS OF CONCEPTION, ABORTIFACIENT, VIA NATURAL OR ARTIFICIAL OPENING
0NNC0ZZ	RELEASE SPHENOID BONE, OPEN APPROACH
0NNC3ZZ	RELEASE SPHENOID BONE, PERCUTANEOUS APPROACH
0NNC4ZZ	RELEASE SPHENOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNF0ZZ	RELEASE RIGHT ETHMOID BONE, OPEN APPROACH
0NNF3ZZ	RELEASE RIGHT ETHMOID BONE, PERCUTANEOUS APPROACH
0NNF4ZZ	RELEASE RIGHT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0NNG0ZZ	RELEASE LEFT ETHMOID BONE, OPEN APPROACH
0NNG3ZZ	RELEASE LEFT ETHMOID BONE, PERCUTANEOUS APPROACH
0NNG4ZZ	RELEASE LEFT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNH0ZZ	RELEASE RIGHT LACRIMAL BONE, OPEN APPROACH
0NNH3ZZ	RELEASE RIGHT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NNH4ZZ	RELEASE RIGHT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNJ0ZZ	RELEASE LEFT LACRIMAL BONE, OPEN APPROACH
0NNJ3ZZ	RELEASE LEFT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NNJ4ZZ	RELEASE LEFT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNK0ZZ	RELEASE RIGHT PALATINE BONE, OPEN APPROACH
0NNK3ZZ	RELEASE RIGHT PALATINE BONE, PERCUTANEOUS APPROACH
0NNK4ZZ	RELEASE RIGHT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNL0ZZ	RELEASE LEFT PALATINE BONE, OPEN APPROACH
0NNL3ZZ	RELEASE LEFT PALATINE BONE, PERCUTANEOUS APPROACH
0NNL4ZZ	RELEASE LEFT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNM0ZZ	RELEASE RIGHT ZYGOMATIC BONE, OPEN APPROACH
0NNM3ZZ	RELEASE RIGHT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NNM4ZZ	RELEASE RIGHT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNN0ZZ	RELEASE LEFT ZYGOMATIC BONE, OPEN APPROACH
0NNN3ZZ	RELEASE LEFT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NNN4ZZ	RELEASE LEFT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNP0ZZ	RELEASE RIGHT ORBIT, OPEN APPROACH
0NNP3ZZ	RELEASE RIGHT ORBIT, PERCUTANEOUS APPROACH
0NNP4ZZ	RELEASE RIGHT ORBIT, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNQ0ZZ	RELEASE LEFT ORBIT, OPEN APPROACH
0NNQ3ZZ	RELEASE LEFT ORBIT, PERCUTANEOUS APPROACH
0NNQ4ZZ	RELEASE LEFT ORBIT, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNR0ZZ	RELEASE MAXILLA, OPEN APPROACH
0NNR3ZZ	RELEASE MAXILLA, PERCUTANEOUS APPROACH
0NNR4ZZ	RELEASE MAXILLA, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNT0ZZ	RELEASE RIGHT MANDIBLE, OPEN APPROACH
0NNT3ZZ	RELEASE RIGHT MANDIBLE, PERCUTANEOUS APPROACH
0NNT4ZZ	RELEASE RIGHT MANDIBLE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNV0ZZ	RELEASE LEFT MANDIBLE, OPEN APPROACH
0NNV3ZZ	RELEASE LEFT MANDIBLE, PERCUTANEOUS APPROACH
0NNV4ZZ	RELEASE LEFT MANDIBLE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQC0ZZ	REPAIR SPHENOID BONE, OPEN APPROACH
0NQC3ZZ	REPAIR SPHENOID BONE, PERCUTANEOUS APPROACH
0NQC4ZZ	REPAIR SPHENOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0NQCXZZ	REPAIR SPHENOID BONE, EXTERNAL APPROACH
0NQF0ZZ	REPAIR RIGHT ETHMOID BONE, OPEN APPROACH
0NQF3ZZ	REPAIR RIGHT ETHMOID BONE, PERCUTANEOUS APPROACH
0NQF4ZZ	REPAIR RIGHT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQFXZZ	REPAIR RIGHT ETHMOID BONE, EXTERNAL APPROACH
0NQG0ZZ	REPAIR LEFT ETHMOID BONE, OPEN APPROACH
0NQG3ZZ	REPAIR LEFT ETHMOID BONE, PERCUTANEOUS APPROACH
0NQG4ZZ	REPAIR LEFT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQGXZZ	REPAIR LEFT ETHMOID BONE, EXTERNAL APPROACH
0NQH0ZZ	REPAIR RIGHT LACRIMAL BONE, OPEN APPROACH
0NQH3ZZ	REPAIR RIGHT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NQH4ZZ	REPAIR RIGHT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQHXZZ	REPAIR RIGHT LACRIMAL BONE, EXTERNAL APPROACH
0NQJ0ZZ	REPAIR LEFT LACRIMAL BONE, OPEN APPROACH
0NQJ3ZZ	REPAIR LEFT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NQJ4ZZ	REPAIR LEFT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQJXZZ	REPAIR LEFT LACRIMAL BONE, EXTERNAL APPROACH
0NQK0ZZ	REPAIR RIGHT PALATINE BONE, OPEN APPROACH
0NQK3ZZ	REPAIR RIGHT PALATINE BONE, PERCUTANEOUS APPROACH
0NQK4ZZ	REPAIR RIGHT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQKXZZ	REPAIR RIGHT PALATINE BONE, EXTERNAL APPROACH
0NQL0ZZ	REPAIR LEFT PALATINE BONE, OPEN APPROACH
0NQL3ZZ	REPAIR LEFT PALATINE BONE, PERCUTANEOUS APPROACH
0NQL4ZZ	REPAIR LEFT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQLXZZ	REPAIR LEFT PALATINE BONE, EXTERNAL APPROACH
0NQM0ZZ	REPAIR RIGHT ZYGOMATIC BONE, OPEN APPROACH
0NQM3ZZ	REPAIR RIGHT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NQM4ZZ	REPAIR RIGHT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQMXZZ	REPAIR RIGHT ZYGOMATIC BONE, EXTERNAL APPROACH
0NQN0ZZ	REPAIR LEFT ZYGOMATIC BONE, OPEN APPROACH
0NQN3ZZ	REPAIR LEFT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NQN4ZZ	REPAIR LEFT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQNXZZ	REPAIR LEFT ZYGOMATIC BONE, EXTERNAL APPROACH
0NQX0ZZ	REPAIR HYOID BONE, OPEN APPROACH
0NQX3ZZ	REPAIR HYOID BONE, PERCUTANEOUS APPROACH
0NQX4ZZ	REPAIR HYOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQXXZZ	REPAIR HYOID BONE, EXTERNAL APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0NRR07Z	REPLACEMENT OF MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NRR0JZ	REPLACEMENT OF MAXILLA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH
0NRR0KZ	REPLACEMENT OF MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NRR37Z	REPLACEMENT OF MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NRR3JZ	REPLACEMENT OF MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS APPROACH
0NRR3KZ	REPLACEMENT OF MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NRR47Z	REPLACEMENT OF MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRR4JZ	REPLACEMENT OF MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRR4KZ	REPLACEMENT OF MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUR07Z	SUPPLEMENT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NUR0JZ	SUPPLEMENT MAXILLA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH
0NUR0KZ	SUPPLEMENT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NUR37Z	SUPPLEMENT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NUR3JZ	SUPPLEMENT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS APPROACH
0NUR3KZ	SUPPLEMENT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NUR47Z	SUPPLEMENT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUR4JZ	SUPPLEMENT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUR4KZ	SUPPLEMENT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0RNC0ZZ	RELEASE RIGHT TEMPOROMANDIBULAR JOINT, OPEN APPROACH
0RNC3ZZ	RELEASE RIGHT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS APPROACH
0RNC4ZZ	RELEASE RIGHT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS ENDOSCOPIC APPROACH
0RND0ZZ	RELEASE LEFT TEMPOROMANDIBULAR JOINT, OPEN APPROACH
0RND3ZZ	RELEASE LEFT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS APPROACH
0RND4ZZ	RELEASE LEFT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS ENDOSCOPIC APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

October 2015 Update

For dates of service on or after **October 1, 2015**, the following ICD-10 codes require supporting documentation for KEPRO and SCDHHS Physicians Services. For dates of service on or after October 1, 2017, refer to the October 2017 Update included in this section.

ICD-10 CODE	DESCRIPTION
00Q00ZZ	REPAIR BRAIN, OPEN APPROACH
00Q03ZZ	REPAIR BRAIN, PERCUTANEOUS APPROACH
00Q04ZZ	REPAIR BRAIN, PERCUTANEOUS ENDOSCOPIC APPROACH
08SN0ZZ	REPOSITION RIGHT UPPER EYELID, OPEN APPROACH
08SN3ZZ	REPOSITION RIGHT UPPER EYELID, PERCUTANEOUS APPROACH
08SP0ZZ	REPOSITION LEFT UPPER EYELID, OPEN APPROACH
08SP3ZZ	REPOSITION LEFT UPPER EYELID, PERCUTANEOUS APPROACH
08SQ0ZZ	REPOSITION RIGHT LOWER EYELID, OPEN APPROACH
08SQ3ZZ	REPOSITION RIGHT LOWER EYELID, PERCUTANEOUS APPROACH
08SR0ZZ	REPOSITION LEFT LOWER EYELID, OPEN APPROACH
08SR3ZZ	REPOSITION LEFT LOWER EYELID, PERCUTANEOUS APPROACH
0D16079	BYPASS STOMACH TO DUODENUM WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0D1607B	BYPASS STOMACH TO ILEUM WITH AUTOL SUB, OPEN APPROACH
0D1607L	BYPASS STOMACH TO TRANS COLON WITH AUTOL SUB, OPEN APPROACH
0D160J9	BYPASS STOMACH TO DUODENUM WITH SYNTH SUB, OPEN APPROACH
0D160JB	BYPASS STOMACH TO ILEUM WITH SYNTH SUB, OPEN APPROACH
0D160JL	BYPASS STOMACH TO TRANS COLON WITH SYNTH SUB, OPEN APPROACH
0D160K9	BYPASS STOMACH TO DUODENUM WITH NONAUT SUB, OPEN APPROACH
0D160KB	BYPASS STOMACH TO ILEUM WITH NONAUT SUB, OPEN APPROACH
0D160KL	BYPASS STOMACH TO TRANS COLON WITH NONAUT SUB, OPEN APPROACH
0D160Z9	BYPASS STOMACH TO DUODENUM, OPEN APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0D160ZB	BYPASS STOMACH TO ILEUM, OPEN APPROACH
0D160ZL	BYPASS STOMACH TO TRANSVERSE COLON, OPEN APPROACH
0D16879	BYPASS STOMACH TO DUODENUM WITH AUTOL SUB, ENDO
0D1687B	BYPASS STOMACH TO ILEUM WITH AUTOL SUB, ENDO
0D1687L	BYPASS STOMACH TO TRANSVERSE COLON WITH AUTOL SUB, ENDO
0D168J9	BYPASS STOMACH TO DUODENUM WITH SYNTHETIC SUBSTITUTE, ENDO
0D168JB	BYPASS STOMACH TO ILEUM WITH SYNTHETIC SUBSTITUTE, ENDO
0D168JL	BYPASS STOMACH TO TRANSVERSE COLON WITH SYNTH SUB, ENDO
0D168K9	BYPASS STOMACH TO DUODENUM WITH NONAUT SUB, ENDO
0D168KB	BYPASS STOMACH TO ILEUM WITH NONAUT SUB, ENDO
0D168KL	BYPASS STOMACH TO TRANSVERSE COLON WITH NONAUT SUB, ENDO
0D168Z9	BYPASS STOMACH TO DUODENUM, ENDO
0D168ZB	BYPASS STOMACH TO ILEUM, ENDO
0D168ZL	BYPASS STOMACH TO TRANSVERSE COLON, ENDO
0VLN0DZ	OCCLUSION OF R VAS DEFERENS WITH INTRALUM DEV, OPEN APPROACH
0VLN3DZ	OCCLUSION OF R VAS DEFERENS WITH INTRALUM DEV, PERC APPROACH
0VLN4DZ	OCCLUSION R VAS DEFERENS W INTRALUM DEV, PERC ENDO
0VLP0DZ	OCCLUSION OF L VAS DEFERENS WITH INTRALUM DEV, OPEN APPROACH
0VLP3DZ	OCCLUSION OF L VAS DEFERENS WITH INTRALUM DEV, PERC APPROACH
0VLP4DZ	OCCLUSION L VAS DEFERENS W INTRALUM DEV, PERC ENDO
0VLQ0DZ	OCCLUSION BI VAS DEFERENS W INTRALUM DEV, OPEN
0VLQ3DZ	OCCLUSION BI VAS DEFERENS W INTRALUM DEV, PERC
0VLQ4DZ	OCCLUSION BI VAS DEFERENS W INTRALUM DEV, PERC ENDO
0VNJ0ZZ	RELEASE RIGHT EPIDIDYMIS, OPEN APPROACH
0VNJ3ZZ	RELEASE RIGHT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VNJ4ZZ	RELEASE RIGHT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VNK0ZZ	RELEASE LEFT EPIDIDYMIS, OPEN APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0VNK3ZZ	RELEASE LEFT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VNK4ZZ	RELEASE LEFT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VNL0ZZ	RELEASE BILATERAL EPIDIDYMIS, OPEN APPROACH
0VNL3ZZ	RELEASE BILATERAL EPIDIDYMIS, PERCUTANEOUS APPROACH
0VNL4ZZ	RELEASE BILATERAL EPIDIDYMIS, PERC ENDO APPROACH
0VQF0ZZ	REPAIR RIGHT SPERMATIC CORD, OPEN APPROACH
0VQF3ZZ	REPAIR RIGHT SPERMATIC CORD, PERCUTANEOUS APPROACH
0VQF4ZZ	REPAIR RIGHT SPERMATIC CORD, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQG0ZZ	REPAIR LEFT SPERMATIC CORD, OPEN APPROACH
0VQG3ZZ	REPAIR LEFT SPERMATIC CORD, PERCUTANEOUS APPROACH
0VQG4ZZ	REPAIR LEFT SPERMATIC CORD, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQH0ZZ	REPAIR BILATERAL SPERMATIC CORDS, OPEN APPROACH
0VQH3ZZ	REPAIR BILATERAL SPERMATIC CORDS, PERCUTANEOUS APPROACH
0VQH4ZZ	REPAIR BILATERAL SPERMATIC CORDS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQJ0ZZ	REPAIR RIGHT EPIDIDYMIS, OPEN APPROACH
0VQJ3ZZ	REPAIR RIGHT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VQJ4ZZ	REPAIR RIGHT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQK0ZZ	REPAIR LEFT EPIDIDYMIS, OPEN APPROACH
0VQK3ZZ	REPAIR LEFT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VQK4ZZ	REPAIR LEFT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQL0ZZ	REPAIR BILATERAL EPIDIDYMIS, OPEN APPROACH
0VQL3ZZ	REPAIR BILATERAL EPIDIDYMIS, PERCUTANEOUS APPROACH
0VQL4ZZ	REPAIR BILATERAL EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQN0ZZ	REPAIR RIGHT VAS DEFERENS, OPEN APPROACH
0VQN3ZZ	REPAIR RIGHT VAS DEFERENS, PERCUTANEOUS APPROACH
0VQN4ZZ	REPAIR RIGHT VAS DEFERENS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQP0ZZ	REPAIR LEFT VAS DEFERENS, OPEN APPROACH
0VQP3ZZ	REPAIR LEFT VAS DEFERENS, PERCUTANEOUS APPROACH
0VQP4ZZ	REPAIR LEFT VAS DEFERENS, PERCUTANEOUS ENDOSCOPIC

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
	APPROACH
0VQQ0ZZ	REPAIR BILATERAL VAS DEFERENS, OPEN APPROACH
0VQQ3ZZ	REPAIR BILATERAL VAS DEFERENS, PERCUTANEOUS APPROACH
0VQQ4ZZ	REPAIR BILATERAL VAS DEFERENS, PERCUTANEOUS ENDOSCOPIC APPROACH
0UL50ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH
0UL53ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH
0UL54ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS ENDOSCOPIC APPROACH
0UL60ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, OPEN APPROACH
0UL63ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH
0UL64ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS ENDOSCOPIC APPROACH
0UL70ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH
0UL73ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH
0UL74ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS ENDOSCOPIC APPROACH
10A07ZZ	ABORTION OF PRODUCTS OF CONCEPTION, VIA OPENING
10A08ZZ	ABORTION OF PRODUCTS OF CONCEPTION, ENDO
10A07ZW	ABORTION OF PRODUCTS OF CONCEPTION, LAMINARIA, VIA NATURAL OR ARTIFICIAL OPENING
10A00ZZ	ABORTION OF PRODUCTS OF CONCEPTION, OPEN APPROACH
10A03ZZ	ABORTION OF PRODUCTS OF CONCEPTION, PERCUTANEOUS APPROACH
10A04ZZ	ABORTION OF PRODUCTS OF CONCEPTION, PERCUTANEOUS ENDOSCOPIC APPROACH
10A07Z6	ABORTION OF PRODUCTS OF CONCEPTION, VACUUM, VIA OPENING
10A07ZX	ABORTION OF PRODUCTS OF CONCEPTION, ABORTIFACIENT, VIA NATURAL OR ARTIFICIAL OPENING
0NNC0ZZ	RELEASE RIGHT SPHENOID BONE, OPEN APPROACH
0NNC3ZZ	RELEASE RIGHT SPHENOID BONE, PERCUTANEOUS APPROACH
0NNC4ZZ	RELEASE RIGHT SPHENOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NND0ZZ	RELEASE LEFT SPHENOID BONE, OPEN APPROACH
0NND3ZZ	RELEASE LEFT SPHENOID BONE, PERCUTANEOUS APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0NND4ZZ	RELEASE LEFT SPHENOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNF0ZZ	RELEASE RIGHT ETHMOID BONE, OPEN APPROACH
0NNF3ZZ	RELEASE RIGHT ETHMOID BONE, PERCUTANEOUS APPROACH
0NNF4ZZ	RELEASE RIGHT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNG0ZZ	RELEASE LEFT ETHMOID BONE, OPEN APPROACH
0NNG3ZZ	RELEASE LEFT ETHMOID BONE, PERCUTANEOUS APPROACH
0NNG4ZZ	RELEASE LEFT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNH0ZZ	RELEASE RIGHT LACRIMAL BONE, OPEN APPROACH
0NNH3ZZ	RELEASE RIGHT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NNH4ZZ	RELEASE RIGHT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNJ0ZZ	RELEASE LEFT LACRIMAL BONE, OPEN APPROACH
0NNJ3ZZ	RELEASE LEFT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NNJ4ZZ	RELEASE LEFT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNK0ZZ	RELEASE RIGHT PALATINE BONE, OPEN APPROACH
0NNK3ZZ	RELEASE RIGHT PALATINE BONE, PERCUTANEOUS APPROACH
0NNK4ZZ	RELEASE RIGHT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNL0ZZ	RELEASE LEFT PALATINE BONE, OPEN APPROACH
0NNL3ZZ	RELEASE LEFT PALATINE BONE, PERCUTANEOUS APPROACH
0NNL4ZZ	RELEASE LEFT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNM0ZZ	RELEASE RIGHT ZYGOMATIC BONE, OPEN APPROACH
0NNM3ZZ	RELEASE RIGHT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NNM4ZZ	RELEASE RIGHT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNN0ZZ	RELEASE LEFT ZYGOMATIC BONE, OPEN APPROACH
0NNN3ZZ	RELEASE LEFT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NNN4ZZ	RELEASE LEFT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNP0ZZ	RELEASE RIGHT ORBIT, OPEN APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0NNP3ZZ	RELEASE RIGHT ORBIT, PERCUTANEOUS APPROACH
0NNP4ZZ	RELEASE RIGHT ORBIT, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNQ0ZZ	RELEASE LEFT ORBIT, OPEN APPROACH
0NNQ3ZZ	RELEASE LEFT ORBIT, PERCUTANEOUS APPROACH
0NNQ4ZZ	RELEASE LEFT ORBIT, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNR0ZZ	RELEASE RIGHT MAXILLA, OPEN APPROACH
0NNR3ZZ	RELEASE RIGHT MAXILLA, PERCUTANEOUS APPROACH
0NNR4ZZ	RELEASE RIGHT MAXILLA, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNS0ZZ	RELEASE LEFT MAXILLA, OPEN APPROACH
0NNS3ZZ	RELEASE LEFT MAXILLA, PERCUTANEOUS APPROACH
0NNS4ZZ	RELEASE LEFT MAXILLA, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNT0ZZ	RELEASE RIGHT MANDIBLE, OPEN APPROACH
0NNT3ZZ	RELEASE RIGHT MANDIBLE, PERCUTANEOUS APPROACH
0NNT4ZZ	RELEASE RIGHT MANDIBLE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNV0ZZ	RELEASE LEFT MANDIBLE, OPEN APPROACH
0NNV3ZZ	RELEASE LEFT MANDIBLE, PERCUTANEOUS APPROACH
0NNV4ZZ	RELEASE LEFT MANDIBLE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQC0ZZ	REPAIR RIGHT SPHENOID BONE, OPEN APPROACH
0NQC3ZZ	REPAIR RIGHT SPHENOID BONE, PERCUTANEOUS APPROACH
0NQC4ZZ	REPAIR RIGHT SPHENOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQCXZZ	REPAIR RIGHT SPHENOID BONE, EXTERNAL APPROACH
0NQD0ZZ	REPAIR LEFT SPHENOID BONE, OPEN APPROACH
0NQD3ZZ	REPAIR LEFT SPHENOID BONE, PERCUTANEOUS APPROACH
0NQD4ZZ	REPAIR LEFT SPHENOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQDXZZ	REPAIR LEFT SPHENOID BONE, EXTERNAL APPROACH
0NQF0ZZ	REPAIR RIGHT ETHMOID BONE, OPEN APPROACH
0NQF3ZZ	REPAIR RIGHT ETHMOID BONE, PERCUTANEOUS APPROACH
0NQF4ZZ	REPAIR RIGHT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQFXZZ	REPAIR RIGHT ETHMOID BONE, EXTERNAL APPROACH
0NQG0ZZ	REPAIR LEFT ETHMOID BONE, OPEN APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0NQG3ZZ	REPAIR LEFT ETHMOID BONE, PERCUTANEOUS APPROACH
0NQG4ZZ	REPAIR LEFT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQGXXZZ	REPAIR LEFT ETHMOID BONE, EXTERNAL APPROACH
0NQH0ZZ	REPAIR RIGHT LACRIMAL BONE, OPEN APPROACH
0NQH3ZZ	REPAIR RIGHT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NQH4ZZ	REPAIR RIGHT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQHXZZ	REPAIR RIGHT LACRIMAL BONE, EXTERNAL APPROACH
0NQJ0ZZ	REPAIR LEFT LACRIMAL BONE, OPEN APPROACH
0NQJ3ZZ	REPAIR LEFT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NQJ4ZZ	REPAIR LEFT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQJXZZ	REPAIR LEFT LACRIMAL BONE, EXTERNAL APPROACH
0NQK0ZZ	REPAIR RIGHT PALATINE BONE, OPEN APPROACH
0NQK3ZZ	REPAIR RIGHT PALATINE BONE, PERCUTANEOUS APPROACH
0NQK4ZZ	REPAIR RIGHT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQKXZZ	REPAIR RIGHT PALATINE BONE, EXTERNAL APPROACH
0NQL0ZZ	REPAIR LEFT PALATINE BONE, OPEN APPROACH
0NQL3ZZ	REPAIR LEFT PALATINE BONE, PERCUTANEOUS APPROACH
0NQL4ZZ	REPAIR LEFT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQLXZZ	REPAIR LEFT PALATINE BONE, EXTERNAL APPROACH
0NQM0ZZ	REPAIR RIGHT ZYGOMATIC BONE, OPEN APPROACH
0NQM3ZZ	REPAIR RIGHT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NQM4ZZ	REPAIR RIGHT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQMXZZ	REPAIR RIGHT ZYGOMATIC BONE, EXTERNAL APPROACH
0NQN0ZZ	REPAIR LEFT ZYGOMATIC BONE, OPEN APPROACH
0NQN3ZZ	REPAIR LEFT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NQN4ZZ	REPAIR LEFT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQNXZZ	REPAIR LEFT ZYGOMATIC BONE, EXTERNAL APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
0NQX0ZZ	REPAIR HYOID BONE, OPEN APPROACH
0NQX3ZZ	REPAIR HYOID BONE, PERCUTANEOUS APPROACH
0NQX4ZZ	REPAIR HYOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQXXZZ	REPAIR HYOID BONE, EXTERNAL APPROACH
0NRR07Z	REPLACEMENT OF RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NRR0JZ	REPLACEMENT OF RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH
0NRR0KZ	REPLACEMENT OF RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NRR37Z	REPLACEMENT OF RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NRR3JZ	REPLACEMENT OF RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS APPROACH
0NRR3KZ	REPLACEMENT OF RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NRR47Z	REPLACEMENT OF RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRR4JZ	REPLACEMENT OF RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRR4KZ	REPLACEMENT OF RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRS07Z	REPLACEMENT OF LEFT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NRS0JZ	REPLACEMENT OF LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH
0NRS0KZ	REPLACEMENT OF LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NRS37Z	REPLACEMENT OF LEFT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NRS3JZ	REPLACEMENT OF LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS APPROACH
0NRS3KZ	REPLACEMENT OF LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NRS47Z	REPLACEMENT OF LEFT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRS4JZ	REPLACEMENT OF LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRS4KZ	REPLACEMENT OF LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
	SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUR07Z	SUPPLEMENT RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NUR0JZ	SUPPLEMENT RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH
0NUR0KZ	SUPPLEMENT RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NUR37Z	SUPPLEMENT RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NUR3JZ	SUPPLEMENT RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS APPROACH
0NUR3KZ	SUPPLEMENT RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NUR47Z	SUPPLEMENT RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUR4JZ	SUPPLEMENT RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUR4KZ	SUPPLEMENT RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUS07Z	SUPPLEMENT LEFT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NUS0JZ	SUPPLEMENT LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH
0NUS0KZ	SUPPLEMENT LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NUS37Z	SUPPLEMENT LEFT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NUS3JZ	SUPPLEMENT LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS APPROACH
0NUS3KZ	SUPPLEMENT LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NUS47Z	SUPPLEMENT LEFT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUS4JZ	SUPPLEMENT LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUS4KZ	SUPPLEMENT LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0RNC0ZZ	RELEASE RIGHT TEMPOROMANDIBULAR JOINT, OPEN APPROACH
0RNC3ZZ	RELEASE RIGHT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS APPROACH

SECTION 4 PROCEDURE CODES**PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION**

ICD-10 CODE	DESCRIPTION
0RNC4ZZ	RELEASE RIGHT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS ENDOSCOPIC APPROACH
0RND0ZZ	RELEASE LEFT TEMPOROMANDIBULAR JOINT, OPEN APPROACH
0RND3ZZ	RELEASE LEFT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS APPROACH
0RND4ZZ	RELEASE LEFT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS ENDOSCOPIC APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

**CPT CODES REQUIRING
SUPPORTING
DOCUMENTATION FOR
KEPRO**

The codes listed below must be reviewed by KEPRO. Please attach all supporting documentation to your claim when submitting.

<u>CODE</u>	<u>CODE</u>	<u>CODE</u>
36593	58661	59841
55200	58670	59850
55250	58671	59851
58600	58673	59852
58605	58700	59855
58611	58720	59856
58615	59135	59857
58660	59840	67912

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

**CPT CODES REQUIRING
SUPPORTING
DOCUMENTATION FOR
SCDHHS**

The codes listed below must be reviewed by the SCDHHS. Please attach all supporting documentation to your claim when submitting.

<u>CODE</u>	<u>CODE</u>	<u>CODE</u>	<u>CODE</u>	<u>CODE</u>	<u>CODE</u>
15999	21295	39499	53899	76499	92499
17999	21296	40799	54699	76999	93799
19499	21499	40899	55899	77299	94799
20999	22999	41599	58340	77499	95199
21159	23929	41899	58578	77799	95999
21172	24999	42299	58579	78099	96549
21175	25999	42699	58679	78199	96999
21180	26989	42999	58999	78299	97139
21188	27299	43289	59200	78399	97799
21206	27599	43499	59899	78499	99082
21208	27899	43999	60659	78599	99199
21209	28899	44799	60699	78699	99499
21210	29799	44899	64590	78799	A9604
21215	29999	44979	64999	78999	J0598
21235	30999	45499	66999	79999	J1680
21243	31299	45999	67299	81099	J2185
21246	31599	46999	67399	84999	J2796
21249	31899	47399	67599	85999	J3490
21256	32999	47579	67999	86999	J9999
21260	33999	47999	68399	87999	Q4101
21261	36299	48999	68899	88199	Q4104
21263	36592	49329	69399	88299	Q4105
21267	36593	49659	69799	88399	V2599
21270	37799	49999	69949	90899	
21275	38589	50549	69979	90999	
21282	38999	51999	74740	91299	

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

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SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY ICORE

Effective with date of service September 9, 2013, J-code drug prior authorization requests for beneficiaries enrolled in FFS Medicaid or the Medicaid Medical Home Network - Medically Complex Children's Waiver (MCCW) will be processed by ICORE. Prior authorization 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 prior authorization process can be found in the Medicaid bulletin dated August 8, 2013.

Prior authorization is required for the following CPT codes:

J-CODES REQUIRING PRIOR AUTHORIZATION

J-CODE	DRUG NAME	CATEGORY
J2505	NEULASTA	NEUTROPENIA
J9035	AVASTIN	ONCOLOGY
J1745	REMICADE	INFLAMMATORY CONDITIONS
J9263	ELOXATIN	ONCOLOGY
J9305	ALIMTA	ONCOLOGY
J9055	ERBITUX	ONCOLOGY
J9312	RITUXIMAB	INFLAMMATORY CONDITIONS
J2323	TYSABRI	MULTIPLE SCLEROSIS
J2469	ALOXI	ANTI-EMETICS
J9264	ABRAXANE	ONCOLOGY
J0881	ARANESP	ANEMIA
J0885	PROCRIT	ANEMIA
J0129	ORENCIA	INFLAMMATORY CONDITIONS
J1442	NEUPOGEN	NEUTROPENIA

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY ICORE

J-CODES REQUIRING PRIOR AUTHORIZATION

J-CODE	DRUG NAME	CATEGORY
J9303	VECTIBIX	ONCOLOGY
J9228	YERVOY	ONCOLOGY
J9179	HALAVAN	ONCOLOGY
J2507	KRYSTEXXA	INFLAMMATORY CONDITIONS
J9354	KADCYLA	ONCOLOGY
Q2043	PROVENGE	ONCOLOGY
J3262	ACTEMRA	INFLAMMATORY CONDITIONS
J0800	ACTHAR_HP	ENDOCRINE DISORDERS
J0717	CIMZIA	INFLAMMATORY CONDITIONS
J3380	ENTYVIO	INFLAMMATORY CONDITIONS
J9355	HERCEPTIN	ONCOLOGY
J9306	PERJETA	ONCOLOGY
J1602	SIMPONI_ARIA	INFLAMMATORY CONDITIONS
J1300	SOLIRIS	HEMATOLOGICAL CONDITIONS
J3357	STELARA	PSORIASIS
J3358	STELARA	INFLAMMATORY CONDITIONS
Q5101	ZARXIO	ONCOLOGY
J9271	KEYTRUDA	ONCOLOGY
J9299	OPDIVO	ONCOLOGY
J0585	BOTOX	BOTOX
J0586	DYSPORT	BOTOX
J0587	MYOBLOC	BOTOX
J0588	XEOMIN	BOTOX

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY KEPRO

ICD-10-PCS SURGICAL CODES AND CPT CODES REQUIRING PRIOR AUTHORIZATION BY KEPRO

ICD-10-PCS and CPT codes that require prior authorization by KEPRO are located on the SCDHHS website on the [Physicians Services Provider Manual](#) webpage.

CPT CODES REQUIRING PRIOR AUTHORIZATION REVIEW

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

<u>CODE</u>	<u>CODE</u>	<u>CODE</u>	<u>CODE</u>
15823	19342	22552	22808
15830	19350	22554	22810
15847	19355	22556	22812
19300	19357	22558	22830
19301	19361	22585	22840
19302	19364	22590	22841
19303	19366	22595	22842
19304	19367	22600	22843
19305	19368	22610	22844
19306	19369	22612	22845
19307	19370	22614	22846
19316	19371	22630	22847
19318	19380	22632	22848
19328	21899	22800	22849
19330	22548	22802	22853
19340	22551	22804	22854

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY KEPRO

<u>CODE</u>	<u>CODE</u>	<u>CODE</u>	<u>CODE</u>
22859	58262	59525	63077
22899	58263	61885	63078
37788	58267	61886	63081
43644	58270	63001	63082
43645	58275	63003	63085
43770	58280	63005	63086
43771	58285	63011	63087
43773	58290	63012	63088
43842	58291	63015	63090
43846	58292	63016	63091
43847	58293	63017	63170
43848	58294	63020	63172
43886	58541	63030	63173
43887	58542	63035	63180
43888	58543	63040	63182
51925	58544	63042	63185
54235	58548	63043	63190
54400	58550	63044	63191
54401	58552	63045	63194
54405	58553	63046	63195
54690	58554	63047	63196
57291	58570	63048	63197
57292	58571	63050	63198
57295	58572	63051	63199
58150	58573	63055	63200
58152	58575	63056	63650
58180	58952	63057	63655
58200	58953	63064	63661
58210	58954	63066	63662
58240	58956	63075	63663
58260	58957	63076	63664

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY KEPRO

<u>CODE</u>	<u>CODE</u>	<u>CODE</u>	<u>CODE</u>
63685	69300	69714	69718
63688	69710	69715	69930

CPT CODES (PT, OT, ST) REQUIRING PRIOR AUTHORIZATION REVIEW

KEPRO will preauthorize physical, occupational or speech therapy (PT, OT, ST), CPT codes listed below and may be reached at 1-855-326-5219.

CODE	DESCRIPTION
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING DISORDER
92508	GROUP TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING DISORDER
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; EACH ADDITIONAL 30 MINUTES
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION
97012	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; TRACTION, MECHANICAL
97016	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES
97018	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; PARAFFIN BATH
97022	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; WHIRLPOOL
97024	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; DIATHERMY (E.G., MICROWAVE)
97026	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; INFRARED
97028	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRAVIOLET
97032	APPLICATION OF ELECTRICAL STIMULATION TO 1 OR MORE AREAS, EACH 15 MINUTES

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY KEPRO

CODE	DESCRIPTION
97033	APPLICATION OF MEDICATION THROUGH SKIN USING ELECTRICAL CURRENT, EACH 15 MINUTES
97034	THERAPEUTIC HOT AND COLD BATHS TO 1 OR MORE AREAS, EACH 15 MINUTES
97035	APPLICATION OF ULTRASOUND TO 1 OR MORE AREAS, EACH 15 MINUTES
97036	PHYSICAL THERAPY TREATMENT TO 1 OR MORE AREAS, HUBBARD TANK, EACH 15 MINUTES
97110	THERAPEUTIC EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF MOTION, AND FLEXIBILITY, EACH 15 MINUTES
97112	THERAPEUTIC PROCEDURE TO RE-EDUCATE BRAIN-TO-NERVE-TO-MUSCLE FUNCTION, EACH 15 MINUTES
97113	WATER POOL THERAPY WITH THERAPEUTIC EXERCISES TO 1 OR MORE AREAS, EACH 15 MINUTES
97116	WALKING TRAINING TO 1 OR MORE AREAS, EACH 15 MINUTES
97124	THERAPEUTIC MASSAGE TO 1 OR MORE AREAS, EACH 15 MINUTES
97127	ONE-ON-ONE THERAPEUTIC INTERVENTIONS FOCUSED ON THOUGHT PROCESSING AND STRATEGIES TO MANAGE ACTIVITIES
97140	MANUAL (PHYSICAL) THERAPY TECHNIQUES TO 1 OR MORE REGIONS, EACH 15 MINUTES
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)
97161	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES
97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES
97163	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES
97164	RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES
97165	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES
97166	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES
97167	EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES
97530	THERAPEUTIC ACTIVITIES TO IMPROVE FUNCTION, WITH ONE-ON-ONE CONTACT BETWEEN PATIENT AND PROVIDER, EACH 15 MINUTES

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY KEPRO

CODE	DESCRIPTION
97533	SENSORY TECHNIQUE TO ENHANCE PROCESSING AND ADAPTATION TO ENVIRONMENTAL DEMANDS, EACH 15 MINUTES
97535	SELF-CARE OR HOME MANAGEMENT TRAINING, EACH 15 MINUTES
97537	COMMUNITY OR WORK REINTEGRATION TRAINING, EACH 15 MINUTES
97542	WHEELCHAIR MANAGEMENT, EACH 15 MINUTES
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), OPEN WOUND, (EG, FIBRIN, DEVITALIZED EPIDERMIS AND/OR DERMIS, EXUDATE, DEBRIS, BIOFILM), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, USE OF A WHIRLPOOL, WHEN PERFORMED AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION, TOTAL WOUND(S) SURFACE AREA; FIRST 20 SQ CM OR LESS
97598	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), OPEN WOUND, (EG, FIBRIN, DEVITALIZED EPIDERMIS AND/OR DERMIS, EXUDATE, DEBRIS BIOFILM), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, USE OF A WHIRLPOOL, WHEN PERFORMED AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION, TOTAL WOUND(S) SURFACE AREA; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF
97605	NEGATIVE PRESSURE WOUND THERAPY, SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS, PER SESSION
97606	NEGATIVE PRESSURE WOUND THERAPY, SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS, PER SESSION
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT WITH REPORT, EACH 15 MINUTES
97755	ASSISTIVE TECHNOLOGY ASSESSMENT TO ENHANCE FUNCTIONAL PERFORMANCE, EACH 15 MINUTES
97760	TRAINING IN USE OF ORTHOTICS (SUPPORTS, BRACES, OR SPLINTS) FOR ARMS, LEGS AND/OR TRUNK, PER 15 MINUTES
97761	TRAINING IN USE OF PROSTHESIS FOR ARMS AND/OR LEGS, PER 15 MINUTES
97763	MANAGEMENT AND/OR TRAINING IN USE OF ORTHOTICS (SUPPORTS, BRACES, OR SPLINTS) FOR ARMS, LEGS, AND/OR TRUNK, PER 15 MINUTES

SECTION 4 PROCEDURE CODES**PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY KEPRO****TRANSPLANT CODES
REQUIRING PRIOR
AUTHORIZATION BY KEPRO**

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

<u>CODE</u>	<u>CODE</u>
32851	44715
32852	44720
32853	44721
32854	47125
32855	47130
32856	47133
33927	47135
33928	47143
33929	47144
33933	47145
33935	47146
33944	47147
33945	48160
33975	48550
33976	48551
33977	48552
33978	48554
33979	48556

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

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.

ICD-10 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
Z30.430	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.432	ENCOUNTER FOR REMOVAL OF INTRAUTERINE CONTRACEPTIVE DEVICE

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

ICD-10 CODE	DESCRIPTION
Z30.433	ENCOUNTER FOR REMOVAL AND REINSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.40	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVES, UNSPECIFIED
Z30.41	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVE PILLS
Z30.431	ENCOUNTER FOR ROUTINE CHECKING OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.49	ENCOUNTER FOR SURVEILLANCE OF OTHER CONTRACEPTIVES
Z30.42	ENCOUNTER FOR SURVEILLANCE OF INJECTABLE CONTRACEPTIVE
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
Z30.8	ENCOUNTER FOR OTHER CONTRACEPTIVE MANAGEMENT
Z30.9	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED
Z00.00	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS
Z00.01	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITH ABNORMAL FINDINGS

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.

ICD-10 CODE	DESCRIPTION
Z30.011	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVE PILLS
Z30.013	ENCOUNTER FOR INITIAL PRESCRIPTION OF INJECTABLE CONTRACEPTIVE

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

ICD-10 CODE	DESCRIPTION
Z30.014	ENCOUNTER FOR INITIAL PRESCRIPTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.018	ENCOUNTER FOR INITIAL PRESCRIPTION OF OTHER CONTRACEPTIVES
Z30.019	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVES, UNSPECIFIED
Z30.09	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION
Z30.2	ENCOUNTER FOR STERILIZATION
Z30.430	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.432	ENCOUNTER FOR REMOVAL OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.433	ENCOUNTER FOR REMOVAL AND REINSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.40	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVES, UNSPECIFIED
Z30.41	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVE PILLS
Z30.431	ENCOUNTER FOR ROUTINE CHECKING OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.49	ENCOUNTER FOR SURVEILLANCE OF OTHER CONTRACEPTIVES
Z30.42	ENCOUNTER FOR SURVEILLANCE OF INJECTABLE CONTRACEPTIVE
Z30.8	ENCOUNTER FOR OTHER CONTRACEPTIVE MANAGEMENT
Z30.9	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED
Z00.00	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS
Z00.01	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITH ABNORMAL FINDINGS

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

CPT/HCPCS SERVICES

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; TUBAL LIGATION/TRANSECTION			MAY ONLY BE BILLED WITH STERILIZATION PROCEDURE
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX, OR ENDOMETRIUM); HYSTEROSCOPY AND/OR HYSTEROSALPINGOGRAPHY			MAY ONLY BE BILLED WITH STERILIZATION PROCEDURE
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	X		
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	X		MAY BE BILLED WITH IMPLANON
11982	REMOVAL, NON BIODEGRADABLE DRUG DELIVERY	X		MAY BE BILLED WITH IMPLANON
11983	REMOVAL, WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	X		MAY BE BILLED WITH IMPLANON
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	X		
45331	SIGMOIDOSCOPY, FLEX; W/BIOP, SINGLE/MULTI	X		
45378	COLONOSCOPY, FLEXIBLE, DIAGNOSTIC, WITH/ WITHOUT SPECIMEN			
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)			
57170	DIAPHRAGM OR CERVICAL CAP FITTING W/INSTRUCTIONS	X		
58300	INSERTION OF INTRAUTERINE DEVICE	X		

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
58301	REMOVAL OF INTRAUTERINE DEVICE	X		
58340	CATHETERIZATION AND INDUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEROSALPINGOGRAPHY	X		MAY ONLY BE BILLED WITH ESSURE PROCEDURE
58565	CATHETERIZATION AND INDUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEROSALPINGOGRAPHY	X		REQUIRES COMPLETED STERILIZATION FORM PRIOR TO PROCEDURE
58600	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS	X		REQUIRES COMPLETED STERILIZATION FORM PRIOR TO PROCEDURE
58615	LIGATION OR TRANSACTION OF FALLOPIAN TUBE(S), AND OR VAGINAL UNILATERAL OR BILATERAL	X		REQUIRES COMPLETED STERILIZATION FORM PRIOR TO PROCEDURE
58670	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (E.G., BAND, CLIP VAGINAL OR SUPRAPUBIC APPROACH	X		REQUIRES COMPLETED STERILIZATION FORM PRIOR TO PROCEDURE
58671	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	X		REQUIRES COMPLETED STERILIZATION FORM PRIOR TO PROCEDURE
71045	X-RAY OF CHEST, 1 VIEW	X		
71250	COMPUTER TOMOGRAPHY THORAX W/O CONTRAST	X		
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		MAY ONLY BE BILLED AFTER ESSURE PROCEDURE
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)		X	
76830	ULTRASOUND, TRANSVAGINAL	X		

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	X		
76857	LIMITED OR FOLLOW-UP (E.G., FOR FOLLICLES)	X		
77065	DX MAMMO INCL CAD UNI	X		
77066	DX MAMMO INCL CAD BI	X		
77067	SCR MAMMO BI INCL CAD	X		
80048	BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
80061	LIPID PANEL	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITH MICROSCOPY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81001	AUTOMATED, WITH MICROSCOPY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81002	URINALYSIS, MANUAL TEST	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81003	AUTOMATED, WITH MICROSCOPY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAY KIT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81007	BACTERIURIA SCREEN, BY NON-CULTURE TECHNIQUE, COMMERCIAL KIT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
81015	MICROSCOPIC ONLY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81020	URINALYSIS, 2 OR 3 GLASS TEST	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81025	URINE PREGNANCY TES, BY VISUAL COLOR COMPARISON METHODS	X		
82270	BLOOD, OCULT/PEROXIDAS ACTIVTY, QUAL; FECES	X		
82274	BLOOD OCCULT, FECAL HEMOG; 1-3 DETERMIN	X		
82465	CHOLESTEROL SERUM OR WHOLE BLOOD, TOTAL	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
82947	GLUCOSE;QUANTITA BLOOD EXCP REAGNT STRIP	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
82950	GLUCOSE POST GLUCOSE DOSE (INC GLUCOSE)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
82951	GLUCOSE TOLERANCE TEST(GTT)3SPEC(INC GL)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	X		
83718	LIPOPRO, DIR MSRMNT; HGH DNSTY CHLSTR(HDL)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
84702	GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) LEVEL	X		
84703	QUALITATIVE	X		
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
85008	BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT DIFFERENTIAL WBC COUNT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
85009	MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
85013	SPUN MICROHEMATOCRIT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
85014	HEMATOCRIT (HCT)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
85018	HEMAGLOBIN (HGB)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
85025	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
85027	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
85032	MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE OR PLATELET)EACH	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
86255	FLOURESCENT NONINFECTIOUS AGENT ANTIBODY: SCREEN, EACH ANTIBODY	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86593	QUANTITATIVE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86689	ANTIBODY, HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (E.G., WESTERN BLOT)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
86695	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 1	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86696	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 2	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86701	ANTIBODY, HIV-1	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86702	HIV-2	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86703	HIV-1 AND HIV-2, SINGLE ASSAY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86780	ANALYSIS FOR ANTIBODY, TREPONEMA PALLIDUM	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86803	HEPATITIS C ANTIBODY	X		
86804	HEPATITIS C ANTIBODY; CONFIRM TST (IMMUNOB)	X		
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87110	CULTURE, CHLAMYDIA, ANY SOURCE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87164	DARK FIELD EXAMINATION, ANY SOURCE (E.G., PENILE, VAGINAL, ORAL, SKIN); INCLUDES SPECIMEN COLLECTION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87205	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA, FUNGI, OR CELL TYPES	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
87206	FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA, FUNGI, PARASITES, VIRUSES, OR CELL TYPES	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87207	SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES (E.G., MALARIA COCCIDIA, MICROSPORIDIA, TRYPANOSOMES, HERPES VIRUS)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87209	COMPLEX SPECIAL STAIN (E.G., TRICHROME, IRON HEMOTOXYLIN) FOR OVA AND PARASITES	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87210	WET MOUNT FOR INFECTIOUS AGENTS (E.G., SALINE, INDIA INK, KOH PREPS)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES (E.G., SCABIES)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CHLAMYDIA TRACHOMATIS	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87481	CANDIDA SPECIES, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87482	CANDIDA SPECIES, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87491	CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87511	GARDNERELLA VAGINALIS, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87512	GARDNERELLA VAGINALIS, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87528	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87529	HERPES SIMPLEX VIRUS, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87530	HERPES SIMPLEX VIRUS, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87531	HERPES VIRUS-6, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87532	HERPES VIRUS-6, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87533	HERPES VIRUS -6, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87534	HIV-1, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87535	HIV-1, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87536	HIV-1 QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

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PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
87537	HIV-2, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87538	HIV-2 AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87539	HIV-2, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87590	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87591	NEISSERIA GONORRHOEAE, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87592	NEISSERIA GONORRHEA, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NOT OTHERWISE SPECIFIED; DIRECT PROBE TECHNIQUE, EACH ORGANISM	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87850	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHEA	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (E.G., SACCOMANNO TECHNIQUE)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING INTERPRETATION BY PHYSICIAN	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88143	WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88147	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88148	SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88152	WITH MANUAL SCREENING AND COMPUTER ASSISTED RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88153	WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88155	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMONAL EVALUATION (EG., MATURATION INDEX, KARYOPYKNOTIC INDEX ESTROGENIC INDEX)(LIST SEPARATELY IN ADDITION TO CODE 9S) FOR OTHER TECHNICAL AND INTERPRETATION SERVICES)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

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PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
88161	PREPARATION, SCREENING, AND INTERPRETATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88162	EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88165	WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88166	WITH MANUAL SCREENING AND COMPUTER ASSISTED RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88167	WITH MANUAL SCREENING AND COMPUTER ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88173	INTERPRETATION AND REPORT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; SCREENING BY AUTOMATED SYSTEM, UNDER PHYSICIAN SUPERVISION	X		
88175	WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW, UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY

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PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
88300	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, LIMITED EXAMINATION	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
88302	LEVEL II SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
88305	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY	X		STERILIZATION, COLONOSCOPY POLYPS AND BIOPSY
96372	INJECTION BENEATH THE SKIN OR INTO MUSCLE FOR THERAPY, DIAGNOSIS, OR PREVENTION	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
99000	HANDLING AND OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIANS OFFICE TO THE LABORATORY	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
99071	EDUCATIONAL SUPPLIES, SUCH AS BOOKS, TAPES, AND PAMPHLETS, PROVIDED BY THE PHYSICIAN FOR THE PATIENT'S EDUCATION AT COST TO THE PHYSICIAN	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES	X		TO BE USED FOR A NEW PATIENT ALSO, MUST FOLLOW CPT GUIDELINES FOR COMPONENTS
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 20 MINUTES	X		TO BE USED FOR A NEW PATIENT ALSO, MUST FOLLOW CPT GUIDELINES FOR COMPONENTS
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 30 MINUTES	X		TO BE USED FOR A NEW PATIENT ALSO, MUST FOLLOW CPT GUIDELINES FOR COMPONENTS
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 45 MINUTES	X		TO BE USED FOR A NEW PATIENT ALSO, MUST FOLLOW CPT GUIDELINES FOR COMPONENTS

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 60 MINUTES	X		TO BE USED FOR A NEW PATIENT ALSO, MUST FOLLOW CPT GUIDELINES FOR COMPONENTS
99211	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 5 MINUTES	X		TO BE USED FOR AN ESTABLISHED PATIENT. MAY BE USED AS SUPPLY VISIT BY HEALTH DEPARTMENT
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES	X		TO BE USED FOR ESTABLISHED PATIENT
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES	X		TO BE USED FOR ESTABLISHED PATIENT
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 25 MINUTES	X		TO BE USED FOR ESTABLISHED PATIENT
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 40 MINUTES	X		TO BE USED FOR ESTABLISHED PATIENT
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	X		TO BE USED FOR ESTABLISHED PATIENT
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	X		TO BE USED FOR ESTABLISHED PATIENT
99241	PATIENT OFFICE CONSULTATION, TYPICALLY 15 MINUTES	X		MAY BE USED WHEN A PROVIDER REFERS A RECIPIENT TO ANOTHER PROVIDER FOR A STERILIZATION PROCEDURE ONLY. MUST FOLLOW CPT GUIDELINES
99242	PATIENT OFFICE CONSULTATION, TYPICALLY 30 MINUTES	X		MAY BE USED WHEN A PROVIDER REFERS A RECIPIENT TO ANOTHER PROVIDER FOR A STERILIZATION PROCEDURE ONLY. MUST FOLLOW CPT GUIDELINES

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
99243	PATIENT OFFICE CONSULTATION, TYPICALLY 40 MINUTES	X		MAY BE USED WHEN A PROVIDER REFERS A RECIPIENT TO ANOTHER PROVIDER FOR A STERILIZATION PROCEDURE ONLY. MUST FOLLOW CPT GUIDELINES
99244	PATIENT OFFICE CONSULTATION, TYPICALLY 60 MINUTES	X		TO BE USED FOR AN ESTABLISHED PATIENT. MAY BE USED AS SUPPLY VISIT BY HEALTH DEPARTMENT
99245	PATIENT OFFICE CONSULTATION, TYPICALLY 80 MINUTES	X		MAY BE USED WHEN A PROVIDER REFERS A RECIPIENT TO ANOTHER PROVIDER FOR A STERILIZATION PROCEDURE ONLY. MUST FOLLOW CPT GUIDELINES
99401	PREVENTIVE MEDICINE COUNSELING, APPROXIMATELY 15 MINUTES	X		CANNOT BE USED ON THE SAME DAY AS AN OFFICE/CLINIC VISIT
99402	PREVENTIVE MEDICINE COUNSELING, APPROXIMATELY 30 MINUTES	X		CANNOT BE USED ON THE SAME DAY AS AN OFFICE/CLINIC VISIT
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	X		
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	X		
A4267	CONTRACEPTIVE SUPPLY, CONDOM MALE	X		
A4268	CONTRACEPTIVE SUPPLY, CONDOM FEMALE	X		
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE	X		
A4550	MAJOR SURGICAL TRAY (INCLUDES ANESTHESIA INJECTION)	X		
G0105	SCREENING COLONOSCOPY		X	
G0438	ANNUAL WELLNESS VISIT W/PREV PLAN, INITIAL	X		

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PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
G0439	ANNUAL WELLNESS VISIT W/PREVENTIVE CARE SUBSEQUENT VISIT (ESTABLISHED PATIENT)	X		
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE 100,000 UNITS	X		
J0567	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	X		
J0696	INJECTION, CEFTRIXONE SODIUM, PER 250 MG			
J1050	INJECTION MEDROXYPROGESTERONE ACETATE (DEPO-PROVERA)	X		
J1056	INJECTION MEDROXYPROGESTERONE ACETATE/ESTRADIOL CYPINATE 25 MIG/GMG (LUNELLE)	X		
J1950	INJECTION, LEUPROLIDE ACETATE, PER 3.75 MG	X		
J7297	LEVONORGESTREL-RELEASE IU CONTRACEPTIVE 52 MG (LILETTA)	X		
J7298	LEVONORGESTREL RELEASE IU CONTRACEPTIVE 52 MG (MIRENA)	X		
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	X		
J7301	SKYLA INJ, 13.5 MG	X		
J7303	CONTRACEPTIVE HORMONE W/VAGINAL RING	X		
J7304	CONTRACEPTIVE SUPPLY HORMONE PATCH	X		
J7306	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	X		
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES (NEW CODE FOR IMPLANON)	X		
Q0111	WET MOUNT	X		

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PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
Q9984	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (KYLEENA®), 19.5 MG	X		
S0316	DISEASE MANAGEMENT FOLLOW UP REASSESSMENT		X	
S0320	PH CALL/RN- DISEASE MEM/MONITR; MON		X	
S3645	HIV-1 ANTIBODY TESTING OF ORAL MUCOSAL TRANSUDATE	X		
S4981	INSERTION OF LEVONORGESTREL RELEASING INTRAUTERINE SYSTEM	X		
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	X		
S9445	PATIENT EDUCATION, INDIVIDUAL, NOT OTHERWISE CLASSIFIED, NON PHYSICIAN PROVIDER	X		CODE ONLY ALLOWED FOR MEDICAID ADOLESCENT PREGANCY SERVICES (MAPPS)
S9446	PATIENT EDUCATION, GROUP, NOT OTHERWISE CLASSIFIED, NON PHYSICIAN PROVIDER	X		CODE ONLY ALLOWED FOR MEDICAID ADOLESCENT PREGANCY SERVICES (MAPPS)
T1015	CLIMIN VISIT ENCOUNTER; ALL INCLUSIVE	X		CODE ONLY ALLOWED FOR FQHC/RHC PROVIDERS. ONLY ONE ENCOUNTER SERVICE PER DAY IS PERMITTED
T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL	X		CODE ONLY ALLOWED FOR MEDICAID ADOLESCENT PREGANCY SERVICES (MAPPS)

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING
APPROVED SEXUALLY
TRANSMITTED INFECTION
(STI) DRUG LIST

DRUG NAME	DOSAGE
ACYCLOVIR	200 MG
ACYCLOVIR	400 MG
AZITHROMYCIN	1 GM
AZITHROMYCIN	2 GM
BENZATHINE PENICILLIN G	2.4 MILLION UNITS
BUTOCONAZOLE 2% CREAM	5 G INTRAVAGINALLY
CEFTRIAZONE	2 GM
CEFTRIAZONE	125 MG
CEFIXIME	400 MG
CIPROFLOXIN	500 MG
CLOTRIMAZOLE 1% CREAM	5 G INTRAVAGINALLY
CLOTRIMAZOLE	100 MG VAGINAL TABLET
DOXYCYCLINE	100 MG
ERYTHROMYCIN BASE	500 MG
ERYTHROMYCIN/E THYLSUCCINATE	800 MG
FAMCICLOVIR	250 MG
FLUCONAZOLE	150 MG
LEVOFLOXACIN	250 MG
LEVOFLOXACIN	500 MG
METRONIDAZOLE	2 G
METRONIDAZOLE	500 MG
OFLOXACIN	300 MG
OFLOXACIN	400 MG
TETRACYCLINE	500 MG
TINIDAZOLE	2 G
VALACYCLOVIR	1 G

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING ICD-10-CM APPROVED STI DIAGNOSIS CODES

For dates of service on or after **October 1, 2015**, use the following ICD-10-CM Approved STI diagnosis codes.

STI DIAGNOSIS	ICD-10-CM CODE
SYPHILIS	
PRIMARY GENITAL SYPHILIS	A51.0
PRIMARY ANAL SYPHILIS	A51.1
PRIMARY SYPHILIS OF OTHER SITES	A51.2
EARLY SYPHILIS, LATENT	A51.5
EARLY SYPHILIS, UNSPECIFIED	A51.9
SYMPTOMATIC LATE SYPHILIS OF OTHER RESPIRATORY ORGANS	A52.73
OTHER GENITOURINARY SYMPTOMATIC LATE SYPHILIS	A52.76
OTHER SYMPTOMATIC LATE SYPHILIS	A52.79
CHLAMYDIA	
CHLAMYDIAL INFECTION OF LOWER GENITOURINARY TRACT, UNSP	A56.00
CHLAMYDIAL CYSTITIS AND URETHRITIS	A56.01
CHLAMYDIAL VULVOVAGINITIS	A56.02
OTHER CHLAMYDIAL INFECTION OF LOWER GENITOURINARY TRACT	A56.09
OTHER CHLAMYDIAL DISEASES	A74.89
NONSPECIFIC URETHRITIS	N34.1
GONORRHEA	
GONOCOCCAL INFECTION OF LOWER GENITOURINARY TRACT, UNSP	A54.00
GONOCOCCAL CYSTITIS AND URETHRITIS, UNSPECIFIED	A54.01
GONOCOCCAL VULVOVAGINITIS, UNSPECIFIED	A54.02
GONOCOCCAL CERVICITIS, UNSPECIFIED	A54.03
OTHER GONOCOCCAL INFECTION OF LOWER GENITOURINARY TRACT	A54.09
GONOCOCCAL INFECTION OF LOWER GENITOURINARY TRACT WITH PERIURETHRAL AND ACCESSORY GLAND ABSCESS	A54.1
GONOCOCCAL INFECTION OF KIDNEY AND URETER	A54.21
GONOCOCCAL FEMALE PELVIC INFLAMMATORY	A54.24

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PROCEDURE CODES FOR FAMILY PLANNING

STI DIAGNOSIS	ICD-10-CM CODE
DISEASE	
OTHER GONOCOCCAL GENITOURINARY INFECTIONS	A54.29
GONOCOCCAL PHARYNGITIS	A54.5
GONOCOCCAL INFECTION OF ANUS AND RECTUM	A54.6
HERPES	
HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED	A60.00
HERPESVIRAL VULVOVAGINITIS	A60.04
HERPESVIRAL INFECTION OF OTHER UROGENITAL TRACT	A60.09
ANOGENITAL HERPESVIRAL INFECTION, UNSPECIFIED	A60.9
CANDIDIASIS	
CANDIDIASIS OF VULVA AND VAGINA	B37.3
CANDIDAL CYSTITIS AND URETHRITIS	B37.41
CANDIDAL BALANITIS	B37.42
OTHER UROGENITAL CANDIDIASIS	B37.49
TRICHOMONIASIS	
UROGENITAL TRICHOMONIASIS, UNSPECIFIED	A59.00
TRICHOMONAL VULVOVAGINITIS	A59.01
TRICHOMONAL CYSTITIS AND URETHRITIS	A59.03
OTHER UROGENITAL TRICHOMONIASIS	A59.09
TRICHOMONIASIS OF OTHER SITES	A59.8
TRICHOMONIASIS, UNSPECIFIED	A59.9

One course of STI (antibiotic treatment) from approved list for each organism identified above is allowed per calendar year under the Family Planning Program. These STIs must be diagnosed during an initial or annual family planning visit.

The provider must write the diagnosis code on the patient's prescription in order for the pharmacy to fill it.

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR ANESTHESIA

The following tables include the CPT and basic units for anesthesia.

PROCEDURE CODE	BASIC UNITS
00100	5
00102	6
00103	5
00104	4
00120	5
00124	4
00126	4
00140	5
00142	4
00144	6
00145	6
00147	4
00148	4
00160	5
00162	7
00164	4
00170	5
00172	6
00174	6
00176	7
00190	5
00192	7
00210	11
00211	10
00212	5
00214	9
00215	9
00216	15
00218	13
00220	10
00222	6
00300	5
00320	6
00322	3

PROCEDURE CODE	BASIC UNITS
00326	7
00350	10
00352	5
00400	3
00402	5
00404	5
00406	13
00410	4
00450	5
00454	3
00470	6
00472	10
00474	13
00500	15
00520	6
00522	4
00524	4
00528	8
00529	11
00530	4
00532	4
00534	7
00537	7
00539	18
00540	12
00541	15
00542	15
00546	15
00548	17
00550	10
00560	15
00561	25
00562	20
00563	25

PROCEDURE CODE	BASIC UNITS
00566	25
00567	25
00580	20
00600	10
00604	13
00620	10
00625	13
00626	15
00630	8
00632	7
00635	4
00640	3
00670	13
00700	4
00702	4
00730	5
00731	5
00732	5
00750	4
00752	6
00754	7
00756	7
00770	15
00790	7
00792	13
00794	8
00796	30
00797	11
00800	4
00802	5
00811	5
00812	5
00813	5
00820	5

PROCEDURE CODE	BASIC UNITS
00830	4
00832	6
00834	5
00836	6
00840	6
00842	4
00844	7
00846	8
00848	8
00851	6
00860	6
00862	7
00864	8
00865	7
00866	10
00868	10
00870	5
00872	7
00873	5
00880	15
00882	10
00902	5
00904	7
00906	4
00908	6
00910	3
00912	5
00914	5
00916	5
00918	5
00920	3
00922	6
00924	4
00926	4
00928	6
00930	4
00932	4
00934	6
00936	8
00938	4
00940	3
00942	4
00944	6
00948	4
00950	5
00952	4

PROCEDURE CODE	BASIC UNITS
01112	5
01120	6
01130	3
01140	15
01150	10
01160	4
01170	8
01173	12
01200	4
01202	4
01210	6
01212	10
01214	8
01215	10
01220	4
01230	6
01232	5
01234	8
01250	4
01260	3
01270	8
01272	4
01274	6
01320	4
01340	4
01360	5
01380	3
01382	3
01390	3
01392	4
01400	4
01402	7
01404	5
01420	3
01430	3
01432	6
01440	8
01442	8
01444	8
01462	3
01464	3
01470	3
01472	5
01474	5
01480	3
01482	4

PROCEDURE CODE	BASIC UNITS
01484	4
01486	7
01490	3
01500	8
01502	6
01520	3
01522	5
01610	5
01620	4
01622	4
01630	5
01634	9
01636	15
01638	10
01650	6
01652	10
01654	8
01656	10
01670	4
01680	3
01710	3
01712	5
01714	5
01716	5
01730	3
01732	3
01740	4
01742	5
01744	5
01756	6
01758	5
01760	7
01770	6
01772	6
01780	3
01782	4
01810	3
01820	3
01829	3
01830	3
01832	6
01840	6
01842	6
01844	6
01850	3
01852	4

SECTION 4 PROCEDURE CODES**PROCEDURE CODES FOR ANESTHESIA**

PROCEDURE CODE	BASIC UNITS
01860	3
01916	5
01920	7
01922	7
01924	5
01925	7
01926	8
01930	5
01931	7

PROCEDURE CODE	BASIC UNITS
01932	6
01933	7
01935	5
01936	5
01951	3
01952	5
01953	1
01960	5
01961	7

PROCEDURE CODE	BASIC UNITS
01962	8
01963	8
01965	4
01966	4
01968	2
01969	5
01991	3
01992	5

SECTION 4 PROCEDURE CODES
PROCEDURE CODES FOR ANESTHESIA

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SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR VISION

The following tables include the CPT, description of procedure code, and if manual pricing is required.

PROCEDURE CODE	DESCRIPTION OF PROCEDURE CODE	MANUAL PRICING REQUIRED
92225	OPHTHALMOSCOPY EXT W/RETINAL DRAWING INIT	NO
92226	OPHTHALMOSCOPY SUBSEQUENT	NO
92230	FLUORESCEIN ANGIOSCOPY W/INTERPRET/REPOR	NO
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	NO
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	NO
92260	OPHTHALMODYNAMOMETRY	NO
92270	ELECTRO OCULOGRAPHY	NO
92273	FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERPRETATION AND REPORT	NO
92274	MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERPRETATION AND REPORT	NO
92285	EXT OCULAR PHOTO W/I&R RPT DOCU OF MED	NO
92286	SPEC ANTERIOR SEG PHOTOG W/INTERP & REPO	NO
92287	SPECIAL ANTER SEG PHOTO MED DIAG FLU ANG	NO
92310	PRESC OPTICAL/PHYSICAL CHARAC FITTING CO	NO
92311	RX CORNEAL LENS APHAKIA ONE EYE	NO
92312	RX CORNEAL LENS APHAKIA BOTH EYES	NO
92313	PRESCRIPTION & FITTING CORNEOSCLERAL LEN	NO
92326	REPLACEMENT CONTACT LENS	NO
92340	FITTING OF SPECTACLES EXC FOR APHAKIA MO	NO
92341	FITTING OF SPECTACLES EXC FOR APHAKIA MO	NO
92342	FIT SPECTACLES EXC FOR APHAKIA MULTIFOCA	NO
92353	FIT SPECTACLES PROST FOR APHAKIA MULTIFO	NO
92370	REP AND REFIT SPECT; EXCEPT FOR APHAKIA	NO
95999	UNLISTED NEUROLOGICAL PROCEDURE	MANUAL PRICING REQUIRED
96110	DEVELOP TESTING LIMITED W/INTERP & REPOR	NO
96112	DEVELOPMENTAL TEST ADMINISTRATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, FIRST 60 MINUTES	NO

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR VISION

PROCEDURE CODE	DESCRIPTION OF PROCEDURE CODE	MANUAL PRICING REQUIRED
96113	DEVELOPMENTAL TEST ADMINISTRATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, ADDITIONAL 30 MINUTES	NO
96116	NEUROBEHAVIORAL STATUS EXAMINATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, FIRST 60 MINUTES	NO
V2020	FRAME COMPLETE	NO
V2100	SPHERE, SINGLE, PLANO, TO +-4D,PER LENS	NO
V2101	SPHERE, SINGLE, +-4D,AND OVER,PER LENS	NO
V2102	SINGLE VISION SPHERE 7.12-20.00	NO
V2103	SPH-CYL, SINGLE,TO +-4D,ANY CYL,PER LENS	NO
V2104	SPHEROCYL,SNGL,PLANO+ OR-4.00D,OVER 6	NO
V2105	SPHERECYLINDER 4.00D/4.25-6D	NO
V2106	SPHERECYLINDER 4.00D/6.00D	NO
V2107	SPH-CYL,SINGLE,+-4D,&OVER,ANY CYL,PER LE	NO
V2108	SPHERECYLINDER 4.25D/2.12-14D	NO
V2109	SPHERECYLINDER 4.25D/4.25-6D	NO
V2111	SPHERE CYLINDER 7.25G/.25-2.25	NO
V2112	SPHERES/CYLINDERS 7.25 TO 12.00 G/2.25 T	NO
V2114	SPHERES/CYLINDERS 12.25 TO 20.00 G 0 12.	NO
V2200	SPHERE,BIFOCAL,PLANO TO +-4D,PER LENS	NO
V2201	SPHERE,BIFOCAL,+-4D & OVER,PER LENS	NO
V2202	BIFOCAL SPHERES/CYLINDERS 4.25 TO 6.00/7	NO
V2203	SPH-CYL,BIFOCAL,TO +-4D,ANY CYL,PER LENS	NO
V2204	BIFOCAL PLANO CYLINDER 2.12 TO 4.00 G/	NO
V2205	SPHEROCYL,BIFOC,PLANO +OR-4.D TO 6.D	NO
V2207	SPH-CYL,BIFOCAL,+-4-D,&OVER,ANY CYL,PER	NO
V2208	BIFOCAL SPHERES/CYLINDERS 4.25 TO 7.00G/	NO
V2211	SPHERES/CYLINDERS 7.25 TO 12.00G/.25 TO	NO
V2219	BIFOCAL SEG WITH OVER 28MM	NO
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	NO
V2299	SPECIALTY BIFOCAL BY REPORT	MANUAL PRICING REQUIRED
V2500	CONTACT, PMMA,SPHERICAL,PER LENS	NO
V2501	CONTACT,PMMA,IORIC/PRISM BALLAST PER LEN	NO
V2510	CONTACT GAS PERMEABLE,SPHERICAL,PER LENS	NO
V2511	CONTACT,GAS PERM,TORIC,PRISM BALL,PER LE	NO
V2520	CONTACT,HYDROPHILIC,SPHERICAL,PER LENS	NO
V2599	CONTACT,NOT OTHER CLASSIFIED,PER LENS	MANUAL PRICING REQUIRED

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR VISION

PROCEDURE CODE	DESCRIPTION OF PROCEDURE CODE	MANUAL PRICING REQUIRED
V2600	HAND HELD LOW VISION AIDS	MANUAL PRICING REQUIRED
V2610	SINGLE LENS SPECTACLE MOUNT	MANUAL PRICING REQUIRED
V2615	TELESCOP/OTHR COMPOUND LENS	MANUAL PRICING REQUIRED
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS(OUTPT)	NO
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS(OUTPT)	NO
V2715	PRISM,PER LENS	NO
V2730	DOUBLE CONCAVE SINGLE VISION	NO
V2744	TINT,PHOTOCHROMATIC, PER LENS	NO
V2755	U-V LENS, PER LENS	NO
V2784	LENS,POLYCARB OR EQUAL,ANY INDEX,PR LENS	NO
V2797	VISION SUPPLY, ACCESSERY/SVC OTHER CODE	MANUAL PRICING REQUIRED
V2799	NOT OTHERWISE CLASSIFIED(VISION)	MANUAL PRICING REQUIRED

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR VISION

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SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR ABORTIONS

PROCEDURE CODES FOR ANTEPARTUM VISITS

For dates of service on or after **October 1, 2015**, ICD-10-CM codes for antepartum visits are located on the SCDHHS website on the [Physicians Services Provider Manual](#) webpage.

DIAGNOSIS CODES FOR THERAPEUTIC ABORTIONS

For dates of service on or after **October 1, 2015**, please use the following ICD-10-CM codes for therapeutic abortions.

ICD-10 CODES	DESCRIPTION
O04.5	GENITAL TRACT AND PELVIC INFECTION FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.6	DELAYED OR EXCESSIVE HEMORRHAGE FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.7	EMBOLISM FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.80	(INDUCED) TERMINATION OF PREGNANCY WITH UNSPECIFIED COMPLICATIONS
O04.81	SHOCK FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.82	RENAL FAILURE FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.83	METABOLIC DISORDER FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.84	DAMAGE TO PELVIC ORGANS FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.85	OTHER VENOUS COMPLICATIONS FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.86	CARDIAC ARREST FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.87	SEPSIS FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.88	URINARY TRACT INFECTION FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.89	(INDUCED) TERMINATION OF PREGNANCY WITH OTHER COMPLICATIONS
Z33.2	ENCOUNTER FOR ELECTIVE TERMINATION OF PREGNANCY

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR ABORTIONS

DIAGNOSIS CODES FOR SPONTANEOUS, INEVITABLE, AND MISSED ABORTIONS

For dates of service on or after **October 1, 2015**, please use the following ICD-10-CM codes for spontaneous, inevitable, and missed abortions.

ICD-10 CODES	DESCRIPTION
O01.0	CLASSICAL HYDATIDIFORM MOLE
O01.1	INCOMPLETE AND PARTIAL HYDATIDIFORM MOLE
O01.9	HYDATIDIFORM MOLE, UNSPECIFIED
O02.0	BLIGHTED OVUM AND NONHYDATIDIFORM MOLE
O02.1	MISSED ABORTION
O02.81	INAPPROPRIATE CHANGE IN QUANTITATIVE HUMAN CHORIONIC GONADOTROPIN (HCG) IN EARLY PREGNANCY
O02.89	OTHER ABNORMAL PRODUCTS OF CONCEPTION
O02.9	ABNORMAL PRODUCT OF CONCEPTION, UNSPECIFIED
O03.0	GENITAL TRACT AND PELVIC INFECTION FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.1	DELAYED OR EXCESSIVE HEMORRHAGE FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.2	EMBOLISM FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.30	UNSPECIFIED COMPLICATION FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.31	SHOCK FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.32	RENAL FAILURE FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.33	METABOLIC DISORDER FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.34	DAMAGE TO PELVIC ORGANS FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.35	OTHER VENOUS COMPLICATIONS FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.36	CARDIAC ARREST FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.37	SEPSIS FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.38	URINARY TRACT INFECTION FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
O03.39	INCOMPLETE SPONTANEOUS ABORTION WITH OTHER COMPLICATIONS
O03.4	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPLICATION
O03.5	GENITAL TRACT AND PELVIC INFECTION FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION
O03.6	DELAYED OR EXCESSIVE HEMORRHAGE FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR ABORTIONS

ICD-10 CODES	DESCRIPTION
O03.7	EMBOLISM FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION
O03.80	UNSPECIFIED COMPLICATION FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION
O03.81	SHOCK FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION
O03.82	RENAL FAILURE FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION
O03.83	METABOLIC DISORDER FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION
O03.84	DAMAGE TO PELVIC ORGANS FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION
O03.85	OTHER VENOUS COMPLICATIONS FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION
O03.86	CARDIAC ARREST FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION
O03.87	SEPSIS FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION
O03.88	URINARY TRACT INFECTION FOLLOWING COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION
O03.89	COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION WITH OTHER COMPLICATIONS
O03.9	COMPLETE OR UNSPECIFIED SPONTANEOUS ABORTION WITHOUT COMPLICATION

DIAGNOSIS CODES THAT DO NOT REQUIRE DOCUMENTATION

For dates of service on or after **October 1, 2015**, the following abortion diagnosis codes do not require documentation.

ICD-10 CODE	DESCRIPTION
O01.0	CLASSICAL HYDATIDIFORM MOLE
O01.1	INCOMPLETE AND PARTIAL HYDATIDIFORM MOLE
O01.9	HYDATIDIFORM MOLE, UNSPECIFIED
O02.0	BLIGHTED OVUM AND NONHYDATIDIFORM MOLE
O02.81	INAPPROPRIATE CHANGE IN QUANTITATIVE HUMAN CHORIONIC GONADOTROPIN (HCG) IN EARLY PREGNANCY
O02.89	OTHER ABNORMAL PRODUCTS OF CONCEPTION
O02.9	ABNORMAL PRODUCT OF CONCEPTION, UNSPECIFIED
O02.1	MISSED ABORTION
O36.5190	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O36.5191	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR ABORTIONS

ICD-10 CODE	DESCRIPTION
	INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 1
O36.5192	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 2
O36.5193	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 3
O36.5194	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 4
O36.5195	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 5
O36.5199	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, OTHER FETUS
O36.5990	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O36.5991	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 1
O36.5992	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 2
O36.5993	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 3
O36.5994	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 4
O36.5995	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 5
O36.5999	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, OTHER FETUS
O36.5110	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O36.5111	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 1
O36.5112	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 2
O36.5113	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 3
O36.5114	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 4
O36.5115	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 5
O36.5119	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, OTHER FETUS
O36.5120	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O36.5121	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 1
O36.5122	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR ABORTIONS

ICD-10 CODE	DESCRIPTION
	INSUFFICIENCY, SECOND TRIMESTER, FETUS 2
O36.5123	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 3
O36.5124	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 4
O36.5125	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 5
O36.5129	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, OTHER FETUS
O36.5130	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O36.5131	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 1
O36.5132	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 2
O36.5133	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 3
O36.5134	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 4
O36.5135	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 5
O36.5139	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, OTHER FETUS
O36.5910	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O36.5911	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 1
O36.5912	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 2
O36.5913	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 3
O36.5914	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 4
O36.5915	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 5
O36.5919	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, OTHER FETUS
O36.5920	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O36.5921	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 1
O36.5922	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 2
O36.5923	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 3
O36.5924	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR ABORTIONS

ICD-10 CODE	DESCRIPTION
	GROWTH, SECOND TRIMESTER, FETUS 4
O36.5925	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 5
O36.5929	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, OTHER FETUS
O36.5930	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O36.5931	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 1
O36.5932	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 2
O36.5933	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 3
O36.5934	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 4
O36.5935	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 5
O36.5939	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, OTHER FETUS
O42.10	PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, UNSPECIFIED WEEKS OF GESTATION
O42.111	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, FIRST TRIMESTER
O42.112	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, SECOND TRIMESTER
O42.113	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, THIRD TRIMESTER
O42.119	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, UNSPECIFIED TRIMESTER
O42.12	FULL-TERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE

SECTION 4 PROCEDURE CODES

NUTRITIONAL COUNSELING CODES

ADULT NUTRITIONAL COUNSELING DIAGNOSIS AND HCPCS CODES

Adult Nutritional Counseling ICD-10-CM Diagnosis Codes

October 2018 Update

For dates of service on or after **October 1, 2018**, please use the following ICD-10-CM diagnosis codes for the Adult Nutritional Counseling program. For dates of service prior to October 1, 2018, refer to the October 2017 Update included in this section.

ICD-10-CODE	DESCRIPTION
Z68.1	BODY MASS INDEX (BMI) 19.9 OR LESS, ADULT
Z68.20	BODY MASS INDEX (BMI) 20.0-20.9, ADULT
Z68.21	BODY MASS INDEX (BMI) 21.0-21.9, ADULT
Z68.22	BODY MASS INDEX (BMI) 22.0-22.9, ADULT
Z68.23	BODY MASS INDEX (BMI) 23.0-23.9, ADULT
Z68.24	BODY MASS INDEX (BMI) 24.0-24.9, ADULT
Z68.25	BODY MASS INDEX (BMI) 25.0-25.9, ADULT
Z68.26	BODY MASS INDEX (BMI) 26.0-26.9, ADULT
Z68.27	BODY MASS INDEX (BMI) 27.0-27.9, ADULT
Z68.28	BODY MASS INDEX (BMI) 28.0-28.9, ADULT
Z68.29	BODY MASS INDEX (BMI) 29.0-29.9, ADULT
Z68.30	BODY MASS INDEX (BMI) 30.0-30.9, ADULT
Z68.31	BODY MASS INDEX (BMI) 31.0-31.9, ADULT
Z68.32	BODY MASS INDEX (BMI) 32.0-32.9, ADULT
Z68.33	BODY MASS INDEX (BMI) 33.0-33.9, ADULT
Z68.34	BODY MASS INDEX (BMI) 34.0-34.9, ADULT
Z68.35	BODY MASS INDEX (BMI) 35.0-35.9, ADULT
Z68.36	BODY MASS INDEX (BMI) 36.0-36.9, ADULT
Z68.37	BODY MASS INDEX (BMI) 37.0-37.9, ADULT

SECTION 4 PROCEDURE CODES**NUTRITIONAL COUNSELING CODES**

ICD-10-CODE	DESCRIPTION
Z68.38	BODY MASS INDEX (BMI) 38.0-38.9, ADULT
Z68.39	BODY MASS INDEX (BMI) 39.0-39.9, ADULT
Z68.41	BODY MASS INDEX (BMI) 40.0-44.9, ADULT
Z68.42	BODY MASS INDEX (BMI) 45.0-49.9, ADULT
Z68.43	BODY MASS INDEX (BMI) 50-59.9, ADULT
Z68.44	BODY MASS INDEX (BMI) 60.0-69.9, ADULT
Z68.45	BODY MASS INDEX (BMI) 70 OR GREATER, ADULT
Z68.51	BMI PEDIATRIC, LESS THAN 5TH PERCENTILE FOR AGE
Z68.52	BMI PEDIATRIC, 5TH PERCENTILE TO LESS THAN 85% FOR AGE
Z68.53	BMI PEDIATRIC, 85% TO LESS THAN 95TH PERCENTILE FOR AGE
Z68.54	BMI PEDIATRIC, GREATER THAN OR EQUAL TO 95% FOR AGE

October 2017 Update

For dates of service on or after **October 1, 2017** and prior to October 1, 2018, please use the following ICD-10-CM diagnosis codes for the Adult Nutritional Counseling program. For dates of service prior to October 1, 2017, refer to the October 2015 Update included in this section.

ICD-10-CODE	DESCRIPTION
Z68.1	BODY MASS INDEX (BMI) 19.9 OR LESS, ADULT
Z68.20	BODY MASS INDEX (BMI) 20.0-20.9, ADULT
Z68.21	BODY MASS INDEX (BMI) 21.0-21.9, ADULT
Z68.22	BODY MASS INDEX (BMI) 22.0-22.9, ADULT
Z68.23	BODY MASS INDEX (BMI) 23.0-23.9, ADULT
Z68.24	BODY MASS INDEX (BMI) 24.0-24.9, ADULT
Z68.25	BODY MASS INDEX (BMI) 25.0-25.9, ADULT
Z68.26	BODY MASS INDEX (BMI) 26.0-26.9, ADULT
Z68.27	BODY MASS INDEX (BMI) 27.0-27.9, ADULT
Z68.28	BODY MASS INDEX (BMI) 28.0-28.9, ADULT
Z68.29	BODY MASS INDEX (BMI) 29.0-29.9, ADULT
Z68.30	BODY MASS INDEX (BMI) 30.0-30.9, ADULT
Z68.31	BODY MASS INDEX (BMI) 31.0-31.9, ADULT
Z68.32	BODY MASS INDEX (BMI) 32.0-32.9, ADULT
Z68.33	BODY MASS INDEX (BMI) 33.0-33.9, ADULT
Z68.34	BODY MASS INDEX (BMI) 34.0-34.9, ADULT
Z68.35	BODY MASS INDEX (BMI) 35.0-35.9, ADULT
Z68.36	BODY MASS INDEX (BMI) 36.0-36.9, ADULT
Z68.37	BODY MASS INDEX (BMI) 37.0-37.9, ADULT

SECTION 4 PROCEDURE CODES

NUTRITIONAL COUNSELING CODES

ICD-10-CODE	DESCRIPTION
Z68.38	BODY MASS INDEX (BMI) 38.0-38.9, ADULT
Z68.39	BODY MASS INDEX (BMI) 39.0-39.9, ADULT
Z68.41	BODY MASS INDEX (BMI) 40.0-44.9, ADULT
Z68.42	BODY MASS INDEX (BMI) 45.0-49.9, ADULT
Z68.43	BODY MASS INDEX (BMI) 50-59.9 , ADULT
Z68.44	BODY MASS INDEX (BMI) 60.0-69.9, ADULT
Z68.45	BODY MASS INDEX (BMI) 70 OR GREATER, ADULT
Z68.51	BMI PEDIATRIC, LESS THAN 5TH PERCENTILE FOR AGE
Z68.52	BMI PEDIATRIC, 5TH PERCENTILE TO LESS THAN 85% FOR AGE
Z68.53	BMI PEDIATRIC, 85% TO LESS THAN 95TH PERCENTILE FOR AGE
Z68.54	BMI PEDIATRIC, GREATER THAN OR EQUAL TO 95% FOR AGE

October 2015 Update

For dates of service on or after **October 1, 2015** and prior to October 1, 2017, please use the following ICD-10-CM diagnosis codes for the Adult Nutritional Counseling program.

ICD-10 CODE	DESCRIPTION
Z68.1	BODY MASS INDEX (BMI) 19 OR LESS, ADULT
Z68.20	BODY MASS INDEX (BMI) 20.0-20.9, ADULT
Z68.21	BODY MASS INDEX (BMI) 21.0-21.9, ADULT
Z68.22	BODY MASS INDEX (BMI) 22.0-22.9, ADULT
Z68.23	BODY MASS INDEX (BMI) 23.0-23.9, ADULT
Z68.24	BODY MASS INDEX (BMI) 24.0-24.9, ADULT
Z68.25	BODY MASS INDEX (BMI) 25.0-25.9, ADULT
Z68.26	BODY MASS INDEX (BMI) 26.0-26.9, ADULT
Z68.27	BODY MASS INDEX (BMI) 27.0-27.9, ADULT
Z68.28	BODY MASS INDEX (BMI) 28.0-28.9, ADULT
Z68.29	BODY MASS INDEX (BMI) 29.0-29.9, ADULT
Z68.30	BODY MASS INDEX (BMI) 30.0-30.9, ADULT
Z68.31	BODY MASS INDEX (BMI) 31.0-31.9, ADULT
Z68.32	BODY MASS INDEX (BMI) 32.0-32.9, ADULT
Z68.33	BODY MASS INDEX (BMI) 33.0-33.9, ADULT
Z68.34	BODY MASS INDEX (BMI) 34.0-34.9, ADULT
Z68.35	BODY MASS INDEX (BMI) 35.0-35.9, ADULT
Z68.36	BODY MASS INDEX (BMI) 36.0-36.9, ADULT
Z68.37	BODY MASS INDEX (BMI) 37.0-37.9, ADULT
Z68.38	BODY MASS INDEX (BMI) 38.0-38.9, ADULT
Z68.39	BODY MASS INDEX (BMI) 39.0-39.9, ADULT

SECTION 4 PROCEDURE CODES

NUTRITIONAL COUNSELING CODES

ICD-10 CODE	DESCRIPTION
Z68.41	BODY MASS INDEX (BMI) 40.0-44.9, ADULT
Z68.42	BODY MASS INDEX (BMI) 45.0-49.9, ADULT
Z68.43	BODY MASS INDEX (BMI) 50-59.9 , ADULT
Z68.44	BODY MASS INDEX (BMI) 60.0-69.9, ADULT
Z68.45	BODY MASS INDEX (BMI) 70 OR GREATER, ADULT
Z68.51	BMI PEDIATRIC, LESS THAN 5TH PERCENTILE FOR AGE
Z68.52	BMI PEDIATRIC, 5TH PERCENTILE TO LESS THAN 85% FOR AGE
Z68.53	BMI PEDIATRIC, 85% TO LESS THAN 95TH PERCENTILE FOR AGE
Z68.54	BMI PEDIATRIC, GREATER THAN OR EQUAL TO 95% FOR AGE

Adult Nutritional Counseling HCPCS Codes

Please use the following HCPCS codes for the Adult Nutritional Counseling program.

HCPCS CODES	MODIFIER	DESCRIPTION	MAXIMUM UNITS PER CALENDAR YEAR
G0447 (RHC AND ALL FFS PROVIDERS)	SC	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL, PER ENCOUNTER	1 INITIAL VISIT ONLY: MAY BILL WITH AN E&M VISIT. IF BILLING WITH AN E&M VISIT, THE PROVIDER MUST APPEND THE 25 MODIFIER TO THE E&M CODE.
G0447 (RHC AND ALL FFS PROVIDERS)		FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY (15 MIN. SESSION)	TOTAL OF 5 SUBSEQUENT VISITS FOR EITHER GROUP OR INDIVIDUAL BEHAVIORAL COUNSELING
G0447 (RHC AND ALL FFS PROVIDERS)	HB	GROUP FACE-TO-FACE BEHAVIORAL COUNSELING	TOTAL OF 5 SUBSEQUENT VISITS FOR EITHER GROUP OR INDIVIDUAL BEHAVIORAL COUNSELING
S9470 (RHC AND ALL FFS DIETITIANS)		NUTRITIONAL COUNSELING, DIETITIAN VISIT (30 MIN. SESSION) INITIAL VISIT ONLY	1 INITIAL VISIT WITHIN 12 MONTHS
S9452 (RHC AND ALL FFS DIETITIANS)		NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION (30 MIN. SESSION)	TOTAL OF 5 SUBSEQUENT VISITS FOR EITHER GROUP OR INDIVIDUAL NUTRITIONAL COUNSELING

SECTION 4 PROCEDURE CODES

NUTRITIONAL COUNSELING CODES

HCPCS CODES	MODIFIER	DESCRIPTION	MAXIMUM UNITS PER CALENDAR YEAR
S9452 (RHC AND ALL FFS DIETITIANS)	HB	GROUP NUTRITION CLASSES, NON-PHYSICIAN	TOTAL OF 5 SUBSEQUENT VISITS FOR EITHER GROUP OR INDIVIDUAL NUTRITIONAL COUNSELING
T1015 (FQHC ONLY)	SC	ENCOUNTER (INITIAL OBESITY VISIT, SUBSEQUENT OBESITY VISIT, NUTRITIONAL COUNSELING, NUTRITIONAL CLASSES)	TOTAL OF 1 INITIAL PROVIDER ENCOUNTER AND 5 SUBSEQUENT ENCOUNTERS
T1015 (FQHC ONLY)	HB FOR GROUP (NO MODIFIER FOR INDIVIDUALS)	ENCOUNTER (SUBSEQUENT OBESITY VISIT, NUTRITIONAL COUNSELING, NUTRITIONAL CLASSES)	TOTAL OF 5 PROVIDER ENCOUNTERS/NUTRITIONAL COUNSELING VISITS

CHILDREN'S NUTRITIONAL COUNSELING DIAGNOSIS AND HCPCS CODES

Children's Nutritional Counseling ICD-10-CM Diagnosis Code

For dates of service on or after **October 1, 2015**, please use the following ICD-10-CM diagnosis codes for the Children's Nutritional Counseling program.

ICD-10 CODE	DESCRIPTION
Z71.3	DIETARY COUNSELING AND SURVEILLANCE

Children's Nutritional Counseling HCPCS Codes

Please use the following HCPCS codes for the Children's Nutritional Counseling program.

CPT/HCPCS CODES	MODIFIER	DESCRIPTION	FREQUENCY LIMITATIONS
99201-99215		INITIAL VISIT PROVIDER MUST BILL THE APPROPRIATE LEVEL OF EVALUATION AND MANAGEMENT SERVICES.	
99201-99215		PROVIDER MUST BILL THE APPROPRIATE LEVEL OF EVALUATION AND MANAGEMENT SERVICES.	

SECTION 4 PROCEDURE CODES**NUTRITIONAL COUNSELING CODES**

CPT/HCPCS CODES	MODIFIER	DESCRIPTION	FREQUENCY LIMITATIONS
97802 (DIETITIANS ONLY)		MEDICAL NUTRITION THERAPY, ASSESSMENT AND INTERVENTION, EACH 15 MINUTES	TOTAL OF 2 INITIAL UNITS FOR NUTRITIONAL COUNSELING
97803 (DIETITIANS ONLY)		MEDICAL NUTRITION THERAPY RE-ASSESSMENT AND INTERVENTION, EACH 15 MINUTES	TOTAL OF 2 UNITS PER DAY AND 10 UNITS PER YEAR
97803 (DIETITIANS ONLY)	HB	MEDICAL NUTRITION THERAPY RE-ASSESSMENT AND INTERVENTION, EACH 15 MINUTES (SEE NOTES BELOW)	TOTAL OF 2 UNITS PER DAY AND 10 UNITS PER YEAR
T1015 (FQHC ONLY)		CLINIC VISIT/ENCOUNTER ALL INCLUSIVE THIS CODE IS FOR BOTH THE PROVIDER AND DIETICIAN MEETING THE FQHC HRSA REQUIREMENT.	TOTAL OF 6 ENCOUNTERS PER YEAR

SECTION 4 PROCEDURE CODES

WRAP PAYMENT METHODOLOGY

FQHC WRAP PAYMENT METHODOLOGY

WRAP PAYMENT METHODOLOGY	
EFFECTIVE JULY 1, 2018	
FQHC	
Allowed CPT Codes (1)	Exclusions from FQHC Encounter Rate (3)
Billable as a Medical Encounter:	59025 (TC Modifier)
T1015	70000 - 79999 (TC Modifier)
99201-99205	70000 Series - 70% removed for Tech component (4)
99212-99215	90378
99241-99245	90630
99381-99385	90656
99391-99395	90657
Add. Codes for Bi-Annual Exams (Adults):	90658
99386	90620, 90621, 90670
99387	90662
99396	90672
99397	90673
Podiatry:	90685-90688
Standard E&M codes - see above	90707, 90710, 90715, 90716
Ophthalmology:	90732
92002	92250/TC
92004	92340
92012	93005
92014	93017
Chiropractic:	93041
98940-98942	93225
In-Home Services	93325
99341-99345	93880
99347-99350	93970
Domiciliary or Rest Home Services:	99050
99324-99328	99051
99334-99337	99217 - 99999 *
Skilled Nursing Facility Services:	A4264
99304-99310	J1050
99315-99316	J1950
99318	J7296
Family Planning Service (separate visit):	J7297
99401-99402	J7298
Postpartum Care:	J7300
59430	J7301
Health Risk Assessment (Foster Care):	J7307
96160, 96161	80305
MNT/Nutritional Counseling/Obesity Initiative:	80307
97802-97803	G0460
	Q2035 - Q2039
Billable as a Behavioral Health Encounter: (2)	Q3014
90791, 90792	
90832-90834, 90836-90838	
90839	
90847, 96101	
T1015/HE	

* - Any code in this range unless included in the "Allowed CPT Code" column.

FOOTNOTES

(1) Allowed CPT Codes are those services considered as an eligible FQHC encounter service. They are includable in the WRAP "count".

(2) Behavioral Health Services codes that are considered as an eligible FQHC encounter. A behavioral health code can be provided and billed on the same date of service as a medical service. Both services/encounters will be included in the WRAP settlement.

(3) Excludable procedure codes billed under MCO arrangements are not includable in the WRAP payment calculations and thus are carved out and reimbursed separately outside of the FQHC encounter rate. For any procedure code billed outside of those identified under sections (1), (2), and (3), payment of these codes are included in the FQHC encounter service rate and thus should not be separately reimbursed.

(4) The professional component of the 70000 series procedure codes are included in the FQHC encounter service rate and thus should not be separately reimbursed.

(5) Current policy allows dietitian services as incident to a physician or mid-level service. That is, the beneficiary is seen by the provider (physician or mid-level) and dietitian on the same day, one encounter can be billed for the services received that day. Dietitian services cannot be billed independently from the services of the physician or mid-level.

(6) Group services should never be billed using the encounter rate. A billable encounter is a face-to-face, one-on-one service with a physician or mid-level practitioner.

(7) Procedure codes will be reviewed annually to determine if updates are required in either billable encounter codes or excludable services.

