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Provider Bulletin

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In this issue:

2008 Practitioner
HCPCS Codes

Practitioner HCPCS Codes

The purpose of this bulletin is to introduce the 2008 Healthcare Common Procedure Coding System (HCPCS) code updates for services provided on and after January 1, 2008. This bulletin contains general billing and program information for practitioners as well as specific billing and procedure code information for several categories of HCPCS codes. The codes listed in this bulletin are frequently used HCPCS codes covered under the Colorado Medicaid program.

Physicians' Current Procedural Terminology (CPT) codes are copyrighted by the American Medical Association and are not listed in this bulletin. For additional procedural codes, please reference the 2008 HCPCS and CPT coding books. Unless otherwise noted, use HCPCS codes only when CPT codes are not available.

Lists of HCPCS codes for each category of service contain a narrative column and a comments column. The narrative column contains a description of the service. The comments column identifies procedures that require prior authorization and contains special billing instructions specific to individual HCPCS codes.

The notation "Deleted" in the comments means that the code is invalid effective the day following the date shown. Example: Codes that are deleted effective 12/31/07 are invalid for billing services provided on or after 1/1/08. Newly added codes become effective on the date shown. Example: Codes showing an effective date of 1/1/08 may be submitted for services provided on or after 1/1/08.



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Billing Information for Practitioners

General billing and program information for practitioners

Billing and program information for practitioners is available on the Colorado Medicaid website at http://www.chcpf.state.co.us/ACS/Provider_Services/Billing_Manuals/Billing_Manuals.asp

- The **General Provider Information** section contains information common to all providers.
- The **Billing Information** section contains general billing information for all provider types.
- The **CO-1500 Specialty Billing Information** section contains program specific benefit, procedural, and billing information for providers billing on the CO-1500.
- The **Appendices** section contains helpful reference information.

Assistant surgeon

If required, assistant surgery is a Colorado Medicaid benefit for those procedure codes allowing an assistant surgeon under the Medicare program. Please see the CMS website at <http://www.cms.hhs.gov> for a list of procedure codes allowing an assistant surgeon.

Assistant surgery is not a benefit when the same physician is reimbursed for primary surgical services performed concurrently or consecutively on the same day or for non-physician assistants (either physician assistants or surgical assistants), perfusionists, or casting technicians.

Benefit payment is up to 20 percent of the surgeon's maximum fee. Use modifiers -80 or -81 with surgical procedure codes to identify assistant surgeon services.

Medicare care and surgery – same date of service

Medical care provided on the same date of service as a surgical procedure, and provided by the same rendering provider, shall not be considered reimbursable unless the surgical procedure has zero (0) follow up days.

Medicare crossover claims

Colorado Medicaid clients may qualify for Medicare benefits because of age or disability. Colorado Medicaid administers very specific policies to coordinate benefits for Medicare-covered Colorado Medicaid clients. HCPCS codes beginning with "C" may be submitted to Medicare and are processed by the Colorado Medicaid on crossover claims only. "C" codes are not benefits of the Colorado Medicaid program.

Drugs Administered in an Office Setting

Billing information for drugs administered in an office setting

The cost of oral medication provided by a physician is included in the medical service payment. Except for chemotherapy agents, the benefit for intramuscular or subcutaneous injections covers the cost of medication, associated supplies and administration. Chemotherapy administration services are billed separately from chemotherapy drugs and agents. Chemotherapy supplies and intravenous drug therapy supplies may be billed separately. When billing for injections, please observe the following:

- Drugs administered in the office setting must be billed using CPT or HCPCS codes that identify the drug or medication. If a drug or therapeutic agent is not identified by a specific code, the claim must be submitted on paper using code J3490, J3590, J7599, J7699, J7799, or J9999. Identify the exact medication and total dosage given in the Remarks field on the claim and bill one unit of service. Claims without complete medication identification are denied.
- All injectable drugs administered in a physician's office must be provided by the physician. The drugs are considered part of the physician's services and should be billed on the physician's claim form. If an injectable drug is to be administered at a client's home, the physician should provide the client with a prescription to be filled at the client's local pharmacy.
- Injections are usually provided in conjunction with an evaluation/management (E/M) service. If higher-level E/M services are rendered, the provider should document the reason for care (diagnosis) and appropriate level of service (E/M code) on the claim. If an injection is the ONLY service performed, charges for a minimal medical service visit (CPT code 99211) may be billed.
- Bill for chemotherapy administration services using CPT codes in the range 96401-96549. Chemotherapy drugs/agents must be billed using HCPCS codes that identify the drug.
- HCPCS codes identify a specific dosage or definition of the billing unit. Any dosage up to and including the amount specified represents one billing unit. If the dosage is greater than the dosage listed, increase the number of units accordingly by whole numbers. Example: J0120 Injection, Tetracycline, up to 250 mg. One unit represents an injection of 250 mg or less; more than 250 mg up to 500 mg equals 2 units, etc.

For information regarding immunization billing and reimbursement, please see the current Immunization Bulletin on the Colorado Medicaid website at:

http://www.chcpf.state.co.us/ACS/Provider_Services/Bulletins/Bulletins.asp

Chemotherapy agent codes

Code	Narrative	Comments
J9010	Alemtuzumab, 10 mg	Campath
J9015	Aldesleukin, per single use vial	Proleukin
J9017	Arsenic Trioxide, 1 mg	Trisenox
J9020	Asparaginase, 10,000 units	Elspar
J9025	Azacitidine, 1 mg	
J7501	Azathioprine, parenteral, 5 mg/ml, 20 ml vial	Imuran
J9031	BCG (Intravesical), per instillation (vial)	TheraCys, Tice BCG
J9035	Bevacizumab, 10 mg	Avastin
J9040	Bleomycin sulfate, 15 units	Blenoxane
J9041	Bortezomib, 0.1 mg	Velcade
J9045	Carboplatin, 50 mg	Paraplatin
J9050	Carmustine, 100 mg	Cisplatin, Bischlorethyl, Nitrosourea, BiCNU
J9055	Cetuximab, 10 mg	Erbix
J9062	Cisplatin, 50 mg	Plantinol AQ
J9060	Cisplatin, powder or solution, per 10 mg	Plantinol AQ
J9065	Cladribine, per 1 mg	Leustatin
J9027	Clofarabine, 1 mg	
J9070	Cyclophosphamide, 100 mg	Cytoxan, Neosar
J9080	Cyclophosphamide, 200 mg	Cytoxan, Neosar
J9090	Cyclophosphamide, 500 mg	Cytoxan, Neosar
J9091	Cyclophosphamide, 1.0 gm	Cytoxan, Neosar
J9092	Cyclophosphamide, 2.0 gm	Cytoxan, Neosar
J9093	Cyclophosphamide, Lyophilized, 100 mg	Lyophilized Cytoxan
J9094	Cyclophosphamide, Lyophilized, 200 mg	Lyophilized Cytoxan
J9095	Cyclophosphamide, Lyophilized, 500 mg	Lyophilized Cytoxan
J9096	Cyclophosphamide, Lyophilized, 1.0 gm	Lyophilized Cytoxan
J9097	Cyclophosphamide, Lyophilized, 2.0 gm	Lyophilized Cytoxan
J7516	Cyclosporin, parenteral, 250 mg	Sandimmune
J9100	Cytarabine, 100 mg	Cytosar-U
J9110	Cytarabine, 500 mg	Cytosar-U
J9098	Cytarabine Liposome, 10 mg	
J9130	Dacarbazine, 100 mg	DTIC-Dome
J9140	Dacarbazine, 200 mg	DTIC-Dome
J9120	Dactinomycin, 0.5 mg	Cosmegen, Actinomycin D
J9150	Daunorubicin HCl, 10 mg	Daunomycin, Rubidomycin, Cerabione
J9151	Daunorubicin citrate, liposomal formulation, 10 mg	Daunoxome
J9160	Denileukin Diftitox, 300 mcg	Ontak
J9165	Diethylstilbestrol Diphosphate, 250 mg	Stilphostrol
J9170	Docetaxel, 20 mg	Taxotere
J9000	Doxorubicin HCL, 10 mg	Adriamycin PFS, Adriamycin RDF, Rubex
J9001	Doxorubicin Hydrochloride, all Lipid formulations, 10 mg	Doxil
J9178	Epirubicin HCL, 2 mg	
J9181	Etoposide, 10 mg	Toposar, VP-16, Vepesid
J9182	Etoposide, 100 mg	Toposar, VesPesid

Code	Narrative	Comments
J9200	Floxuridine, 500 mg	FUDR
J9185	Fludarabine Phosphate, 50 mg	Fludara
J9190	Fluorouracil, 500 mg	Adrucil, 5FU
J9395	Fulvestrant, 25 mg	Faslodex
J9201	Gemcitabine HCl, 200 mg	Gemzar
J9300	Gemtuzumab Ozogamicin, 5 mg	Mylotarg
J9202	Goserelin Acetate Implant, per 3.6 mg	Zoladex
J9225	Histrelin implant (Vantas), 50 mg	
J9226	Histrelin implant (Supprelin LA), 50 mg	New code effective 1/1/08
J9211	Idarubicin Hydrochloride, 5 mg	Idamycin
J9208	Ifosfamide, 1 gm	Ifex
J9213	Interferon, Alfa-2A, Recombinant, 3 million units	Roferon-A
J9214	Interferon, Alfa-2B, Recombinant, 1 million units	Intron A
J9215	Interferon, Alfa-N3, (Human Leukocyte Derived), 250,000 IU	Alferon N
J9212	Interferon alfacon-1, recombinant, 1 mcg	Infergen
Q3025	Interferon Beta-1A, 11 mcg for intramuscular use	Avonex
Q3026	Interferon Beta-1A, 11 mcg for subcutaneous use	Avonex
J1825	Interferon Beta-1A, 33 mcg	Avonex
J1830	Interferon Beta-1B, 0.25 mg	Betaseron
J9216	Interferon, Gamma 1-B, 3 million units	Actimmune
J9206	Irinotecan, 20 mg	Camptosar
J9218	Leuprolide Acetate, per 1 mg	Lupron
J9217	Leuprolide Acetate (for depot suspension), 7.5 mg	Lupron Depot, Eligard
J9219	Leuprolide Acetate Implant, 65 mg	Lupron Implant
J7504	Lymphocyte Immune Globulin, Antithymocyte Globulin, equine, parenteral, 250 mg	Atgam
J7511	Lymphocyte Immune Globulin, Antithymocyte Globulin, rabbit, parenteral, 25 mg	
J9230	Mechlorethamine HCL (nitrogen mustard), 10 mg	Nitrogen Mustard, Mustargen
J9245	Melphalan Hydrochloride, 50 mg	Alkeran
J9209	Mesna, 200 mg	Mesnex
J9250	Methotrexate Sodium, 5 mg	Folex, Folex PFS, Methotrexate LPF
J9260	Methotrexate Sodium, 50 mg	Methotrexate LPF
J9280	Mitomycin, 5 mg	Mutamycin
J9290	Mitomycin, 20 mg	
J9291	Mitomycin, 40 mg	
J9293	Mitoxantrone HCL, per 5 mg	Novantrone
J7505	Muromonab-CD3, parenteral, 5 mg	Orthoclone OKT3
J9261	Nelarabine, 50 mg	
J9263	Oxaliplatin, 0.5 mg	Eloxatin
J9264	Paclitaxel protein-bound particles, 1 mg	
J9265	Paclitaxel, 30 mg	Taxol
J2469	Palonosetron HCL, 25 mcg	Aloxi
J9303	Panitumumab, 10 mg	New code effective 1/1/08
J9266	Pegaspargase, per single dose vial	Oncaspar
J2505	Pegfilgrastim, 6 mg	Neulasta
S0145	Pegylated Interferon Alfa-2A, 180 mcg per ml	
S0146	Pegylated Interferon Alfa-2B, 10 mcg per 0.5 ml	
J9305	Pemetrexed, 10 mg	

Code	Narrative	Comments
J9268	Pentostatin, per 10 mg	Nipent
J9270	Plicamycin, 2.5 mg	Mithracin, Mithramycin
J9600	Porfimer sodium, 75 mg	Photofrin
J2783	Rasburicase, 0.5 mg	Elitek
J9310	Rituximab, 100 mg	RituXan
J9320	Streptozocin, 1 gm	Zanosar
J9340	ThioTepa, 15 mg	Thioplex, Triethylenethosphoramide
J9350	Topotecan, 4 mg	Hycamtin
J9355	Trastuzumab, 10 mg	Herceptin
J9357	Valrubicin, Intravesical, 200 mg	Valstar
J9360	Vinblastine Sulfate, 1 mg	Velban
J9370	Vincristine Sulfate, 1 mg	
J9375	Vincristine Sulfate, 2 mg	
J9380	Vincristine Sulfate, 5 mg	
J9390	Vinorelbine Tartrate, per 10 mg	Navelbine
J9999	Not otherwise classified, antineoplastic drugs	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.

Chemotherapy equipment and administration codes

For disposable chemotherapy supplies see the Supplies Provided by the Practitioner section of this bulletin.

Code	Narrative	Comments
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Requires prior authorization and copy of invoice.
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	
Q0084	Chemotherapy administration by infusion technique only, per visit	
Q0085	Chemotherapy administration by both infusion technique & other technique(s) (e.g., subcutaneous, intramuscular, push), per visit	
E0780-KR	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Requires prior authorization and copy of invoice.

Epoetin Alpha codes (EPOGEN) (PROCRIT)

Code	Narrative	Comments
J0881	Darbepoetin Alfa, 1 microgram (non-ESRD use)	
J0882	Darbepoetin Alfa, 1 microgram (for ESRD on dialysis)	

Code	Narrative	Comments
J0885	Epoetin Alfa, (for non-ESRD use), 1000 units	
J0886	Epoetin Alfa, 1000 units (for ESRD on dialysis)	
Q4081	Epoetin Alfa, 100 units (for ESRD on dialysis)	

Injectable drug codes

Code	Narrative	Comments
J0128	Abarelix, 10 mg	
J0129	Abatacept, 10 mg	
J0130	Abciximab, 10 mg	Reopro
J1120	Acetazolamide Sodium, up to 500 mg	Diamox
J0132	Acetylcysteine, 100 mg	
J0133	Acyclovir, 5 mg	
J0135	Adalimumab, 20 mg	
J0150	Adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)	Adenocard
J0152	Adenosine for diagnostic use, 30 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)	Adenoscan
J0170	Adrenalin, Epinephrine, up to 1 ml ampule	Susphrine
J0180	Agalsidase Beta, 1 mg	Fabrazyme
J0200	Alatrofloxacin Mesylate, 100 mg	Trovan
J0215	Alefacept, 0.5 mg	Amevive
J0205	Alglucerase, per 10 units	Ceredase
J0220	Alglucosidase Alfa, 10 mg	New code effective 1/1/08
S0147	Alglucosidase Alfa, 20 mg	Code deleted 12/31/07, see code J0220
J0256	Alpha 1 - Proteinase Inhibitor - Human, 10 mg	Prolastin
J0270	Alprostadil, per 1.25 mcg	Caverject, Edex, Muse, PGE1, Prostaglandin E1, Prostin VR Pediatric
J2997	Alteplase Recombinant, 1 mg	Activase, Genentech
J0207	Amifostine, 500 mg	Ethylol
J0278	Amikacin Sulfate, 100 mg	
S0017	Aminocaproic Acid, 5 grams	Amicar
J0280	Aminophylline, up to 250 mg	Phyllocontin, Theophylline ethylenediamine
J0282	Amiodarone Hydrochloride, 30 mg	Cordarone IV
J1320	Amitriptyline HCL, up to 20 mg	Elavil
J0300	Amobarbital, up to 125 mg	Amytal Sodium
J0285	Amphotericin B, 50 mg	Amphocin, Fungizone
J0287	Amphotericin B Lipid complex, 10mg	Albecet
J0288	Amphotericin B Colesteryl Sulphate complex, 10 mg	Amphotec
J0289	Amphotericin B Liposome, 10 mg	AmBisome
J0290	Ampicillin Sodium, 500 mg	Omnipen-N, Polycillin-N, Totacillin-N
J0295	Ampicillin sodium/sulbactam sodium, per 1.5 gm	Unasyn
J0348	Anadulafungin, 1 mg	
J0350	Anistreplase, per 30 units	Eminase
J0364	Apomorphine hydrochloride, 1 mg	

Code	Narrative	Comments
J0365	Aprotonin, 10,000 kiu	
J0395	Arbutamine HCL, 1 mg	GenESA
J0400	Aripiprazole, intramuscular, 0.25 mg	New code effective 1/1/08
J0460	Atropine sulfate, up to 0.3 mg	
J2910	Aurothioglucose, up to 50 mg	Solganal
J0456	Azithromycin, 500 mg	Zithromax
S0073	Aztreonam, 500 mg	Azactam
J0475	Baclofen, 10 mg	Lioresal
J0476	Baclofen, 50 mcg for intrathecal trial	Lioresal
J0480	Basiliximab, 20 mg	
J0515	Benztropine mesylate, per 1 mg	Cogentin
J0702	Betamethasone Acetate 3 mg and Betamethasone Sodium Phosphate 3 mg	Celestone Soluspan
J0704	Betamethasone Sodium Phosphate, per 4 mg	Betameth, Celestone phosphate, Selestoject
J0520	Bethanechol Chloride, Myotonachol or Urecholine, up to 5 mg	
J0190	Biperiden lactate, per 5 mg	Akineton
J0583	Bivalirudin, 1 mg	Angiomax
J0585	Botulinum Toxin Type A, per unit	Botox, Oculinu. Bill per unit.
J0587	Botulinum Toxin Type B, per 100 units	Mylobloc
J0945	Brompheniramine Maleate, per 10 mg	Brom-a-cot, Colhist, Decongest B, Dehist, Histine B, Nasahist B, ND Stat
S0171	Bumetanide, 0.5 mg	Bumex
S0020	Bupivacaine Hydrochloride, 30 ml	Marcaine, Sensorcaine
J0592	Buprenorphine Hydrochloride, 0.1 mg	Buprenex
J0594	Busulfan, 1 mg	
J0595	Butorphanol Tartrate, 1 mg	Stadol
J0706	Caffeine Citrate, 5 mg	Cafcit
J0630	Calcitonin Salmon, up to 400 units	Calcimar, Miacalcin
J0636	Calcitriol, 0.1 mcg	Calcijex Non-dialysis use
S0161	Calcitrol, 0.25 mcg	Non-dialysis use
J0610	Calcium Gluconate, up to 10 ml	Kaleinate
J0620	Calcium Glycerophosphate & Calcium Lactate, per 10 ml	Calphosan
J0637	Caspofungin Acetate, 5 mg	Cancidas
J0690	Cefazolin Sodium, 500 mg	Ancef, Kefzol, Zolicef
J0692	Cefepime Hydrochloride, 500 mg	Maxipime
J0698	Cefotaxime Sodium, per g	Claforan
S0074	Cefotetan Disodium, 500 mg	Cefotan
J0694	Cefoxitin Sodium, 1 g	Claforan, Mefoxin
J0713	Ceftazidime, per 500 mg	Fortaz, Tazidime
S0021	Ceftoperazone Sodium, 1 gram	Cefobid
J0696	Ceftriaxone Sodium, per 250 mg	Rocephin
J0715	Ceftrizoxime Sodium, per 500 mg	Cefizox
J1890	Cephalothin Sodium, up to 1 gram	Keflin
J0710	Cephapirin Sodium, up to 1 gram	Cefadyl
J0720	Chloramphenicol Sodium Succinate, up to 1 gm	Chloromycetin Sodium Succinate
J1990	Chlordiazepoxide HCL, up to 100 mg	Librium

Code	Narrative	Comments
J2400	Chlorprocaine HCL, per 30 ml	Nesacaine, Nesacaine-MPF
J0390	Chloroquine HCl, up to 250 mg	Aralen HCL. Benefit only for diagnosed malaria or amebiasis.
J1205	Chlorothiazide Sodium, per 500 mg	Diuril Sodium
J3230	Chlorpromazine HCL, up to 50 mg	Ormazine, Thorazine
J0740	Cidofovir, 375 mg	Vistide
J0743	Cilastatin Sodium: Imipenem, per 250 mg	Primaxin
S0023	Cimetidine Hydrochloride, 300 mg	Tagamet
J0744	Ciprofloxacin for intravenous infusion, 200 mg	Cipro
S0077	Clindamycin Phosphate, 300 mg	
J0735	Clonidine Hydrochloride, 1 mg	Catapres
S0136	Clozapine, 25 mg	
J0745	Codeine Phosphate, per 30 mg	
J0760	Colchicine, per 1 mg	
J0770	Colistimethate Sodium, up to 150 mg	Coly-Mycin M
J0795	Corticotropin Ovine Triflutate, 1 microgram	
J0800	Corticotropin, up to 40 units	ACTH, Acthar
J0835	Cosyntropin, per 0.25 mg	Cortrosyn
J0850	Cytomegalovirus Immune Globulin Intravenous (Human), per vial	Cytogram
J7513	Daclizumab, parenteral, 25 mg	Zenapax
J1645	Dalteparin Sodium, per 2500 IU	Fragmin
J0878	Daptomycin, 1 mg	
J0894	Decitabine, 1 mg	
J0895	Deferoxamine mesylate, 500 mg	Desferal
J1000	Depo-Estradiol Cypionate, up to 5 mg	DepGynogen, Depogen, Dura-Estrin, Estra-D, Estro-Cyp, Estro-L.A., Estroject L.A.
J2597	Desmopressin Acetate, per 1 mcg	DDAVP
J1094	Dexamethasone Acetate, 1 mg	Cortastat LA, Dalalone L.A., Decadron-LA, Decaject-L-A, Dexasone L.A, Dexone LA, Solurex LA
J1100	Dexamethasone Sodium Phosphate, 1 mg	Cortastat, Dalalone, Decadron Phosphate, Decaject, Dexasone, Hexadrol Phosphate, Solurex
J1190	Dexrazoxane Hydrochloride, per 250 mg	Zinecard
J3360	Diazepam, up to 5 mg	Valium
J1730	Diazoxide, up to 300 mg	Hyperstat
J0500	Dicyclomine, up to 20 mg	Antispas, Bentyl, Di-Spaz, Neoquess
S0137	Didanosine (DDI), 25 mg	
J1162	Digoxin Immune Fab (Ovine), per vial	
J1160	Digoxin, up to 0.5 mg	Lanoxin
J1110	Dihydroergotamine mesylate, per 1 mg	D.H.E. 45
J1240	Dimenhydrinate, up to 50 mg	Dinate, Dramamine, Dramanate, Dramoject, Hydrate
J0470	Dimercaprol, up to 100 mg	BAL in Oil
J1200	Diphenhydramine HCL, up to 50 mg	Benadryl, Benoject-50, Hyrexin
J1245	Dipyridamole, per 10 mg	Persantine IV
J1212	DMSO, Dimethyl Sulfoxide, 50%, 50 ml	Rimso

Code	Narrative	Comments
J1250	Dobutamine Hydrochloride, per 250 mg	Dobutrex
J1260	Dolasetron mesylate, 10 mg	Anzemet
J1265	Dopamine HCL, 40 mg	
J1270	Doxercalciferol, 1 mcg	Hectoroic, Hectorol
J1790	Droperidol, up to 5 mg	Inapsine
J1810	Droperidol & Fentanyl Citrate, up to 2 ml ampule	Innovar
J1180	Dyphylline, up to 500 mg	Dilor, Lufyllin
J1300	Eculixumab, 10 mg	New code effective 1/1/08
J0600	Edetate Calcium Disodium, up to 1000 mg	Calcium Disodium Versenate, Calcium EDTA
S0162	Efalizumab, 125 mg	
J1324	Enfuvirtide, 1 mg	
J1650	Enoxaparin sodium, 10 mg	Lovenox
J1325	Epoprostenol, 0.5 mg	Flolan
S0155	Sterile Dilutant for Epoprostenol, 50 ml	
J1327	Eptifibatide, 5 mg	Integrelin
J1330	Ergonovine Maleate, up to 0.2 mg	Benefit limited to obstetrical diagnoses.
J1335	Ertapenem Sodium, 500 mg	Invanz
J1364	Erythromycin Lactobionate, per 500 mg	Erythrocin
J1380	Estradiol Valerate, up to 10 mg	Delestrogen, Gynogen L.A., Gynogen L.A. 10, Valergen-10
J1390	Estradiol Valerate, up to 20 mg	Delestrogen, Gynogen L.A. 20, Valergen 20
J0970	Estradiol Valerate, up to 40 mg	Clinagen LA 40, Delestrogen, Gynogen L.A. 40, Valergen 40
J1410	Estrogen Conjugated, per 25 mg	Premarin Intravenous
J1435	Estrone, per 1 mg	Estrone 5, Kestron 5, Theelin
J1438	Etanercept, 25 mg	Enbrel
J1430	Ethanolamine Oleate, 100 mg	
J1436	Etidronate Disodium, per 300 mg	Didronel
S0156	Exemestane, 25 mg	Aromasin
S0028	Famotidine, 20 mg	Pepcid
J3010	Fentanyl Citrate, 0.1 mg	Sublimaze
J1440	Filgrastim (G-CSF), 300 mcg	Neupogen
J1441	Filgrastim (G-CSF), 480 mcg	Neupogen
J1450	Fluconazole, 200 mg	Diflucan
J7311	Fluocinolone acetonide, intravitreal implant	
J2680	Fluphenazine Decanoate, up to 25 mg	Prolixin Decanoate
J1451	Fomepizole, 15 mg	
J1452	Fomivirsin Sodium, intraocular, 1.65 mg	Vitravene
J1652	Fondaparinux Sodium, 0.5 mg	Arixtra
J1455	Foscarnet Sodium, per 1000 mg	Foscavir
Q2009	Fosphenytoin, 50 mg	Cerebryx
S0078	Fosphenytoin Sodium, 750 mg	Cerebryx
J1940	Furosemide, up to 20 mg	Furomide M.D., Lasix
J1457	Gallium Nitrate, 1 mg	
J1458	Galsulfase, 1 mg	
J1460	Gamma Globulin, Intramuscular, 1 cc	
J1470	Gamma Globulin, Intramuscular, 2 cc	
J1480	Gamma Globulin, Intramuscular, 3 cc	

Code	Narrative	Comments
J1490	Gamma Globulin, Intramuscular, 4 cc	
J1500	Gamma Globulin, Intramuscular, 5 cc	
J1510	Gamma Globulin, Intramuscular, 6 cc	
J1520	Gamma Globulin, Intramuscular, 7 cc	
J1530	Gamma Globulin, Intramuscular, 8 cc	
J1540	Gamma Globulin, Intramuscular, 9 cc	
J1550	Gamma Globulin, Intramuscular, 10 cc	
J1560	Gamma Globulin, Intramuscular, over 10 cc	
J1570	Ganciclovir Sodium, 500 mg	Cytovene
J1580	Garamycin, Gentamycin, up to 80 mg	Gentamicin Sulfate, Jenamicin
J1590	Gatifloxacin, 10 mg	
J1595	Glatiramer Acetate, 20 mg	Copaxone
J1610	Glucagon Hydrochloride, per 1 mg	GlucaGen
J1600	Gold Sodium Thiomaleate, up to 50 mg	Gold Sodium Thiosulfate, Myochrysine
J1620	Gonadorelin Hydrochloride, per 100 mcg	Factral, Lutrepulse
S0091	Granisetron Hydrochloride, 1 mg (For circumstances falling under the Medicare statute, use Q0166)	Kytril
J1626	Granisetron Hydrochloride, 100 mcg	Kytril
J1630	Haloperidol, up to 5 mg	Haldol
J1631	Haloperidol Decanoate, per 50 mg	Haldol Decanoate-50
J1640	Hemin, 1 mg	
J1642	Heparin Sodium, (Heparin lock flush), per 10 units	Hep-Lock, Hep-Lock U/P
J1644	Heparin Sodium, per 1000 units	
J1571	Hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml	New code effective 1/1/08
J1573	Hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml	New code effective 1/1/08
J1675	Histrelin Acetate, 10 micrograms	Do not use for Histrelin implant
J7319	Hyaluronan (sodium hyaluronate) or derivative, intra-articular injection, per injection	Code deleted 12/31/07, see codes J7321-J7324
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose	New code effective 1/1/08
J7322	Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose	New code effective 1/1/08
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	New code effective 1/1/08
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	New code effective 1/1/08
J3470	Hyaluronidase, up to 150 units	Wydase
J3473	Hyaluronidase, recombinant, 1 usp unit	
J0360	Hydralazine HCL, up to 20 mg	Apresoline HCL
J1700	Hydrocortisone Acetate, up to 25 mg	Biosone, Cortef Acetate, Fernisone, Hydrocortone Acetate
J1710	Hydrocortisone Sodium Phosphate, up to 50 mg	A-hydroCort, Hydrocortone Phosphate, Solu-Cortef
J1720	Hydrocortisone Sodium Succinate, up to 100 mg	A-hydroCort, Solu Cortef
S0092	Hydromorphone Hydrochloride, 250 mg (Loading dose for infusion pump)	Dilaudid
J1170	Hydromorphone, up to 4 mg	Dilaudid

Code	Narrative	Comments
J3410	Hydroxyzine HCL, up to 25 mg	Hyzine-50, Vistaril
J1980	Hyoscyamine Sulfate, up to 0.25 mg	Levsin
J1740	Ibandronate Sodium, 1 mg	
J1742	Ibutilide Fumarate, 1 mg	Corvert
J1743	Idursulfase, 1 mg	New code effective 1/1/08
S0088	Imatinib, 100 mg	Gleevec
J1785	Imiglucerase, per unit	Cerezyme
J1561	Immune Globulin, (Gamunex), intravenous, non-lyophilized (e.g. liquid), 500 mg	New code effective 1/1/08
J1562	Immune Globulin (Vivaglobin) 100 mg	
J1566	Immune Globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg	
J1567	Immune Globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg	Code deleted 12/31/07, see codes J1561, J1568, J1569
J1568	Immune Globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	New code effective 1/1/08
J1569	Immune Globulin, (Gammagard Liquid), intravenous, non-lyophilized (e.g. liquid), 500 mg	New code effective 1/1/08
J1572	Immune Globulin, (Flebogamma), intravenous, non-lyophilized (e.g. liquid), 500 mg	New code effective 1/1/08
J1745	Infliximab, 10 mg	Remicade
J1815	Insulin, per 5 units	Humalog, Humulin, Insulin Lispo
J1817	Insulin for administration through DME (i.e., insulin pump), per 50 units	Humalog
S5551	Insulin, most rapid onset (lispro or aspart); 5 units	
J1751	Iron Dextran 165, 50 mg	
J1752	Iron Dextran 267, 50 mg	
J1756	Iron Sucrose, 1 mg	Venofer
J1835	Itraconazole, 50 mg	Sporonox
J3365	IV, Urokinase, 250,000 IU vial	Abbokinase
J1850	Kanamycin Sulfate, up to 75 mg	Kantrex Klebcil
J1840	Kanamycin Sulfate, up to 500 mg	Kantrex, Klebcil
J1885	Ketorolac Tromethamine, per 15 mg	Toradol
J1931	Laronidase, 0.1 mg	
J1945	Lepirudin, 50 mg	
J0640	Leucovorin Calcium, per 50 mg	Wellcovorin
J1950	Leuprolide Acetate (for depot suspension), per 3.75 mg	Lupron depot
J1955	Levocarnitine, per 1 g	Carnitor
J1956	Levofloxacin, 250 mg	Levaquin
J1960	Levorphanol Tartrate, up to 2 mg	Levo-Dromoran
J2001	Lidocaine HCL for intravenous infusion, 10 mg	
J2010	Lincomycin, up to 300 mg	Lincocin
J2020	Linezolid, 200 mg	Zyvox
J2060	Lorazepam, 2 mg	Ativan
J3475	Magnesium Sulfate, per 500 mg	
J2150	Mannitol, 25% in 50 ml	Osmitrol
J2170	Mecasermin, 1 mg	
J2175	Meperidine, Hydrochloride, per 100 mg	Demerol
J2180	Meperidine & Promethazine HCL, up to 50 mg	Mepergan

Code	Narrative	Comments
J0670	Mepivacaine HCl, per 10 ml	Carbocaine, Isocaine HCl, Polocaine. Local anesthesia may not be billed with surgical procedures.
J2185	Meropenem, 100 mg	Merrem
J0380	Metaraminol bitartrate, per 10 mg	Aramine
J1230	Methadone HCL, up to 10 mg	Dolophine HCl
J2800	Methocarbamol, up to 10 ml	Robaxin
J0210	Methyldopate HCL, up to 250 mg	Aldomet Ester HCL
J2210	Methylergonovine Maleate, up to 0.2 mg	Methergine. Benefit limited to obstetrical diagnoses.
J1020	Methylprednisolone Acetate, 20 mg	Depo-Medrol
J1030	Methylprednisolone Acetate, 40 mg	DepMedalone 40, Depo-Medrol, M-Prednisol-40, Rep-Pred 40
J1040	Methylprednisolone Acetate, 80 mg	DepMedalone 80, Depo-Medrol, Medralone 80, M-Prednisol-80, Rep-Pred 80
J2920	Methylprednisolone Sodium Succinate, up to 40 mg	A-methaPred, Solu-Medrol
J2930	Methylprednisolone Sodium Succinate, up to 125 mg	A-methaPred, Solu-Medrol
J2765	Metoclorpramide HCL, up to 10 mg	Reglan
S0030	Metronidazole, 500 mg	Flagyl IV RTU
J2248	Micafungin Sodium, 1 mg	
J2250	Midazolam Hydrochloride, per 1 mg	Versed
J2260	Milrinone Lactate, 5 mg	Primacor
J2270	Morphine Sulfate, up to 10 mg	Duramorph
J2275	Morphine Sulfate (preservative-free sterile solution), per 10 mg	Astramorph PF, Duramorph
J2271	Morphine Sulfate, 100 mg	Astramorph PF, MS Contin
S0093	Morphine Sulfate, 500 mg (loading dose for infusion pump)	Duramorph, MS Contin
J2280	Moxifloxacin, 100 mg	Avelox
S0032	Nafcillin Sodium, 2 grams	Nallpen, Unipen
J2300	Nalbuphine Hydrochloride, per 10 mg	Nubain
J2310	Naloxone Hydrochloride, per 1 mg	Narcan
J2320	Nandrolone Decanoate, up to 50 mg	Deca-Durabolin, Decolone-50, Hybolin Decanoate, Neo-Durabolic
J2321	Nandrolone Decanoate, up to 100 mg	Deca-Durabolin, Hybolin Decanoate
J2322	Nandrolone Decanoate, up to 200 mg	Deca-Durabolin
J2323	Natalizumab, 1 mg	New code effective 1/1/08
J2710	Neostigmine Methylsulfate, up to 0.5 mg	Prostigmin
J2325	Nesiritide, 0.1 mg	
J2353	Octreotide, depot form for intramuscular injection, 1 mg	Sandostatin Lar
J2354	Octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	
S0034	Ofloxacin, 400 mg	Floxin IV
J2357	Omalizumab, 5 mg	
J2405	Ondansetron Hydrochloride, per 1 mg	Zofran
J2355	Oprelvekin, 5 mg	Neumega

Code	Narrative	Comments
J2360	Orphenadrine citrate, up to 60 mg	Banflex, Myolin, Neocyten, Norflex, Orphenate
J2700	Oxacillin Sodium, up to 250 mg	Bactocill
J2410	Oxymorphone HCL, up to 1 mg	Numorphan, Numorphan H.P.
J2460	Oxytetracycline HCL, up to 50 mg	Terramycin IM
J2590	Oxytocin, up to 10 units	Pitocin, Syntocionon. Benefit limited to obstetrical diagnoses.
J2425	Palifermin, 50 micrograms	
J2469	Palonosetron HCL, 25 mcg	Aloxi
J2430	Pamidronate Disodium, per 30 mg	Aredia
S0164	Pantoprazole Sodium, 40 mg	
J2440	Papaverine HCL, up to 60 mg	Pavagen TD
J2501	Paricalcitol, 1 mcg	Zemplar
J2504	Pegademase Bovine, 25 IU	
J2503	Pegaptanib Sodium, 0.3 mg	Macugen
J0560	Penicillin G Benzathine, up to 600,000 units	Bicillin Long-Acting, Permapen
J0570	Penicillin G Benzathine, up to 1,200,000 units	Bicillin Long-Acting, Permapen
J0580	Penicillin G Benzathine, up to 2,400,000 units	Bicillin Long-Acting, Permapen
J0530	Penicillin G Benzathine & Penicillin G Procaine, up to 600,000 units	Bicillin C-R
J0540	Penicillin G Benzathine & Penicillin G Procaine, up to 1,200,000 units	Bicillin C-R
J0550	Penicillin G Benzathine & Penicillin G Procaine, up to 2,400,000 units	Bicillin C-R
J2540	Penicillin G Potassium, up to 600,000 units	Pfizerpen
J2510	Penicillin G, Procaine, Aqueous, up to 600,000 units	Duracillin A.S., Pfizerpen A.S., Wycillin
S0080	Pentamidine Isethionate, 300 mg	NebuPent, Pentam 300, Pentacarinat
J2513	Pentastarch, 10% solution, 100 ml	
J3070	Pentazocine, 30 mg	Talwin
J2515	Pentobarbital Sodium, per 50 mg	Nembutal sodium
J3310	Perphenazine, up to 5 mg	Trilafon
J2560	Phenobarbital Sodium, up to 120 mg	Luminal sodium
J2760	Phentolaine Mesylate, up to 5 mg	Regitine
J2370	Phenylephrine HCL, up to 1 ml	Neo-Synephrine
J1165	Phenytoin Sodium, per 50 mg	Dilantin
J3430	Phytonadione (vitamin K), per 1 mg	Aqua Mephyton
S0081	Piperacillin Sodium, 500 mg	Pipracil
J2543	Piperacillin Sodium/Tazobactam Sodium, 1 gram/0.125 grams (1.125 grams)	Zosyn
J3480	Potassium Chloride, per 2 meq	
J2730	Pralidoxime Chloride, up to 1 gram	Protopam Chloride
J2650	Prednisolone Acetate, up to 1 ml	Key-Pred 25, Key-Pred 50, Predalone-50, Predcor-25, Predcor-50, Predicort-50, Predoject-50
J2690	Procainamide HCL, up to 1 gram	Pronestyl, Prostaphlin
J0780	Prochlorperazine, up to 10 mg	Compazine
J2675	Progesterone, per 50 mg	
J2950	Promazine HCL, up to 25 mg	Prorex-25, Sparine

Code	Narrative	Comments
J2550	Promethazine HCL, up to 50 mg	Anergan 50, Phenazine 50, Phenergan, Prorex-25, Prorex-50, V-Gan 50
J1800	Propranolol HCL, up to 1 mg	Inderal
J2720	Protamine Sulfate, per 10 mg	
J2724	Protein C concentrate, intravenous, human, 10 IU	New code effective 1/1/08
J2725	Protirelin, per 250 mcg	Thypinone
J3415	Pyridoxine HCL, 100 mg	Vitamin B6
J2770	Quinupristin/Dalfopristin, 500 mg (150/350)	Synercid
J2778	Ranibizumab, 0.1 mg	New code effective 1/1/08
J2780	Ranitidine Hydrochloride, 25 mg	Zantac
J2993	Retepase, 18.1 mg	Retavase
J2790	Rho D Immune Globulin, Human, full dose, 300 mcg	Gamulin RH. Benefit limited to obstetrical diagnoses.
J2788	Rho D Immune Globulin, Human, Minidose, 50 mcg	BAYRho-D, HYPRho-D, MICRhoGAM, RhoGam
J2791	Rho D Immune Globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	New code effective 1/1/08
J2792	Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 IU	BAYRho-D, WINRho SDF
J2794	Risperidone, long acting, 0.5 mg	
J2795	Ropivacaine Hydrochloride, 1 mg	Naropin local anesthesia cannot be billed with surgical procedures.
J2820	Sargramostim, (GM-CSF), 50 mcg	Leukine, Prokine
J2850	Secretin, synthetic, human, 1 microgram	
Q0515	Sermorelin Acetate, 1 microgram	
J2805	Sincalide, 5 micrograms	
J2916	Sodium Ferric Gluconate Complex in Sucrose Injection, 12.5 mg	Ferrlecit
J2940	Somatrem, 1 mg	Protropin
J2941	Somatropin, 1 mg	Genotropin, Humatrope, Nutropin
J3320	Spectinomycin Dihydrochloride, up to 2 grams	Trobicin
J0697	Sterile Cefuroxime Sodium, per 750 mg	Kefurox, Zinacef
J2995	Streptokinase, per 250,000 IU	Kabikinase, Streptase. Bill 1 unit for each 250,000 units administered.
J3000	Streptomycin, up to 1 gram	
J0330	Succinylcholine Chloride, up to 20 mg	Anectine, Quelicin, Sucostrin
S0039	Sulfamethoxazole and Trimethoprim, 10 ml	Bactrim IV, Septra IV, SMZ-TMP, Sulfutrim
J3030	Sumatriptan Succinate, 6 mg, administered under direct physician supervision, excludes self administration	Imitrex
S0014	Tacrine Hydrochloride, 10 mg	Cognex
J7525	Tacrolimus, Parenteral, 5 mg	Prograf
J3100	Tenecteplase, 50 mg	TNKase
Q2017	Teniposide, 50 mg	Vumon
J3105	Terbutaline Sulfate, up to 1 mg	Brethine, Bricanyl
J3110	Teriparatide, 10 mcg	

Code	Narrative	Comments
J1070	Testosterone Cypionate, up to 100 mg	DepoAndro 100, Depo-Testosterone, Depotest, Duratest-100
J1080	Testosterone Cypionate, 1 cc, 200 mg	Andro-Cyp 200, Andronate 200, DepAndro 200, Depotest, Depo-testadiol, Depo-Testosterone, Duratest-200, Testaject-LA, Virilon
J1060	Testosterone Cypionate & Estradiol Cypionate, up to 1 ml	Andro/Fem, De-Comberol, DepAndrogyn, Depo-Testadiol, Depotestogen, Duratestrin, Menoject LA, Test-Estro Cypionates, Test-Estro-C
J3120	Testosterone Enanthate, up to 100 mg	Andropository100, Delatest, Delatestryl, Everone, Testone LA 100, Testrin PA
J3130	Testosterone Enanthate, up to 200 mg	Andro L.A. 200, Delatestryl, Testone LA 200
J0900	Testosterone Enanthate & Estradiol Valerate, up to 1 cc	Andrest 90-4, Andro-Estro 90-4, Androgyn L.A., Deladumone, Deladumone OB, Delatestadiol, Dua-Gen L.A., Estra-Testrin, TEEV, Testadiate, Valertest No. 1, Valertest No. 2
S0189	Testosterone Pellet, 75 mg	
J3150	Testosterone Propionate, up to 100 mg	
J3140	Testosterone Suspension, up to 50 mg	Aqueous Testosterone, Testaqua
J1670	Tetanus Immune Globulin, Human, up to 250 units	Hyper-Tet
J0120	Tetracycline, up to 250 mg	Achromycin, Panmycin, Sumycin
J2810	Theophylline, per 40 mg	Salyrgan-Theophylline
J3411	Thiamine HCL, 100 mg	Vitamin B1
J3280	Thiethylperazine Maleate, up to 10 mg	Torecan
J3240	Thyrotropin Alfa, 0.9 mg, provided in 1.1 mg vial	Thyrogen, Thytropar
S0040	Ticarcillin Disodium and Clavulanate Potassium, 3.1 grams	Timentin
J3243	Tigecycline, 1 mg	
J1655	Tinzaparin Sodium, 1000 IU	Innohep
J3246	Tirofiban HCL, 0.25 mg	
J3260	Tobramycin Sulfate, up to 80 mg	Nebcin
J2670	Tolazoline HCl, up to 25 mg	Priscoline HCL
J3265	Torsemide, 10 mg/ml	Demadex
J3285	Treprostinil, 1 mg	
J3301	Triamcinolone Acetonide, per 10 mg	Kenaject-40, Kenalog-10, Kenalog-40, Tri-Kort, Triam-A, Trilog
J3302	Triamcinolone Diacetate, per 5 mg	Amcort, Aristocort Forte, Aristocort intralesional, Cinolone, Clinacort, Trilone
J3303	Triamcinolone Hexacetonide, per 5 mg	Aristospan intra-articular, Aristospan intralesional

Code	Narrative	Comments
J3400	Triflupromazine HCL, up to 20 mg	Vesprin
J3250	Trimethobenzamide HCL, up to 200 mg	Tigan
J3305	Trimetrexate Glucoronate, per 25 mg	Neutrexin
J3315	Triptorelin Pamoate, 3.75 mg	Trelstar LA
J3350	Urea, up to 40 grams	Ureaphil
J3364	Urokinase, 5000 IU Vial	Abbokinase
J3370	Vancomycin HCL, 500 mg	Vancocin, Vancoled
J3396	Verteporfin, 0.1 mg	Visudyne
J3420	Vitamin B-12 Cyanocobalamin, up to 1,000 mcg	Cobex
J3465	Voriconazole, 10 mg	
S0141	Zalcitabine (DDC), 0.375 mg	
J2278	Ziconotide, 1 microgram	Prialt
J3485	Zidovudine, 10 mg	Retrovir
J3486	Ziprasidone Mesylate, 10 mg	
J3487	Zoledronic Acid (Zometa), 1 mg	
J3488	Zoledronic Acid (Reclast), 1 mg	New code effective 1/1/08
J7599	Immunosuppressive Drug, not otherwise classified	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.
J3490	Unclassified drugs	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field. Oral suppositories and medicated patches are not a benefit.
J3590	Unclassified Biologics	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field. Oral suppositories and medicated patches are not a benefit.

Inhalation drug and solution codes

Code	Narrative	Comments
J7604	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per gram	New code effective 1/1/08
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram	Mucomyst, Mucosil
J7602	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)	New code effective 1/1/08
J7603	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)	New code effective 1/1/08
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	
J7610	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	
J7611	Albuterol, inhalation solution, administered through DME, concentrated form, 1 mg	Code deleted 12/31/07, see code J7602
J7613	Albuterol, inhalation solution, administered through DME, unit dose, 1 mg	Code deleted 12/31/07, see code J7603
J7620	Albuterol, up to 2.5 mg and Ipratropium Bromide, up to 0.5 mg, non-compounded inhalation solution, administered through DME	
J7605	Arformoterol, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	New code effective 1/1/08
J7635	Atropine, inhalation solution administered through DME, concentrated form, per mg	
J7636	Atropine, inhalation solution administered through DME, unit dose form, per mg	
S0143	Aztreonam, inhalation solution administered through DME, concentrated form, per gram	
J7628	Bitolterol Mesylate, inhalation solution administered through DME, concentrated form, per mg	Tornalate
J7629	Bitolterol Mesylate, inhalation solution administered through DME, unit dose form, per mg	Tornalate
J7626	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg	Pulmicort Respules
J7633	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 0.25 mg	Pulmocort
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg	

Code	Narrative	Comments
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg	
J7631	Cromolyn Sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 mg	Gastrocrom
J7632	Cromolyn Sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	New code effective 1/1/08
J7637	Dexamethasone, inhalation solution administered through DME, concentrated form, per mg	
J7638	Dexamethasone, inhalation solution administered through DME, unit dose form, per mg	
J7639	Dornase Alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per mg	Pulmozyme
J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 micrograms	
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg	
J7642	Glycopyrrolate, inhalation solution administered through DME, concentrated form, per mg	
J7643	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per mg	
Q4080	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	
J7644	Ipratropium Bromide, inhalation solution administered through DME, unit dose form, per mg	Atrovent
J7645	Ipratropium Bromide, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7647	Isoetharine HCL, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7648	Isoetharine HCL, inhalation solution administered through DME, concentrated form, per mg	
J7649	Isoetharine HCL, inhalation solution administered through DME, unit dose form, per mg	
J7650	Isoetharine HCL, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7657	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7658	Isoproterenol HCL, inhalation solution administered through DME, concentrated form, per mg	

Code	Narrative	Comments
J7659	Isoproterenol Hydrochloride, inhalation solution administered through DME, unit dose form, per mg	
J7660	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7607	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg	
J7612	Levalbuterol, inhalation solution, administered through DME, concentrated form, 0.5 mg	Code deleted 12/31/07, see code J7602
J7614	Levalbuterol, inhalation solution, administered through DME, unit dose, 0.5 mg	Code deleted 12/31/07, see code J7603
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	
J7667	Metaproterenol Sulfate, inhalation solution, compounded product, concentrated form, per 10 mg	
J7668	Metaproterenol Sulfate, inhalation solution administered through DME, concentrated form, per 10 mg	Alupent
J7669	Metaproterenol Sulfate, inhalation solution administered through DME, unit dose form, per 10 mg	Alupent
J7670	Metaproterenol Sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	
J7674	Methacholine Chloride administered as inhalation solution through a nebulizer, per 1 mg	
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	New code effective 1/1/08
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg	NebuPent, Pentacarinat, Pentam 300
J7680	Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per mg	Brethine, Bricanyl
J7681	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per mg	Brethine
J7682	Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME	Tobi
J7685	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	
J7683	Triamcinolone, inhalation solution administered through DME, concentrated form, per mg	
J7684	Triamcinolone, inhalation solution administered through DME, unit dose form, per mg	

Code	Narrative	Comments
J7699	Not otherwise classified (NOC) drugs, inhalation solution administered through DME	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.

Other medical injection, instillation, or infusion service codes

Code	Narrative	Comments
J7042	5% dextrose/normal saline (500 ml = 1 unit)	
J7060	5% dextrose/water (500 ml = 1 unit)	
S5010	5% Dextrose and 45% Normal Saline, 1000 ml	
S5011	5% Dextrose in Lactated Ringer's, 1000 ml	
S5012	5% Dextrose with Potassium Chloride, 1000 ml	
S5013	5% Dextrose/45% Normal Saline with Potassium Chloride and Magnesium Sulfate, 1000 ml	
S5014	5% Dextrose/0.45% Normal Saline with Potassium Chloride and Magnesium Sulfate, 1500 ml	
J7198	Anti-Inhibitor, per IU.	Autoplex T
J7197	Antithrombin III (Human), per IU.	Atnativ, Throbate III

Code	Narrative	Comments
M0300	IV Chelation therapy (chemical endarterectomy)	<p>Bill on paper. Must identify name, total dosage of chelating agent given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.</p> <p>Allowable only as a treatment for metal toxicity. Not allowable as a treatment or preventative measure for atherosclerosis. This is not covered under the M0300 code without the presence of at least one of the following ICD-9 codes: V15.86, 972.7, 973.6, 976, 976.2, 976.3, 976.4, 976.5, 976.6, 983.9, 984.9, 985.1, 985.2, 985.5, 985.6, 985.8, 985.9.</p> <p>The use of CPT codes such as 90780, 90781, 90783, 92975, 93799, 83655 that cover services for therapeutic or diagnostic infusions, cardiology or laboratory services may not be used to bill for this procedure.</p>
J9175	Elliott's' B Solution, 1 ml	
J7189	Factor VIIA (Antihemophilic factor, recombinant), per 1 microgram	
J7192	Factor VIII (antihemophilic factor, recombinant), per IU.	Helixate, Kogenate, Recombinate
J7191	Factor VIII (antihemophilic factor (porcine), per IU	Hyate:C
J7190	Factor VIII (antihemophilic factor, human), per IU	Koate-HP, Monarc-M
J7194	Factor IX, complex, per IU	Konyne-80, Profilnine Heat-Treated, Proplex SX-T, Proplex T
J7193	Factor IX, (antihemophilic factor, purified, non-recombinant), per IU	AlphaNine SD, Mononine
J7195	Factor IX (antihemophilic factor, recombinant), per IU	Benefix, Konyne 80, Profilnine SD, Proplex T
J7199	Hemophilia clotting factor, not otherwise classified	
J7130	Hypertonic saline solution, 50 or 100 Meq, 20 cc vial	
Q0081	Infusion therapy using other than chemotherapeutic drugs, per visit	Bill on paper. Requires report.
J7050	Infusion, normal saline solution, 250 cc	
J7030	Infusion, normal saline solution, 1,000 cc	
J7070	Infusion, D5W, 1,000 cc	

Code	Narrative	Comments
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)	
J7100	Infusion, Dextran 40, 500 ml	Gentran, 10% LMD, Rheomacrodex
J7110	Infusion, Dextran 75, 500 ml	Gentran 75
Q2004	Irrigation Solution for treatment of bladder calculi (e.g., Renacidin), per 500 ml	
J7120	Ringers Lactate Infusion, up to 1,000 cc	Ringers Injection
J7187	Von Willebrand Factor Complex, (Humate-P), per IU VWF: RCO	
J7799	Not otherwise classified (NOC) drugs, other than inhalation drugs, administered through DME	Bill on paper. Bill one unit and identify drug and total dosage given in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee. Include acquisition cost invoice or identify the appropriate NDC in the Remarks field.

Family Planning Services

Billing information for family planning services

Family planning services including intrauterine devices, implants, diaphragms, and contraceptive drugs are benefits of Colorado Medicaid. To report family planning service procedures, use Current Procedural Terminology (CPT) evaluation and management (E/M) codes 99201-99215. The physician must determine the level of code to bill and document accordingly. All claims for family planning services must include one of the following family planning diagnosis codes as a primary diagnosis from the ICD9: V25.1- V25.9.

Family planning services by Certified Family Planning Clinics are billed on a fee-for-service methodology. Physician's offices, clinics, certified health agencies, certified family planning clinics, and non-physician practitioner groups must use the modifier (FP) with the CPT procedure code when billing Colorado Medicaid for family planning services. An example of such is "99201-FP". If the FP modifier does not appear with the procedure code, the claim will not be recognized as a family planning service and would therefore be subject to recovery of reimbursement if identified in an audit.

Clinics certified as a family planning clinic or non-physician practitioner group for the purposes of providing family planning services may dispense birth control pills directly to the client if they are licensed as an outlet pharmacy. Birth control pills will be reimbursed at \$14.00 per monthly supply. For more costly oral contraceptives, the clinics may choose to write a prescription to be filled by a pharmacist. All other practitioners must prescribe oral contraceptives through a pharmacy.

Family planning codes

Code	Narrative	Comments
A4261	Cervical cap for contraceptive use	
A4266	Diaphragm for contraceptive use	
A4267	Contraceptive supply, condom, male, each	Provider must bill at least 10 units at a time.
A4268	Contraceptive supply, condom, female, each	Provider must bill at least 10 units at a time.
A4561	Pessary, rubber any type	
A4562	Pessary, non-rubber, any type	
J1051	Medroxyprogesterone Acetate, 50 mg	Depo-Provera
J1055	Medroxyprogesterone Acetate for contraceptive use, 150 mg	Depo Provera
J1056	Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg	Lunelle
J7300	Intrauterine copper contraceptive	ParaGard. Report IUD insertion using 58300. Bill usual and customary charge.
J7302	Levonorgestrel – releasing intrauterine contraceptive system, 52 mg	Mirena
J7304	Contraceptive supply, hormone containing patch, each	May only be billed by Family Planning Clinics.
J7306	Levonogestrel (contraceptive) implant system, including implants and supplies	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	New code effective 1/1/08
S4981	Insertion of levonorgestrel-releasing intrauterine system	
S4989	Contraceptive intrauterine device (e.g., progestacert IUD), including implants and supplies	Estring Vaginal Ring
S4993	Contraceptive pills for birth control	May only be billed by Family Planning Clinics.

General Medical Services

Billing information for general medical services

End Stage Renal Disease (ESRD) Related Services

Codes G0308 – G0327 are only valid for Medicare crossover claims.

Coding instructions for Medical Assistance Program only clients: Codes G0308 – G0319 are not covered. Providers should use appropriate Evaluation and Management (E/M) codes instead. Codes G0320 – G0327 are not covered. These services are included in the comprehensive rate for dialysis services in the home or dialysis facility.

Otorhinolaryngologic Services

Speech therapists and audiologists billing for diagnostic or treatment procedures which usually include a comprehensive otorhinolaryngologic service may bill using evaluation and management codes in the 99201 series. Special otorhinolaryngologic services not usually

included in a comprehensive otorhinolaryngologic service may be reported separately using CPT codes in the 92500 series.

Physical Medicine

To report physical medicine procedures, use CPT codes 97001-97004, 97010-97799. Physical therapy and occupational therapy services performed by non-physician practitioners must be ordered and provided under the general supervision of a physician. General supervision means that the physician is not required to be on-site for the service to be rendered. A Prior Authorization Request is required after twenty-four physical therapy or twenty-four occupational therapy units.

Respiratory Procedures

Therapeutic respiratory procedures performed by non-physician therapists must be ordered by and performed under the direct and personal supervision of a physician who is on the premises at the time services are rendered. Services must be billed by the supervising physician and payment is made to the physician.

General medical service codes

Code	Narrative	Comments
E0616	Implantable cardiac event recorder with memory, activator, and programmer	
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	
G0102	Prostate cancer screening; digital rectal examination	
G0104	Colorectal cancer screening; flexible sigmoidoscopy	
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	
G0122	Colorectal cancer screening; barium enema	
G0127	Trimming of dystrophic nails, any number	Limit 1 unit of service.
G0166	External counterpulsation, per treatment session	
G0168	Wound closure utilizing tissue adhesive(s) only	
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)	
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, per 15 minutes (includes monitoring)	
G0239	Therapeutic procedures to improve respiratory function, or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)	

Code	Narrative	Comments
G0245	Initial Physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) The diagnosis of LOPS, (2) A patient history, (3) A physical examination that consists of at least the following elements: (A) Visual inspection of the forefoot, hindfoot and toe web spaces, (B) Evaluation of a protective sensation, (C) Evaluation of foot structure and biomechanics, (D) Evaluation of vascular status and skin integrity, and (E) Evaluation and recommendation of footwear and (4) Patient education	
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) A patient history, (2) A physical examination that includes: (A) Visual inspection of the forefoot, hindfoot and toe web spaces, (B) Evaluation of protective sensation, (C) Evaluation of foot structure and biomechanics, (D) Evaluation of vascular status and skin integrity, and (E) Evaluation and recommendation of footwear, and (3) Patient education	
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following if present: (1) Local care of superficial wounds, (2) Debridement of corns and calluses, and (3) Trimming and debridement of nails	
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	
G0269	Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (e.g. angioseal plug, vascular plug)	
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	
G0290	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	

Code	Narrative	Comments
G0291	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel	
G0297	Insertion of single chamber pacing cardioverter defibrillator pulse generator	
G0298	Insertion of dual chamber pacing cardioverter defibrillator pulse generator	Code deleted 12/31/07, see code 33240
G0299	Insertion or repositioning of electrode lead for single chamber pacing cardioverter defibrillator and insertion of pulse generator	Code deleted 12/31/07, see code 33240
G0300	Insertion or repositioning of electrode lead(s) for dual chamber pacing cardioverter defibrillator and insertion of pulse generator	
G0329	Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	
G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	
G0392	Transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis access, arteriovenous fistula or graft; arterial	
G0393	Transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis access, arteriovenous fistula or graft; venous	
J7330	Autologous cultured chondrocytes, implant	
J7341	Dermal (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	
J7342	Dermal (substitute) tissue, of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	
J7343	Dermal and epidermal, (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter	

Code	Narrative	Comments
J7344	Dermal (substitute) tissue, of human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter	
J7345	Dermal (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter	Code deleted 12/31/07, see codes J7347-J7349
J7346	Dermal (substitute) tissue of human origin, injectable, with or without other bioengineered or processed elements, but without metabolically active elements, 1 cc	
J7347	Dermal (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, (Integra Matrix) per square centimeter	New code effective 1/1/08
J7348	Dermal (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, (Tissuemend) per square centimeter	New code effective 1/1/08
J7349	Dermal (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, (Primatrix) per square centimeter	New code effective 1/1/08
L8603	Injectable bulking agent, Collagen implant, urinary tract, 2.5 ml syringe. Includes shipping & necessary supplies.	Bill on paper. Acquisition cost invoice required.
L8606	Injectable bulking agent, Synthetic implant, urinary tract, 1 ml syringe. Includes shipping & necessary supplies.	Bill on paper. Acquisition cost invoice required.
L8642	Hallux implant prosthesis	May be billed by ambulatory surgical center or surgeon.
L8690	Auditory osseointegrated device, includes all internal and external components	
L8691	Auditory osseointegrated device, external sound processor, replacement	
L8695	External recharging system for battery (external) for use with implantable neurostimulator	
M0100	Intragastric hypothermia using gastric freezing	
M0301	Fabric wrapping of abdominal aneurysm	
P9612	Catheterization for collection of specimen, single patient, all places of service	
Q2004	Irrigation Solution for treatment of bladder calculi (e.g., Renacidin), per 500 ml	
Q3031	Collagen skin test	
S0630	Removal of sutures by a physician other than the physician who originally closed the wound	
S2065	Simultaneous pancreas kidney transplantation	

Code	Narrative	Comments
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	New code effective 7/1/07
S2067	Breast reconstruction of a single breast with “stacked” deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s) including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	New code effective 7/1/07
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)	
S2080	Laser-assisted uvulopalatoplasty (LAUP)	
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	
S2112	Arthroscopy, knee, surgical, for harvesting of cartilage (Chondrocyte cells)	
S2114	Arthroscopy, shoulder, surgical; tenodesis of biceps	Code deleted 12/31/07, see code 29828
S2115	Osteotomy, periacetabular, with internal fixation	
S2117	Arthroeresis, subtalar	
S2135	Neurolysis, by injection, of metatarsal neuroma/interdigital neuritis, any interspace of the foot	
S2202	Echosclerotherapy	
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial graft	
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft	
S2213	Implantation of gastric electrical stimulation device	Code deleted 12/31/07
S2225	Myringotomy, laser-assisted	
S2250	Uterine artery embolization for uterine fibroids	Code deleted 12/31/07

Code	Narrative	Comments
S2325	Hip core decompression	
S2340	Chemodenervation of abductor muscle(s) of vocal cord	
S2341	Chemodenervation of adductor muscle(s) of vocal cord	
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	
S2344	Nasal/sinus endoscopy, surgical; with enlargement of sinus ostium opening using inflatable device (i.e., balloon sinuplasty)	
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	
S2360	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical	
S2361	Each additional cervical vertebral body (List separately in addition to code for primary procedure)	
S2370	Intradiscal Electrothermal Therapy, single interspace	
S2371	Each additional interspace (List separately in addition to code for primary procedure.)	
S3900	Surface Electromyography (EMG)	
S3902	Ballistocardiogram	
S3904	Masters Two Step	Bill on Paper. Requires a report.
S3905	Non-invasive electrodiagnostic testing with automatic computerized hand-held device to stimulate and measure neuromuscular signals in diagnosing and evaluating systemic and entrapment neuropathies	New code effective 1/1/08
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	Bill on paper. Requires a report.
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	
S9025	Omniscardiogram/Cardiointegram	
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP use 43265)	
S9092	Canolith repositioning, per visit	

Laboratory Services

Billing information for laboratory services

Laboratory services are benefits of Colorado Medicaid when provided by a Clinical Laboratory Improvement Act (CLIA)-certified laboratory. The provider who actually performs the laboratory test is the only one who is eligible to bill and receive payment. Physicians may only bill for tests actually performed in their office or clinic. Testing performed by independent laboratories or hospital outpatient laboratories must be billed by the laboratory. To receive payment, all providers of laboratory services must be CLIA certified and Colorado Medicaid enrolled. Laboratory services performed at a hospital or services contracted out by a hospital must be

paid by the hospital. These services cannot be billed to the client. Laboratory services must be medically necessary and ordered by a physician.

The CPT code book lists laboratory tests that are routinely done as groups and combinations. For organ or disease oriented panels (check CPT narrative), use the appropriate code in the range 80048-80076 and bill one unit of service. These tests are not to be performed or billed separately when ordered in a group/combination.

In accordance with Section 1903(i)(7) of the Social Security Act, the Medical Assistance Program shall not expend funds for clinical diagnostic laboratory services in excess of the amount that would be recognized under Medicare. Providers therefore may not bill the Medical Assistance Program for specific tests for which a claim for the same test, inclusive in a panel or multi-channel test, has been or will be submitted. Reimbursement received as a result of incorrect billing is subject to recovery.

Laboratory codes

Code	Narrative	Comments
G0103	Prostate cancer screening, Prostate Specific Antigen test (PSA)	
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	

Code	Narrative	Comments
G0306	Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC differential count	
G0307	Complete (CBC), automated (HGB, HCT, RBC, WBC; without platelet count)	
G0394	Blood occult test (e.g., guaiac), feces, for single determination for colorectal neoplasm (i.e., patient was provided three cards for single triple card for consecutive collection)	
P2031	Hair analysis (excluding arsenic)	
P7001	Culture, bacterial, urine; quantitative, sensitivity study	
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens	
Q0112	All potassium hydroxide (KOH) preparations	
Q0113	Pinworm examinations	
Q0114	Fern test	
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	
S3620	Newborn Metabolic Screening Panel, includes test kit, postage and the following laboratory tests specified by the State for inclusion in this panel (e.g., galactose, hemoglobin, electrophoresis; hydroxyprogesterone, 17-D, phenylalanine (PKU); and thyroxine, total)	
S3626	Maternal serum quadruple marker screen including alpha-fetoprotein (AFP), estriol, human chorionic gonadotropin (hcG), and inhibin A	
S3630	Eosinophil count, blood, direct	
S3655	Antisperm antibodies test (immunobead)	
S3708	Gastrointestinal fat absorption study	
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	New code effective 1/1/08
S3828	Complete gene sequence analysis; MLH1 gene	
S3829	Complete gene sequence analysis; MLH2 gene	
S3833	Complete APC gene sequence analysis for susceptibility for familial adenomatous polyposis (FAP) and attenuated FAP	
S3834	Single-mutation analysis (in individual with a known APC mutation in the family) for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	
S3841	Genetic testing for retinoblastoma	
S3842	Genetic testing for Von Hippel-Lindau disease	
S3843	DNA analysis of the F5 gene for susceptibility to Factor V Leiden thrombophilia	
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	
S3845	Genetic testing for alpha-thalassemia	
S3846	Genetic testing for hemoglobin E beta-thalassemia	
S3847	Genetic testing for Tay-Sachs disease	
S3848	Genetic testing for Gaucher disease	

Code	Narrative	Comments
S3849	Genetic testing for Niemann-Pick disease	
S3850	Genetic testing for sickle cell anemia	
S3851	Genetic testing for Canavan disease	
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	
S3853	Genetic testing for myotonic muscular dystrophy	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	
S3855	Genetic testing for detection of mutations in the presenilin – 1 gene	
S3890	DNA analysis, fecal, for colorectal cancer screening	

Ophthalmology and Vision Eyewear Services

Benefit and billing information for ophthalmology and vision eyewear services

All ophthalmology and vision eyewear services must be medically necessary to qualify for reimbursement under the Colorado Medicaid program.

Benefits for clients age 21 and over: Eye examinations are benefits for Colorado Medicaid clients age 21 and over. Use CPT codes to submit claims for eye exams. Glasses and contact lenses are benefits for clients age 21 and over following eye surgery only and do not require prior authorization. Each procedure code must be billed with modifier -55 to identify surgery related eyewear.

Benefits for clients age 20 and under: The EPSDT Program provides the following vision benefits for clients age 20 and under:

- Standard eye glasses (one or two single or multifocal clear lenses with one standard frame). Colorado Medicaid provides payment for a standard frame.
- Glasses dispensed by an optician are a benefit when ordered by an ophthalmologist or optometrist.
- Replacement or repair of frames or lenses (standard eye glasses), not to exceed the cost of replacement.
- Contact lenses are a benefit if medically necessary and prior authorized, or when billed with modifier –55 to identify surgery-related services.
- Contact lens supplies and contact lens insurance are not benefits.
- Ocular prosthetics are a benefit if services are prior authorized. A statement of medical necessity must accompany the prior authorization request.
- There is no yearly maximum for eye exams or glasses.

Claim forms: Ophthalmologists, optometrists, and opticians bill on the Colorado 1500 or 837 professional claim format.

Contact lenses: For clients age 21 and over, contact lenses are only a benefit following eye surgery. Providers must identify claims for vision correction services provided after surgery by entering modifier -55 with each eyewear procedure code to certify that eyewear (glasses and contact lens) materials and dispensing fees are being provided after eye surgery. Contact

lenses must be prior authorized for clients 20 and under unless provided for vision correction after surgery. Contact lens supplies are not a benefit of Colorado Medicaid.

Determination of the refractive state: Colorado Medicaid provides benefits for ophthalmological refractions as a component of general ophthalmological services (CPT codes 92002 - 92014). There is no additional or separate benefit for procedure code 92015 when billing a general ophthalmological examination for adults or children.

For children and adolescents 20 and under, determination of the refractive state only, using code 92015 is allowable as a partial vision screening. The code may not be billed with general ophthalmological examinations or other evaluation and management codes. Separate or "stand-alone" charges for refractions are not billable to Colorado Medicaid clients as non-benefit services.

Eyeglass lens dispensing: A dispensing fee is allowed for each lens. Use CPT codes in the range 92340-92355. For two lenses, complete one claim line with two units of service and charges for both lenses. Frame dispensing is NOT a separate benefit.

Eyeglass lens materials: Vision correction may be provided utilizing a variety of materials, including glass, plastic or polycarbonate lenses, as ordered by the provider. When submitting a claim for polycarbonate lenses, the provider must bill the code V2784 in addition to the code(s) representing the appropriate lens prescription. The allowable for polycarbonate lenses will be an additional charge. Materials must be billed using HCPCS Level II codes from this bulletin. One unit of service represents one lens. If two lenses of the same strength are provided, complete one billing line; enter units of service as two and charges as the total charge for both lenses. Lenses of different strengths are billed on separate claim lines.

Modifier –55: Use with each vision correction procedure code to identify eyewear services provided to a client with a history of eye surgery. Benefits are related to procedures only affecting vision correction. Such procedures would include surgeries on the eyeball, and supporting musculature and nerve tissue. When modifier –55 is used with V2020-V2499, V2500-V2599, V2700-V2730, V2755- V2784, and 92340-92353, it indicates that the service is related to a prior eye surgery. The use of modifier –55 with the following procedures removes all prior authorization requirements for clients 20 and under and allows surgery-related vision services for clients age 21 and over.

Ophthalmology codes

Code	Narrative	Comments
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	
G0118	Glaucoma screening for high risk patients furnished under direct supervision of an optometrist or ophthalmologist	
G0186	Destruction of localized lesion of choroid (e.g., choloroidal neovascularization); Photocoagulation, feeder vessel technique, one or more sessions	
J3396	Injection, verteporfin, 0.1 mg	

Code	Narrative	Comments
S0625	Retinal telescreening by digital imaging of multiple different fundus areas to screen for vision-threatening conditions, including imaging, interpretation and report	
S0820	Computerized corneal topography, unilateral	Code deleted 12/31/07
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral	
V2785	Processing, preserving & transporting corneal tissue	Bill on paper. Must attach eye bank invoice to claim.

Vision eyewear codes

Frames

Code	Narrative	Comments
V2020	Frames, purchases	Includes cost of frame or replacement & dispensing fee. One unit of service represents one frame. Includes cost of frame or replacement and dispensing fee. One unit of service represents one frame. Payment includes materials cost and dispensing fee. Also use to report frame repairs. One unit of service represents one repair. Payment includes materials and dispensing and will not exceed the allowable benefit for frame replacement. If a client requests a deluxe frame, the provider must discuss the need for additional charges to the client, and must obtain a written agreement from the client to pay the non-covered costs. Allowable non-covered costs that may be charged to the client are those representing the difference between the provider's retail usual and customary charges for the Medical Assistance Program allowable frames and the retail amount for the upgraded frames requested by the client. This also applies to the repair or replacement of eyeglasses. Provider must bill S1001, Deluxe item, (list in addition to code for basic item) to report charges to the client.
V2025	Deluxe Frame	Not a benefit - use V2020

Single vision lens

Code	Narrative	Comments
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00d cylinder, per lens	
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 2.00d sphere, 4.25d to 6.00d cylinder, per lens	
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens	
V2115	Lenticular (Myodisc), per lens, single vision	
V2118	Aniseikonic lens, single vision	
V2121	Lenticular lens, per lens, single	
V2199	Not otherwise classified, single vision lens	Bill on paper. Requires report of type of single vision lens and optical lab invoice.

Bifocal lens

Code	Narrative	Comments
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	
V2215	Lenticular (myodisc), per lens, bifocal	
V2218	Aniseikonic, per lens, bifocal	
V2219	Bifocal segment width over 28 mm	
V2220	Bifocal add over 3.25d	
V2221	Lenticular lens, per lens, bifocal	
V2299	Specialty bifocal	Bill on paper. Requires report of type of specialty bifocal lens and optical lab invoice.

Trifocal lens

Code	Narrative	Comments
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	

Code	Narrative	Comments
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	
V2315	Lenticular (Myodisc), per lens, trifocal	
V2318	Aniseikonic lens, trifocal	
V2319	Trifocal segment width over 28 mm	
V2320	Trifocal add over 3.25d	
V2321	Lenticular lens, per lens, trifocal	
V2399	Specialty trifocal	Bill on paper. Requires report of type of specialty trifocal lens and optical lab invoice.

Polycarbonate lens

Code	Narrative	Comments
V2784	Lens, polycarbonate or equal, any index, per lens (list this code in addition to the basic code for the lens)	

Variable asphericity lens

Code	Narrative	Comments
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	
V2499	Variable asphericity lens, other type	Bill on paper. Requires report of other type of lens and optical lab invoice.

Contact lens

Code	Narrative	Comments
V2500	Contact lens, PMMA, spherical, per lens	Requires prior authorization for clients under age 21.

Code	Narrative	Comments
V2501	Contact lens, PMMA, toric or prism ballast, per lens	Requires prior authorization for clients under age 21.
V2502	Contact lens, PMMA, bifocal, per lens	Requires prior authorization for clients under age 21. Bill on paper. Requires optical lab invoice.
V2503	Contact lens, PMMA, color vision deficiency, per lens	Requires prior authorization for clients under age 21. Bill on paper. Requires optical lab invoice.
V2510	Contact lens, gas permeable, spherical, per lens	Requires prior authorization for clients under age 21.
V2511	Contact lens, gas permeable, toric, prism ballast, per lens	Requires prior authorization for clients under age 21.
V2512	Contact lens, gas permeable, bifocal, per lens	Requires prior authorization for clients under age 21.
V2513	Contact lens, gas permeable, extended wear, per lens	Requires prior authorization for clients under age 21.
V2520	Contact lens, hydrophilic, spherical, per lens	Requires prior authorization for clients under age 21.
V2521	Contact lens, hydrophilic, toric or prism ballast, per lens	Requires prior authorization for clients under age 21.
V2522	Contact lens, hydrophilic, bifocal, per lens	Requires prior authorization for clients under age 21.
V2523	Contact lens, hydrophilic, extended wear, per lens	Requires prior authorization for clients under age 21.
V2530	Contact lens, scleral, per lens	Requires prior authorization for clients under age 21.
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	Requires prior authorization for clients under age 21. Bill on paper. Requires optical lab invoice.
V2599	Contact lens, other type	Requires prior authorization. Bill on paper. Requires report of other type of contact lens and optical invoice.

Low vision aids

Code	Narrative	Comments
V2600	Hand held low vision & other non-spectacle mounted aids	Requires prior authorization.
V2610	Single lens spectacle mounted low vision aids	Requires prior authorization.
V2615	Telescopic & other compound lens system, including distance vision telescopic, near vision telescopes & compound microscopic lens system	Requires prior authorization. Bill on paper. Requires optical lab invoice.

Ocular prosthetics

Statement of medical necessity and report of the type of prosthetic eye must accompany prior authorization request.

Code	Narrative	Comments
V2623	Prosthetic, eye, plastic, custom	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2624	Polishing/resurfacing of ocular prosthesis	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2625	Enlargement of ocular prosthesis	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2626	Reduction of ocular prosthesis	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2627	Scleral cover shell	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2628	Fabrication & fitting of ocular conformer	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2629	Prosthetic eye, other type	Requires prior authorization. Bill on paper. Requires optical lab invoice.

Intraocular lens

Code	Narrative	Comments
V2630	Anterior chamber intraocular lens	
V2631	Iris supported intraocular lens	
V2632	Posterior chamber intraocular lens	
V2787	Astigmatism correcting function of intraocular lens	New code effective 1/1/08

Other lens service

Code	Narrative	Comments
V2700	Balance lens, per lens	

Code	Narrative	Comments
V2702	Deluxe lens feature	If a client requests a deluxe frame and deluxe lens features are required to fit the deluxe frames, the provider must discuss the need for additional charges to the client, and must obtain a written agreement from the client to pay the non-covered costs. Allowable non-covered costs that may be charged to the client are those representing the difference between the provider's retail usual and customary charges for the Medical Assistance Program allowable lenses and the retail amount for the upgraded lenses requested by the client. Provider must bill S1001, Deluxe item, (list in addition to code for basic item) to report charges to the client.
V2710	Slab off prism, glass or plastic, per lens	
V2715	Prism, per lens	
V2718	Press-on lens, Fresnell prism, per lens	
V2730	Special base curve, glass or plastic, per lens	
V2744	Tint, photochromatic, per lens	Requires prior authorization.
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	
V2750	Anti-reflective coating, per lens	Requires prior authorization. Available only for EPSDT clients (under age 21). Statement of medical necessity must accompany the prior authorization request. Bill on paper. Requires optical lab invoice.
V2755	U-V lens, per lens	Requires prior authorization - See note for V2750
V2770	Occluder lens, per lens	Requires prior authorization - See note for V2750
V2780	Oversize lens, per lens	Requires prior authorization. Available only for EPSDT clients.
V2781	Progressive lens, per lens	Available only for EPSDT clients. Requires prior authorization. See V2750.
V2799	Vision service, miscellaneous	Bill on paper. Requires report of miscellaneous service and optical lab invoice.

Radiology Services

Billing information for radiology services

Medically necessary, physician ordered radiology services are benefits of Colorado Medicaid. Services may include, but are not limited to the following: angiography, computed tomography, diagnostic radiology, fluoroscopy, interventional radiology procedures, magnetic resonance imaging, mammography, positron emission tomography, radiation treatment delivery, and ultrasound.

Radiology codes

Code	Narrative	Comments
A4641	Supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified	
A9500	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Sestamibi, per dose	
A9501	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Teboroxime, per study dose	New code effective 1/1/08
A9502	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Tetrofosmin, per unit dose	
A9503	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Medronate, up to 30 MCI	
A9504	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Apcitide	
A9505	Supply of radiopharmaceutical diagnostic imaging agent, Thallous Chloride TL 201, per MCI	
A9507	Supply of radiopharmaceutical diagnostic imaging agent, Indium in 111 Capromab Pendetide, per dose	
A9508	Supply of radiopharmaceutical diagnostic imaging agent, Iobenguane Sulfate I-131, per 0.5 MCI	
A9509	Iodine I-123 Sodium Iodide, diagnostic, per millicurie	New code effective 1/1/08
A9510	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC99M Disofenin, per vial	
A9512	Technetium TC-99M Pertechnetate, diagnostic, per millicurie	
A9516	Iodine I-123 Sodium Iodide, diagnostic, per 100 microcuries, up to 999 microcuries	
A9517	Iodine I-131 Sodium Iodide capsule(s), therapeutic, per millicurie	
A9521	Technetium TC-99M Exametazine, diagnostic, per study dose, up to 25 millicuries	
A9524	Supply of radiopharmaceutical Diagnostic imaging agent, iondiated I-131 Serum Albumin, 5 microcuries	
A9526	Supply of radiopharmaceutical diagnostic imaging agent, Ammonia N-13, per dose	
A9527	Iodine I-125, Sodium Iodide solution, therapeutic, per millicurie	
A9528	Iodine I-131 Sodium Iodide capsule(s), diagnostic, per millicurie	

Code	Narrative	Comments
A9529	Iodine I-131 Sodium Iodide solution, diagnostic, per millicurie	
A9530	Iodine I-131 Sodium Iodide solution, therapeutic, per millicurie	
A9531	Iodine I-131 Sodium Iodide, diagnostic, per microcurie (up to 100 microcuries)	
A9532	Iodine I-125, Serum Albumin, diagnostic, per 5 microcuries	
A9535	Injection, Methylene Blue, 1 ml	
A9536	Technetium TC-99M Depreotide, diagnostic, per study dose, up to 35 millicuries	
A9537	Technetium TC-99M Mebrofenin, diagnostic, per study dose, up to 15 millicuries	
A9538	Technetium TC-99M Pyrophosphate, diagnostic, per study dose, up to 25 millicuries	
A9539	Technetium TC-99M Pentetate, diagnostic, per study dose, up to 25 millicuries	
A9540	Technetium TC-99M Macroaggregated Albumin, diagnostic, per study dose, up to 10 millicuries	
A9541	Technetium TC-99M Sulfur Colloid, diagnostic, per study dose, up to 20 millicuries	
A9542	Indium IN-111 Ibritumomab Tiuxetan, diagnostic, per study dose, up to 5 millicuries	
A9543	Yttrium Y-90 Ibritumomab Tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	
A9544	Iodine I-131 Tositumomab, diagnostic, per study dose	
A9545	Iodine I-131 Tositumomab, therapeutic, per treatment dose	
A9546	Cobalt CO-57/58, Cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	
A9547	Indium IN-111 Oxyquinoline, diagnostic, per 0.5 millicurie	
A9548	Indium IN-111 Pentetate, diagnostic, per 0.5 millicurie	
A9550	Technetium TC-99M Sodium Gluceptate, diagnostic, per study dose, up to 25 millicuries	
A9551	Technetium TC-99M Succimer, diagnostic, per study dose, up to 10 millicuries	
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries	
A9553	Chromium CR-51 Sodium Chromate, diagnostic, per study dose, up to 250 microcuries	
A9554	Iodine I-125 Sodium Iothalamate, diagnostic, per study dose, up to 10 microcuries	
A9555	Rubidium RB-82, diagnostic, per study dose, up to 60 millicuries	
A9556	Gallium GA-67 Citrate, diagnostic, per millicurie	
A9557	Technetium TC-99M Bicisate, diagnostic, per study dose, up to 25 millicuries	
A9558	Xenon XE-133 gas, diagnostic, per 10 millicuries	
A9559	Cobalt CO-57 Cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie	

Code	Narrative	Comments
A9560	Technetium TC-99M labeled red blood cells, diagnostic, per study dose, up to 30 millicuries	
A9561	Technetium TC-99M Oxidronate, diagnostic, per study dose, up to 30 millicuries	
A9562	Technetium TC-99M Mertiatide, diagnostic, per study dose, up to 15 millicuries	
A9563	Sodium Phosphate P-32, therapeutic, per millicurie	
A9564	Chromic Phosphate P-32 suspension, therapeutic, per millicurie	
A9565	Indium IN-111 Pentetreotide, diagnostic, per millicurie	Code deleted 12/31/07, see code A9572
A9566	Technetium TC-99M Fanolesomab, diagnostic, per study dose, up to 25 millicuries	
A9567	Technetium TC-99M Pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries	
A9568	Technetium TC-99M Arcitumomab, diagnostic, per study dose, up to 45 millicuries	
A9569	Technetium TC-99M Exametazime labeled autologous white blood cells, diagnostic, per study dose	New code effective 1/1/08
A9570	Indium IN-111 labeled autologous white blood cells, diagnostic, per study dose	New code effective 1/1/08
A9571	Indium IN-111 labeled autologous platelets, diagnostic, per study dose	New code effective 1/1/08
A9572	Indium IN-111 Pentetreotide, diagnostic, per study dose, up to 6 millicuries	New code effective 1/1/08
A9576	Injection, Gadoteridol, (Prohance multipack), per ml	New code effective 1/1/08
A9577	Injection, Gadobenate Dimeglumine (Multihance), per ml	New code effective 1/1/08
A9578	Injection, Gadobenate Dimeglumine (Multihance multipack), per ml	New code effective 1/1/08
A9579	Injection, Gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml	New code effective 1/1/08
A9605	Samarium SM-153 Lexidronamm, therapeutic, per 50 millicuries	
A9600	Strontium-89 chloride, therapeutic, per millicurie	
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study	
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	
A9700	Supply of injectable contrast material for use in echocardiography, per study	
G0130	Single energy x-ray absorptiometry (SEXA) Bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	
G0173	Linear accelerator based stereotactic radiosurgery, completed course of therapy in one session	
G0202	Screening mammography, producing direct digital image, bilateral, all views	
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	

Code	Narrative	Comments
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	
G0251	Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum five sessions per course of treatment	
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g. initial staging of axillary lymph nodes)	
G0255	Current perception threshold/ sensory nerve conduction test, (SNCT) per limb, any nerve	
G0259	Injection procedure for sacroiliac joint; arthrography	
G0260	Injection procedure for sacroiliac joint; Provision of anesthetic, steroid and/or other therapeutic agent with or without arthrography	
G0275	Renal artery angiography (unilateral or bilateral) performed at the time of cardiac catheterization, includes catheter placement, injection of dye, flush aortogram and radiologic supervision and interpretation and production of images (list separately in addition to primary procedure)	
G0278	Iliac artery angiography performed at the same time of cardiac catheterization, includes catheter placement, injection of dye, radiologic supervision and interpretation and production of images (list separately in addition to primary procedure)	
G0288	Reconstruction, Computed tomographic angiography of aorta for surgical planning for vascular surgery	
G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	
G0389	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	
Q3001	Radioelements for Brachytherapy, any type, each	
Q9945	Low osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	Code deleted 12/31/07, see code Q9965
Q9946	Low osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	Code deleted 12/31/07, see code Q9965
Q9947	Low osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Code deleted 12/31/07, see code Q9966
Q9948	Low osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Code deleted 12/31/07, see code Q9966
Q9949	Low osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	Code deleted 12/31/07, see code Q9967
Q9950	Low osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Code deleted 12/31/07, see code Q9967

Code	Narrative	Comments
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	
Q9952	Injection, gadolinium-based magnetic resonance contrast agent, per ml	Code deleted 12/31/07
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml	
Q9954	Oral magnetic resonance contrast agent, per ml	
Q9955	Injection, perflerone lipid microspheres, per ml	
Q9956	Injection, octafluoropropane microspheres, per ml	
Q9957	Injection, perflutren lipid microspheres, per ml	
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	New code effective 1/1/08
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	New code effective 1/1/08
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	New code effective 1/1/08
R0070	Transportation of portable X-ray equipment & personnel to home or nursing home, per trip to facility or location, one patient seen, per patient	
R0076	Transportation of portable EKG to facility or location, per patient	
S0820	Computerized Corneal Topography, unilateral	
S8030	Scleral application of Tantalum ring(s) for localization of lesions for proton beam therapy	
S8037	Magnetic resonance cholangiopancreatography (MRCP)	
S8042	Magnetic resonance imaging (MRI), low-field	
S8080	Scintimammography (Radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	
S8085	Fluorine-18 Fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)	

Supplies Provided by the Practitioner

Billable casting supplies, splints, and special devices

Practitioners may bill for the following codes

Code	Narrative	Comments
A4565	Slings	
A4570	Splints/immobilizer	
L0120	Cervical Collar, flexible, non-adjusting	
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, pre-fabricated, includes fitting and adjustment, any type	
L1825	Knee orthosis, elastic knee cap, prefabricated, includes fitting and adjustment	
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e. g. neoprene, Lycra)	
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, includes fitting and adjustment	
L3651	Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra).	
L3652	Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra)	
L3701	Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra)	
L3762	Elbow orthosis, rigid, without joints, includes soft interface material, pre-fabricated, includes fitting and adjustment	
L3909	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra)	
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment	
L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	

Code	Narrative	Comments
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g. stainless steel or cobalt chrome), ceramic-like material (e.g. pyrocarbon), for surgical implantation (all sizes, includes entire system)	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	
L8689	External recharging system for implanted neurostimulator, replacement only	
L8690	Auditory osseointegrated device, includes all internal and external components	
L8691	Auditory osseointegrated device, external sound processor, replacement	
L8695	External recharging system for battery (external) for use with implantable neurostimulator	
L8699	Prosthetic implant, not otherwise specified	
Q4001	Cast Supplies, body cast adult, with or without head, plaster	
Q4002	Cast Supplies, body cast adult, with or without head, fiberglass	
Q4003	Cast Supplies, shoulder cast, adult (11 years +), plaster	
Q4004	Cast Supplies, shoulder cast, adult (11 years +), fiberglass	
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster	
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass	
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster	
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster	
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass	
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster	
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass	
Q4013	Cast supplies, gauntlet cast, (includes lower forearm and hand), adult (11 years +), plaster	

Code	Narrative	Comments
Q4014	Cast supplies, gauntlet cast, (includes lower forearm and hand), adult (11 years +), fiberglass	
Q4015	Cast supplies, gauntlet cast, (includes lower forearm and hand), pediatric (0-10 years), plaster	
Q4016	Cast supplies, gauntlet cast, (includes lower forearm and hand), pediatric (0-10 years), fiberglass	
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster	
Q4018	Cast supplies, long arm splint, adult, (11 years +) fiberglass	
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster	
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster	
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass	
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster	
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass	
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster	
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass	
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster	
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass	
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster	
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass	
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster	
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass	
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster	
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass	
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster	
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass	
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster	

Code	Narrative	Comments
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass	
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster	
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass	
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster	
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster	
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass	
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	
Q4049	Finger splint, static	
Q4050	Cast supplies, for unlisted types and materials of casts	
Q4051	Splint supplies, miscellaneous (Includes thermoplastics, strapping, fasteners, padding and other supplies)	
S8450	Splint, prefabricated, digit	
S8451	Splint, prefabricated, wrist or ankle	
S8452	Splint, prefabricated, elbow	

Billable non-routine supplies – CPT code 99070

Submit claims for these items using procedure code 99070. Claims must be submitted on paper. Describe the item(s) and enter the cost of the item(s) provided. If the cost is over \$25.00, attach a copy of the vendor's invoice. Providers must use –UB modifier with 99070 when billing more than \$25.00 with invoice and cost documentation.

Ace bandages

Aerosol masks

Biosensors for 95903

Broviac repair kit

Cast shoe

Catheters, urinary

Central line dressing kits

Cervical Loops

Chemotherapy administration supplies

Clavicle strap

Coban wrap

Collagen plugs

Corneal bandage lens

Diaphragm

Disposable supplies for negative pressure

wound therapy when dressing change is done in the office setting

Duoderm

G & S disposable dilators

Gastrostomy buttons

Grosshans catheter

Inhalation therapy mask

IV administration supplies

Laminaria/Dilateria

Meter chambers

Mucus trap

Nasal cannula

Nasogastric tubes

Nebulizer	Surgical shoes
Pediatric aerosol mask	T-hand nebulizer
Plastic haggard dilators	Trocar needles
Sterile barrier (when surgical tray is not utilized)	Vaseline gauze

Billable non-routine supplies – HCPCS procedure codes

The following supplies must be billed as individual claim lines. The billed amount should reflect the provider's usual and customary charge. If items listed below are billed using 99070 rather than the appropriate code your claim may be denied.

Code	Narrative	Comments
A4212	Non coring needle (Huber)	
A4220	Refill kit for implantable infusion pump	
A4221	Supplies for maintenance of drug infusion, catheter, per week (list drug separately)	
A4222	Supplies for external drug infusion pump, per cassette or bag (list drug separately)	
A4230	Infusion set for external insulin pump, non-needle cannula type	Requires prior authorization and copy of invoice
A4231	Infusion set for external insulin pump, needle type	Requires prior authorization and copy of invoice
A4262	Temporary, absorbable lacrimal duct implant, each	
A4263	Permanent, long term, non-dissolvable lacrimal duct implant, each	
A4270	Disposable endoscope sheath, each	
A4465	Non-elastic binder for extremity	
A4550	Surgical trays	
A4614	Peak Expiratory Flow rate meter, hand held	
A7003	Administration set with small volume non-filtered pneumatic nebulizer, disposable	
A7004	Small volume non-filtered pneumatic nebulizer, disposable	
A7006	Administration set with small volume filtered pneumatic nebulizer	
A7042	Implanted pleural catheter, each	
A7043	Vacuum drainage bottle and tubing for use with implanted catheter	
E0100	Cane, all materials	
E0112	Crutches, underarm, adjustable or fixed, wood, pair	
E0114	Crutches, underarm, adjustable or fixed, aluminum, pair	
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Requires prior authorization and copy of invoice
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Requires prior authorization and copy of invoice
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	

Code	Narrative	Comments
S1016	Non-PVC (Polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g. Paclitaxel	
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	
S8185	Flutter device	

Non-billable routine supplies and materials

The cost of these supplies is included in the payment for related medical or surgical services and will be denied if submitted for payment. These items may not be billed to the Medical client.

Absorbent pads or sponges	Saline for administration of drugs
Alcohol swabs	Saline for irrigation of wounds and catheters
Anesthetics (topical or local)	Scissors
Antibiotic ointments	Silvadene ointment
Band-Aids	Specimen containers, Vacutainers
Betadine or Betadine scrub	Steri strips
Cotton balls	Sterile basins
Cotton swabs/applicators	Sterile water
Emesis basins	Suppository medications
Eye pad, sterile, non-sterile	Surgical blades/handles
Eye patches	Suture removal kits
Gauze pads	Suture supplies/suture holders/needle holders
Gloves (Sterile or non-sterile)	Swabs (alcohol, betadine, glycerine, etc.)
Heel cups	Syringes & needles (Except Trocar needles)
Ice packs/hot packs	Tape
Liquid nitrogen	Tegaderm
Medicated patches	Telfa
Non-adhering dressings (Telfa, etc.)	Tongue blades
Oral medication	Topical ointments
Oxygen	Versed drops
Packing gauze	
Peroxide	

Prosthetics and orthotics

Prostheses and orthoses are a covered Colorado Medicaid benefit for the child and adult population. The benefit includes such items as braces, artificial limbs, augmentative communication devices, and orthopedic shoes for diabetic clients. These items must be prescribed by the client's physician, and may require prior authorization before services are rendered. Please see the Colorado Medicaid bulletin titled "Equipment, Supply, Orthotic and Prosthetic HCPCS Codes" for a list of items that require prior authorization.

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