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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	

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

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

The following ICD-10 PCS codes require supporting documentation for QIO and SCDHHS Physicians Services.

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
0D160ZB	BYPASS STOMACH TO ILEUM, OPEN APPROACH
0D160ZL	BYPASS STOMACH TO TRANSVERSE COLON, OPEN APPROACH

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION

ICD-10 CODE	DESCRIPTION
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

SECTION 4 PROCEDURE CODES

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
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
0NQJXXZZ	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
0NQKXXZZ	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
0NQLXXZZ	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
0NQXXXZZ	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****CPT CODES REQUIRING
SUPPORTING
DOCUMENTATION FOR
QIO**

The codes listed below must be reviewed by QIO. 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	59840	59857
58660		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	J2185
21243	31299	45999	67299	81099	J2796
21246	31599	46999	67399	84999	J3490
21249	31899	47399	67599	85999	J9999
21256	32999	47579	67999	86999	Q4101
21260	33999	47999	68399	87999	Q4104
21261	36299	48999	68899	88199	Q4105
21263	36592	49329	69399	88299	V2599
21267	36593	49659	69799	88399	
21270	37799	49999	69949	90899	
21275	38589	50549	69979	90999	
21282	38999	51999	74740	91299	

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY MAGELLAN RX

Prior authorization requests for beneficiaries enrolled in FFS Medicaid will be processed by Magellan Rx Management. Prior authorization requests may be submitted online at <https://MRxGateway.com> or by telephone at 1-800-424-8219, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Prior authorization is required for the following HCPCS codes:

HCPCS	Brand Name	Generic Name	Category
J9264	Abraxane	Paclitaxel	Oncology
J3262	Actemra	Tocilizumab	BDAID: Rheumatoid Arthritis
J9305	Alimta	Pemetrexed	Oncology
J2469	Aloxi	Palonosetron	Antiemetics
J0881	Aranesp	Darbepoetin	Erythropoiesis-Stimulating Agents
J9023	Bavencio	Avelumab	Oncology
J0585	Botox	OnabotulinumtoxinA	Botulinum Toxins
J0717	Cimzia	Certolizumab pegol	BDAID
J2786	Cinqair	Reslizumab	Asthma/COPD
J0584	Crysvita	Burosumab-twza	Enzyme Replacement Therapy
J9145	Darzalex	Daratumumab	Oncology
J0586	Dysport	AbobotulinumtoxinA	Botulinum Toxins
J9263	Eloxatin	Oxaliplatin	Oncology
J3380	Entyvio	Vedolizumab	BDAID: Crohn's Disease/Ulcerative Colitis
J9055	Erbitux	Cetuximab	Oncology
J0517	Fasenra	Benralizumab	Asthma/COPD
J9395	Faslodex	Fulvestrant	Oncology
Q5108	Fulphila	Pegfilgrastim-jmdb	Colony-Stimulating Factors
J9179	Halaven	Eribulin	Oncology
J9355	Herceptin	Trastuzumab	Oncology
Q5113	Herzuma	Trastuzumab-pkrb	Oncology
J9173	Imfinzi	Durvalumab	Oncology
Q5103	Inflectra	Infliximab-dyyb	BDAID
J9354	Kadcyla	Ado-trastuzumab Emtansine	Oncology

J9271	Keytruda	Pembrolizumab	Oncology
J2507	Krystexxa	Pegloticase	Gout
J9047	Kyprolis	Carfilzomib	Oncology
J9119	Libtayo	Elapegademase-lvlr	Oncology
J3398	Luxturna	Voretigene	Ophthalmic Injections
J0587	Myobloc	Rimabotulinumtoxinb	Botulinum Toxins
J2505	Neulasta	Pegfilgrastim	Colony-Stimulating Factors
J1442	Neupogen	Filgrastim	Colony-Stimulating Factors
Q5110	Nivestym	Filgrastim-aafi	Colony-Stimulating Factors
J2182	Nucala	Meprolizumab	Asthma/COPD
J2350	Ocrevus	Ocrelizumab	Multiple Sclerosis
Q5114	Ogivri	Trastuzumab-dkst	Oncology
J9205	Onivyde	Irinotecan liposomal	Oncology
J0222	Onpattro	Patisiran lipid complex	Rare Disease
Q5112	Ontruzant	Trastuzumab-dttb	Oncology
J9299	Opdivo	Nivolumab	Oncology
J0129	Orencia	Abatacept	BDAID: Rheumatoid Arthritis
J9306	Perjeta	Pertuzumab	Oncology
J0885	Procrit/Epogen	Epoetin Alfa	Erythropoiesis-Stimulating Agents
Q2043	Provenge	Sipuleucel-t	Oncology
J1745	Remicade	Infliximab	BDAID
Q5104	Renflexis	Infliximab-abda	BDAID
Q5106	Retacrit	Epoetin alfa-epbx	Erythropoiesis-Stimulating Agents
J9312	Rituxan	Rituximab	Oncology
J1602	Simponi Aria	Golimumab	BDAID
J1300	Soliris	Eculizumab	Rare Disease
J3357	Stelara	Ustekinumab	BDAID: Crohn's Disease/Ulcerative Colitis
J3358	Stelara	Ustekinumab	BDAID: Crohn's Disease/Ulcerative Colitis
90378	Synagis	respiratory syncytial virus vaccine	Immunizing Agent
J9022	Tecentriq	atezolizumab	Oncology
Q5116	Trazimera	trastuzumab-qyyp	Oncology
J2323	Tysabri	Natalizumab	Multiple Sclerosis
Q5111	Udenyca	pegfilgrastim-cbqv	Colony-Stimulating Factors
J1303	Ultomiris	ravulizumab-cwvz	Rare Disease
J9303	Vectibix	Panitumumab	Oncology
J1322	Vimizim	elosulfase alfa	Enzyme Replacement Therapy
J0588	Xeomin	incobotulinumtoxin a	Botulinum Toxins
J2357	Xolair	omalizumab	Asthma/COPD
J9228	Yervoy	Ipilimumab	Oncology
Q5101	Zarxio	Filgrastim-sndz	Colony-Stimulating Factors

HCPCS	Brand Name	Generic Name	Category
Q2055	Abecma	Idecabtagene vicleucel	Oncology
J0791	Adakveo	Crizanlizumab-tmca	Rare Disease
J9042	Adcetris	Brentuximab	Oncology
J1454	Akynzeo	Fosnetupitant; Palonosetron Hydrochloride	Antiemetics
J1426	Amondys-45	Casimersen	CNS Agents: Rare Diseases
J0225	Amvuttra	Vutrisiran	Rare Diseases
Q5121	Avsola	Infliximab-axxq	Inflammatory Conditions
J9036	Belrapzo	Bendamustine	Oncology
J9034	Bendeka	Bendamustine	Oncology
J0490	Benlysta IV	Belimumab	BDAID: Systemic Lupus Erythematosus
Q2054	Breyanzi	Lisocabtagene Maraleucel	Oncology
J0567	Brineura	Cerliponase Alfa	Enzyme Replacement Therapy
Q2056	Carvykti	Ciltacabtagene Autoleucel	Oncology
J1786	Cerezyme	Imiglucerase	Enzyme Replacement Therapy
J0185	Cinvanti	Aprepitant/Fosaprepitant	Antiemetics
J0802	Cortrophin	Repository Corticotropin Injection	Corticotropin, ACTH
J9144	Darzalex Faspro	Daratumumab; Hyaluronidase-fihj	Oncology
J1743	Elaprase	Idursulfase	Enzyme Replacement Therapy
J9358	Enhertu	Fam-trastuzumab Deruxtecan-nxki	Oncology
J1428	Exondys-51	Eteplirsen	CNS Agents: Rare Diseases
J0178	Eylea	Aflibercept	Ophthalmic Injections
J1569	Gammagard Liquid	Intravenous Immune Globulin	Immune Globulin
J1561	Gamunex-C/ Gammaked	Intravenous Immune Globulin	Immune Globulin
J9356	Herceptin Hylecta	Trastuzumab Hyaluronidase-oysk	Oncology
J3245	Ilumya	Tildrakizumab	BDAID: Psoriasis/Psoriatic Arthritis
J9394	Injection, Fulvestrant (Fresenius Kabi) Not Therapeutically Equivalent To J9395, 25 Mg	Fulvestrant	Oncology
J9393	Injection, Fulvestrant (Teva) Not Therapeutically Equivalent to J9395, 25 Mg	Fulvestrant	Oncology
J9314	Injection, Pemetrexed (Teva) Not Therapeutically Equivalent to J9305, 10 Mg	Pemetrexed	Oncology

Q5117	Kanjinti	Trastuzumab-anns	Oncology
Q2042	Kymriah	Tisagenlecleucel	Oncology
J2778	Lucentis	Ranizumab	Ophthalmic Injections
J0221	Lumizyme	Alglucosidase Alfa	Enzyme Replacement Therapy
J1950	Lupron Depot	Leuprolide	Oncology
J2796	Nplate	Romiplostim	Hematology
Q5122	Nyvepria	Pegfilgrastim-apgf	Colony-Stimulating Factors
J1568	Octagam	Intravenous Immune Globulin	Immune Globulin
J9316	Phesgo	Pertuzumab; Trastuzumab; Hyaluronidase-zzxf	Oncology
J1459	Privigen	Intravenous Immune Globulin	Immune Globulin
Q5123	Riabni	Rituximab-arrx	Oncology
J9311	Rituxan Hycela	Rituxumab Hyaluronidase	Oncology
Q5119	Ruxience	Rituximab-pvvr	Oncology
J9227	Sarclisa	Isatuximab-irfc	Oncology
J2326	Spinraza	Nusinersen	CNS Agents: Rare Diseases
J9226	Supprelin LA	Histrelin Acetate SQ Implant	Oncology
J1627	Sustol	Granisetron	Antiemetics
Q2053	Tecartus	Brexucabtagene Autoleucel	Oncology
J9033	Treanda	Bendamustine	Oncology
J9317	Trodelyv	Sacituzumab Govitecan-hziy	Oncology
Q5115	Truxima	Rituximab-abbs	Oncology
J1823	Uplizna	Inebilizumab-cdon	CNS Agents: Rare Diseases
J1429	Vyondys-53	Golodirsen	CNS Agents: Rare Diseases
J0897	Xgeva/Prolia	Denosumab	Bone Resorption Inhibitor
Q2041	Yescarta	Axicabtagene	Oncology
J9223	Zepzelca	Lurbinectedin	Oncology
Q5120	Ziextenzo	Pegfilgrastim-bmez	Oncology
J3399	Zolgensma	Onasemnogene Abeparvovec-xioi	CNS Agents: Rare Diseases
J0174	Leqembi	Lecanemab-irmb	Alzheimer's Disease
J2781	Syfovre	Pegcetacoplan	Ophthalmic Injections
J9345	Zynyz	Retifanlimab-dlwr	Oncology
J9058	Bendamustine (Apotex)	Bendamustine Hydrochloride	Oncology
J9059	Bendamustine (Baxter)	Bendamustine Hydrochloride	Oncology
J9259	Paclitaxel Albumin-bound (American Regent)	Paclitaxel Albumin-bound	Oncology
J9323	Pemetrexed Ditromethamine (Hospira)	Pemetrexed Ditromethamine	Oncology
J9297	Pemetrexed (Sandoz)	Pemetrexed	Oncology

J9322	Pemetrexed (Bluepoint)	Pemetrexed	Oncology
J9304	Pemfexy	Pemetrexed	Oncology
J9063	Elahere	Mirvetuximab soravtansine-gynx	Oncology
J1413	Elevidys	Delandistrogene moxeparvovec-rokl	Rare Disease
J2508	Elfabrio	Pegunigalsidase alfa-iwx	Rare Disease
J9321	Epkinly	Epcoritamab-bysp	Oncology
J0217	Lamzede	Velmanase alfa	Rare Disease
J1304	Qalsody	Tofersen	CNS Agents
J9333	Rystiggo	Rozanolixizumab-noli	Rare Disease
J3401	Vyjuvek	Beremagene geperpavec-svdt	Rare Disease
J9334	Vyvgart Hytrulo	Efgartigimod alfa and hyaluronidase-qvfc	Rare Disease
J9258	paclitaxel albumin-bound (teva)	Paclitaxel albumin-bound	Oncology
J9324	Pemrydi RTU	Pemetrexed rtu	Oncology

SECTION 4 PROCEDURE CODES**PROCEDURE
CODES
REQUIRING PRIOR
AUTHORIZATION
BY QIO**

CPT codes that require prior authorization by QIO are located on the SCDHHS website on the [Physicians Services Provider Manual](#) webpage.

QIO 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	19367	22595	22842
19305	19368	22600	22843
19306	19369	22610	22844
19307	19370	22612	22845
19316	19371	22614	22846
19318	19380	22630	22847
19328	21899	22632	22848
19330	22548	22800	22849
19340	22551	22802	22853
		22804	22854

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY QIO

<u>CODE</u>	<u>CODE</u>	<u>CODE</u>	<u>CODE</u>
22859	58240	59525	63077
22899	58260		
36475	58262		
36476	58263	61885	63078
36478	58267	61886	63081
36479	58270	63001	63082
37788	58275	63003	63085
43644	58280	63005	63086
43645	58285	63011	63087
43770	58290	63012	63088
43771	58291	63015	63090
43773	58292	63016	63091
43842	58293	63017	63170
43846	58294	63020	63172
43847	58541	63030	63173
43848	58542	63035	63197
43886	58543	63040	63200
43887	58544	63042	63650
43888	58548	63043	63655
51925	58550	63044	63661
54235	58552	63045	63662
54400	58553	63046	63663
54401	58554	63047	63664
54405	58570	63048	63685
54690	58571	63050	63688
57291	58572	63051	69300
57292	58573	63055	69710
57295	58575	63056	69714
58150	58952	63057	69930
58152	58953	63064	
58180	58954	63066	
58200	58956	63075	
58210	58957	63076	

SECTION 4 PROCEDURE CODES

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

QIO will preauthorize physical, occupational or speech therapy (PT, OT, ST), CPT codes listed below for children when the maximum of 420 units has been met per state fiscal year and for any OT/PT/SP treatment therapy for adult beneficiaries. QIO 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
92609	Therapeutic services for the use of speech- generating device, including programming and Modification
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 QIO

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
97129	Therapy procedure for a range of mental processes, initial 15 minutes
97140	Manual (physical) therapy techniques to 1 or more Regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
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 QIO

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 QIO****TRANSPLANT CODES
REQUIRING PRIOR
AUTHORIZATION BY QIO**

The following transplant procedure codes require prior authorization from QIO. Providers should contact QIO 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
38205	
38206	
38230	
38232	
44132	
44135	
44137	

SECTION 4 PROCEDURE CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING ICD- 10-CM DIAGNOSIS CODES

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

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
00851	anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transsection			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		
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		
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		
81513	molecular test used for diagnosing bacterial vaginosis (bv). service allowed for quantitative real-time amplification of rna markers for atopobium vaginae, gardnerella vaginalis, and lactobacillus species;	X		
81528	oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 dna markers and fecal hemoglobin, utilizing stool.	X		
82270	blood, occult/peroxidase activity, 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 expc reagent 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 msrmt; 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 l wbc count	X		may be billed with initial or annual visit only
85009	manual differential l 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
87140	culture; typing; immunofluorescent method; each antiserum	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

SECTION 4 PROCEDURE CODES

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FAMILY PLANNING CPT / HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
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
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 trachmoatis, direct 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
87491	chlamydia trachomatis, amplified probe technique	X		may be billed with initial or annual visit only
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

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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
87536	hiv-1 quantification	X		may be billed with initial or annual visit only
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 gonorrhoea e, direct probe technique	X		may be billed with initial or annual visit only
87591	neisseria gonorrhoea e, 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

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
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

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
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
90651	human papillomavirus vaccine types 6, 11 , 16 , 18 , 31 , 33 , 45 , 52 , 58 , nonavalent (9vhpv), 2 or 3 dose schedule, for intramuscular use	X		
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 physician's 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
99202	new patient outpatient visit, total time 15-29 minutes new patient office or other outpatient visit, total time 15 - 29 minutes	X		to be used for a new patient also, must follow cpt guidelines for components
99203	new patient office or other outpatient visit, 30-44 minutes	X		to be used for a new patient also, must follow cpt guidelines for components
99204	new patient office or other outpatient visit, 45-59 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, 60- 74 minutes	X		to be used for a new patient also, must follow cpt guidelines for components
99211	office or other outpatient visit for the evaluation and management of established patient that may not require presence of healthcare professional	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, 10-19 minutes	X		to be used for established patient
99213	established patient office or other outpatient visit, 20 - 29 minutes	X		to be used for established patient
99214	established patient office or other outpatient, visit, 30-39 minutes	X		to be used for established patient
99215	established patient office or other outpatient, visit, 40-54 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
99242	outpatient consultation with straightforward medical decision making, if using time, at least 20 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	outpatient consultation, with low level of medical decision making, if using time, at least 30 minutes	X		may be used when a provider refers a recipient to another provider for a sterilization procedure only. must follow cpt guidelines
99244	outpatient consultation with moderate level of medical decision making, if using time, at least 40 minutes	X		to be used for an established patient. may be used as supply visit by health department
99245	outpatient consultation with high level of medical decision making, if using time, at least 55 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, typically 15 minutes	X		cannot be used on the same day as an office/clinic visit
99402	preventive medicine counseling, typically 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, ceftriaxone sodium, per 250 mg			
J1050	injection medroxyprogesterone acetate (depo- provera)	X		
J1056	injection medroxyprogesterone acetate/estradiol cypionate 25 mg/gmg (lunelle)	X		
J1950	injection, leuprolide acetate, per 3.75 mg	X		
J7294	segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	X		
J7296	levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 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		
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
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 pregnancy services (mapps)
S9446	patient education, group, not otherwise classified, non-physician provider	X		code only allowed for medicaid adolescent pregnancy 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 pregnancy 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

Providers must 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

SECTION 4 PROCEDURE CODES

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 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
01932	6
01933	7

PROCEDURE CODE	BASIC UNITS
01937	4
01938	4
01939	4
01940	4
01941	5
01942	5
01951	3
01952	5
01953	1
01960	5
01961	7

PROCEDURE CODE	BASIC UNITS
01962	8
01963	8
01965	4
01966	4
01967	5
01968	2
01969	5
01991	3
01992	5
01996	3
01999	0

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
92201	OPHTHALMOSCOPY, EXTENDED; WITH RETINAL DRAWING AND SCLERAL DEPRESSION OF PERIPHERAL RETINAL DISEASE (EG, FOR RETINAL TEAR, RETINAL DETACHMENT, RETINAL TUMOR) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	NO
92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWING OF OPTIC NERVE OR MACULA (EG, FOR GLAUCOMA, MACULAR PATHOLOGY, TUMOR) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	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
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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	HANDHELD 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 ABORTIONS

PROCEDURE CODES FOR ANTEPARTUM VISITS

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

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

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

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

Procedure Code	Description	Benefit Criteria and Limitation
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.	Allowed up to four (4) units of 97802 per same provider, provider location or billing entity. Allowed to be performed via telehealth with GT modifier. These units count towards the 12 hours of combined medical nutrition therapy services per patient per fiscal year. Not allowed on the same date of service as 97803 or 97804 by the same provider, provider location or billing entity.
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Allowed up to twelve (12) units of 97803 per month, per patient, up to four (4) units per date of service/visit, with at least 7 calendar days between visits. Allowed to be performed via telehealth with GT modifier. These units count towards the 12 hours of combined medical nutrition therapy services per patient per fiscal year. Not allowed on the same date of service as 97802 or 97804 by the same provider, provider location or billing entity.
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	Allowed one (1) 97804 per date of service. Up to 4 units per month per patient, with at least 7 calendar days between visits. Group size allowed is 2-8 patients. Allowed to be performed via telehealth with GT modifier. These units count towards the 12 hours of combined medical nutrition therapy services per patient per fiscal year. Not allowed on the same date of service as 97802 or 97803 by the same provider, provider location or billing entity.

SECTION 4 PROCEDURE CODES

WRAP PAYMENT METHODOLOGY

FQHC WRAP PAYMENT METHODOLOGY EFFECTIVE OCTOBER 1, 2023

Allowed CPT Codes (1) (9)	Exclusions from FQHC Encounter Rate (3) (8)
Billable as a Medical Encounter:	59025 (TC Modifier)
T1015	IMAGING/RADIOLOGY
99202-99205	(70000-79999 TC only portion) Series-70% removed for Tech component (4)
99212-99215	92250/TC; 93325/TC; 93880/TC; 93970/TC
99242-99245	COVID TESTING
99381-99385	0202U; 86328; 86769; 87426; 87428; 87635; 87636;
99391-99395	87637; 87811; (U0001-U0002)
Add. Codes for Bi-Annual Exams (Adults):	IMMUNIZATION CODING/ADMINISTRATION (10)
99386; 99387; 99396; 99397	90375-90756
Podiatry:	Q2035-Q2039
Standard E&M codes - see above	COVID VACCINE & ADMINISTRATION (11)
Ophthalmology:	(90480) (91318-91322)
92002, 92004, 92012, 92014	VISION SERVICES
Chiropractic:	92340
98940-98942	ELECTROCARDIOGRAPHY
In-Home, Domiciliary or Rest Home Services:	93005; 93017; 93041; 93225; 99217-99999*
99341-99345; 99347-99350	LONG LASTING REVERSIBLE CONTRACEPTIVES
Skilled Nursing Facility Services:	A4261; A4264; A4266-A4269; J1050; J7296; J7297, J7298;
99304-99310; 99315-99316;	J7300; J7301; J7307
Family Planning Service (separate visit):	DRUG TESTING
99401-99402	80305; 80307; G0480
Postpartum Care:	SUBSTANCE ABUSE SERVICES
59430	Q9991; Q9992; J2315
Health Risk Assessment (Foster Care)	TELEHEALTH ORIGINATING SITE
96160, 96161	Q3014
MNT/Nutritional Counseling/Obesity Initiative: (5)	AFTER HOURS SERVICES
97802,97803	99050; 99051
Billable as a Behavioral Health Encounter: (2)	PHE LIMITED TELEHEALTH CODING (8)
90791; 90792; 90832-90834; 90836-90839; 90847;	G2010; G2012; (99441-99443); (98966-98968); 92507
96130; 96136; T1015/HE	97110; 97530; (99381-99385); (99391-99395)

* Any Hospital Based Service code in this range unless included in the "Allowed CPT Code" column.

- (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 is included in the FQHC encounter service rate and thus should not be separately reimbursed.
- (4) The professional component of the 70000 series procedure codes is 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.
- (8) Note time limited/temporary telehealth coverage benefits per Medicaid Bulletins (MB) dated March 19, 2020 (MB# 20-004), March 23, 2020 (MB# 20-005), and March 25, 2020 (MB# 20-007), as additional Bill Above services. These services will be extended through May 11, 2024.
- (9) Time limited/temporary telehealth coverage benefits include reimbursement of encounter visits not done via an in person visit at the enhanced primary care rate through May 11, 2024.
- (10). Adult reimbursement only, VFC reimburses for vaccines for children. Child reimbursement is limited to vaccine administration only.
- (11) Covid Vaccine and Vaccine Administration codes are effective as of 9/11/2023

SECTION 4 PROCEDURE CODES

WRAP PAYMENT METHODOLOGY

RHC WRAP PAYMENT METHODOLOGY EFFECTIVE OCTOBER 1, 2023

Allowed CPT Codes (1) (9)	Exclusions from RHC Encounter Rate (4) (8) (11)
Billable as a Medical Encounter:	IMAGING/RADIOLOGY
T1015 (11)	59025 (TC Modifier)
99202-99205	(70000-79999 TC only portion) Series-70% removed for Tech component (5)
99212-99215	92250/TC; 93325/TC; 93380/TC; 93970/TC
99242-99245	COVID TESTING
99381-99385	0202U; 86328; 86769; 87426; 87428; 87635; 87636;
99391-99395	87637; 87811; (U0001-U0002)
Add. Codes for Bi-Annual Exams (Adults):	IMMUNIZATION CODING/ADMINISTRATION (10)
99386; 99387; 99396; 99397	90375-90756; Q2035-Q2039
Podiatry:	COVID VACCINE & ADMINISTRATION (12)
Standard E&M codes - see above	90480; 91318-91322
Ophthalmology:	TOPICAL FLOURIDE VARNISH
92002, 92004, 92012, 92014	99188
Chiropractic:	ELECTROCARDIOGRAPHY
98940-98942	93005; 93017; 93041; 93225; 99217-99999*
In-Home, Domiciliary or Rest Home Services:	LONG-LASTING REVERSIBLE CONTRACEPTIVES
99341-99345; 99347-99350	11976; 11981; 58300; 58301; A4261; A4264; A4266-A4269; J1050; J7296; J7297, J7298, J7300; J7301; J7307
Skilled Nursing Facility Services:	LABORATORY SERVICES
99304-99310; 99315-99316;	80000-89999
Family Planning Service (separate visit):	AFTER HOURS SERVICES
99401-99402	99050; 99051
Postpartum Care:	BEHAVIORAL HEALTH SCREENING (SBIRT)
59430	H0002; H0004
Health Risk Assessment (Foster Care)	SUBSTANCE ABUSE SERVICES
96160, 96161	Q9991; Q9992; J2315
Billable as a Behavioral Health Encounter: (3)	TELEHEALTH ORIGINATING SITE
90791; 90792; 90832-90834; 90836-90839; 90847;	Q3014
96130; 96136	PHE LIMITED TELEHEALTH CODING (8)
T1015/HE	G2010; G2012; (99441-99443); (98966-98968); 92507
	97110; 97530; (99381-99385); (99391-99395)

* Any Hospital Based Service code in this range unless included in the “Allowed CPT Code” column.

- (1) Allowed CPT Codes are those services considered as an eligible RHC encounter service. They are includable in the WRAP "count".
- (2). When billing Medicaid Fee for Service claims the RHC must bill codes 99381-99385 or 99391-99395 to describe an EPSDT visit for a child, using a GT modifier if conducted via telehealth. All other E&M services must be represented using T1015 for the encounter.
- (3). Behavioral Health Services codes that are considered as an eligible RHC 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.
- (4). 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 RHC encounter rate. For any procedure code billed outside of those identified under sections (1), (2), and (3), payment of these codes is included in the RHC encounter service rate and thus should not be separately reimbursed.
- (5). The professional component of the 70000 series procedure codes is included in the RHC encounter service rate and thus should not be separately reimbursed.
- (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. Note: RHCs are allowed to separately bill obesity services Under their group provider ID not their assigned Rural Health Clinic number. Please see the Physicians manual for additional information.
- (7). Procedure codes will be reviewed annually to determine if updates are required in either billable encounter codes or excludable services.
- (8). Note time-limited/temporary telehealth coverage benefits per Medicaid Bulletins (MB) dated March 19, 2020 (MB# 20-004), March 23, 2020 (MB# 20-005), and March 25, 2020 (MB# 20-007), as additional Bill Above services. These services will be extended through May 11, 2024.
- (9). Time-limited/temporary telehealth coverage benefits include reimbursement of encounter visits not done via an in-person visit at the enhanced primary care rate through May 11, 2024.
- (10). Adult reimbursement only, VFC reimburses for vaccines for children. Child reimbursement is limited to vaccine administration only.
- (11). Note: RHC’s are allowed to separately bill for obesity services under their group provider ID not their assigned Rural Health Clinic number. Please see Physicians manual for additional information.
- (12) Covid Vaccine and Vaccine Administration codes are effective as of 9/11/2023

SECTION 4 PROCEDURE CODES

TELEHEALTH CODES

All telehealth CPT/HCPCS codes must be billed with a GT Modifier (via interactive video/audio telecommunications). If the code requires other modifier(s), record those first, and GT in a subsequent modifier position.

90791	99212	99395
90792	99213	99441
90832	99214	99442
90833	99215	99443
90834	99222	99501
90836	99231	99502
90837	99232	G2010
90838	99233	G2012
90846	99238	H0004
90847	99242	H0031
92507	99243	H0032
93010	99244	H0034
93307	99245	H0046
93308	99252	H0049
93320	99253	H2011
93321	99254	H2020
93325	99255	T1002
96110	99281	T1015
96116	99282	T1016
96127	99283	T1017
96130	99284	T1018
96160	99285	T1023
96161	99341	T1024
97110	99342	T1027
97151	99344	
97155	99345	
97156	99347	
97530	99348	
97802	99349	
97803	99350	
97804	99381	
98966	99382	
98967	99383	
98968	99384	
99202	99385	
99203	99391	
99204	99392	
99205	99393	
99211	99394	

SECTION 4 PROCEDURE CODES

PHARMACIST ALLOWED SERVICES DIAGNOSIS AND CPT/HCPCS CODES

All CPT/HCPCS and E&M codes billed for Pharmacist allowed services must be billed with a FP Modifier (family planning). If the code requires other modifier(s), record those first, and FP in a subsequent modifier position.

PHARMACIST ALLOWED CPT/HCPCS CODES

Please use the following CPT/HCPCS codes:

Codes	Description	Modifier
99202	New patient office visit 20 minutes	FP
99203	New patient office visit 30-44 minutes	FP
99211	Evaluation and Management of Established Patients 5 minutes or less	FP
99212	Evaluation and Management of Established Patients 10-19 minutes	FP
99213	Evaluation and Management of Established Patients 20-29 minutes	FP
99214	Evaluation and Management of Established Patients 30-39 minutes	FP
96372	Injection of drug/substance under skin or into muscle	FP
81025	Urine pregnancy test	FP

PHARMACIST ALLOWED ICD-10 DIAGNOSIS CODES

Please use the following Diagnosis codes:

Service	ICD-10 Code	Description
General Counseling	Z30.09	Encounter for other general counseling and advice on contraception
Oral Contraceptive	Z30.011	Encounter for initial prescription of contraceptive pills
	Z30.41	Encounter for surveillance of contraceptive pills
Contraceptive Patch	Z30.016	Encounter for initial prescription of transdermal patch hormonal contraceptive device
	Z30.45	Encounter for surveillance of transdermal patch hormonal contraceptive device
Contraceptive Ring	Z30.015	Encounter for initial prescription of vaginal ring hormonal contraceptive
	Z30.44	Encounter for surveillance of vaginal ring hormonal contraceptive device
Depo Shot	Z30.013	Encounter for initial prescription of injectable contraceptive
	Z30.42	Encounter for surveillance of injectable contraceptive