

Humana

ICD10 Povidors Claim Codes 2016

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ACOG 2010-2011 Recommendations for Women's Health Screenings and Care

Provider Claims Codes

CPT© Codes	Description	Comments
77057	Screening mammography, bilateral (2-view film study of each breast)	
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)	
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	
88153	Cytopathology, slides, cervical or vaginal; with manual	

12/27/2010 sbm – Completed

01/03/2011 sbm – Osteoporosis screening codes added

10/03/2011 sbm – Per Drs. Knispel and Masten, V72.32 should not be included as they are diagnostic in nature.

ACOG 2010-2011 Recommendations for Women's Health Screenings and Care

	screening and rescreening under physician supervision	
88154	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	
+88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)	
88160	Cytopathology, smears, any other source; screening and interpretation	
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional or other qualified health care professional; first vaccine/ toxoid component	Code effective 01/01/2011

12/27/2010 sbm – Completed

01/03/2011 sbm – Osteoporosis screening codes added

10/03/2011 sbm – Per Drs. Knispel and Masten, V72.32 should not be included as they are diagnostic in nature.

ACOG 2010-2011 Recommendations for Women's Health Screenings and Care

+90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)	Code effective 01/01/2011
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	
+90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 19 (quadrivalent), 3 dose schedule, for intramuscular use	
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	
90715	Tetanus , diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for intramuscular use	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use	
99201-99215	New and Established patient evaluation and management	
99381-99397	New and Established preventive medicine evaluations	
99401-99404	Preventive Medicine, Individual Counseling	
HCPC© Codes	Description	Comments
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	
G0202	Screening mammography, producing direct digital image, bilateral, all views	
G0328	Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations	
G0433	Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening	

12/27/2010 sbm – Completed

01/03/2011 sbm – Osteoporosis screening codes added

10/03/2011 sbm – Per Drs. Knispel and Masten, V72.32 should not be included as they are diagnostic in nature.

ACOG 2010-2011 Recommendations for Women's Health Screenings and Care

G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	
P3000	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision	
P3001	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician	
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	
ICD-10-CM Diagnosis Codes	Description	Comments
Z01.411	Encounter for gynecological examination (general) routine) with abnormal findings	
Z01.419	Encounter for gynecological examination (general) routine) without abnormal findings	
Z11.51	Encounter for screening for Human Papillomavirus (HPV)	
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast	
Z12.39	Encounter for other screening for malignant neoplasm of breast	
Z12.4	Encounter for screening for malignant neoplasm of cervix	
Z12.12	Encounter for screening for malignant neoplasm of rectum	
Z12.72	Encounter for screening for malignant neoplasm of vagina	
Z12.11	Encounter for screening for malignant neoplasm of colon	
Z13.820	Encounter for screening for osteoporosis	

12/27/2010 sbm – Completed

01/03/2011 sbm – Osteoporosis screening codes added

10/03/2011 sbm – Per Drs. Knispel and Masten, V72.32 should not be included as they are diagnostic in nature.

ACOG Releases Revised Recommendations for Women's Health Screenings and Care

Washington, DC -- Recent recommendations for HIV screening, human papillomavirus (HPV) vaccination, and preconception care are among those highlighted in the revised primary and preventive care periodic assessments recommended for women by The American College of Obstetricians and Gynecologists (ACOG). The updated recommendations, published in the December issue of *Obstetrics & Gynecology*, provide ob-gyns with a comprehensive schedule of age-appropriate screening exams, laboratory tests, immunizations, and counseling for non-pregnant adolescents and adult women.

The document incorporates recent guidance from individual ACOG committees on specific issues in women's health.

HIV Testing

Routine HIV testing should be offered to women ages 19 to 64 regardless of personal risk factors, following the new Centers for Disease Control and Prevention (CDC) guidelines. Ob-gyns should be aware of and follow their states' HIV testing requirements. In addition, ACOG recommends HIV testing for adolescents who are or ever have been sexually active. ACOG previously recommended HIV testing only for women considered high risk or for those in areas with high HIV prevalence.

Preconception Care

Ob-gyns should encourage women of childbearing age to develop a reproductive health plan to help conscientiously assess the desire for a child or children or desire not to have children. The plan also should address the optimal number, timing, and spacing of children; determine the steps needed to prevent or plan for and optimize a pregnancy; and evaluate current health status and other issues relevant to the health of a pregnancy.

Colorectal Cancer Screening

Women age 50 and older should be screened for colorectal cancer using one of five recommended screening strategies. If fecal occult blood testing (FOBT) is used, patients should collect two or three samples at home and return them for laboratory analysis. Single samples obtained by digital rectal examination in the ob-gyn's office are not adequate for colorectal cancer screening.

HPV Vaccine

An HPV vaccine was made available for the first time in 2006. ACOG recommends that HPV vaccination be offered to all girls and women 9 to 26 who have not previously been vaccinated. The vaccine protects against four HPV strains that cause most cervical cancers and genital warts and is most effective when administered before the onset of sexual activity.

Tdap Vaccine

Pertussis has been added to the tetanus and diphtheria booster recommendation in accordance with CDC recommendations. Adolescents should receive the Tetanus, Diphtheria,

12/27/2010 sbm – Completed

01/03/2011 sbm – Osteoporosis screening codes added

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ACOG 2010-2011 Recommendations for Women's Health Screenings and Care

accordance with CDC recommendations. Adolescents should receive the Tetanus, Diphtheria, Pertussis (Tdap) booster once between ages 11 and 16, then every 10 years thereafter up to age 64.

Meningococcal Vaccine

ACOG now recommends that adolescents not previously immunized receive meningococcal conjugate vaccination before entry into high school. Older women at high risk also should receive the vaccine.

Retrieved December 23, 2010 from the ACOG website at
http://www.acog.org/from_home/publications/press_releases/nr12-01-06-2.cfm.

Best regards,

Robert A. Ziff, MD, MBA, FACS, CPE
Medical Director, Ohio Medicare

Periodic Assessments: Updated Recommendations from ACOG

Routine office visits provide opportunities for preventive screening, evaluation, and counseling.

The American College of Obstetricians and Gynecologists (ACOG) regularly updates its recommendations for screening. Now, new guidelines address periodic assessment in four patient age groups: 13 to 18, 19 to 39, 40 to 64, and ≥ 65 . Highlights of the guidelines are:

Screening for sexually transmitted infections (STIs) in young women: Although ACOG recommends that cervical cytology be deferred until age 21, STI screening is encouraged for all sexually active patients younger than 25. ACOG recommends pelvic examination in women younger than 21 only when indicated. If pelvic examinations are not performed in sexually active patients younger than 21, urine-based screening for chlamydia and gonorrhea is recommended.

Mammography: ACOG recommends that women be screened every 1 to 2 years beginning at age 40, with annual screening beginning at age 50.

Bone-mineral density (BMD) assessment: For women without risk factors, screening with dual-energy x-ray absorptiometry should be initiated at age 65. In the absence of new risk factors, assessment should be repeated no more often than biennially.

12/27/2010 sbm – Completed

01/03/2011 sbm – Osteoporosis screening codes added

10/03/2011 sbm – Per Drs. Knispel and Masten, V72.32 should not be included as they are diagnostic in nature.

ACOG 2010-2011 Recommendations for Women's Health Screenings and Care

Comment: In adolescents, I consider speculum examination to be indicated only if the patient complains of pain, abnormal bleeding, discharge, or odor. In the absence of such indications, use of urine-based STI screening will make office visits substantially more patient-friendly for our youngest sexually active patients. ACOG's guidance about screening mammography contrasts with that of the U.S. Preventive Services Task Force, which recommends biennial screening beginning at age 50 ([JW Womens Health Nov 16 2009](#)). I have observed that many women in their 50s who do not have specific risk factors for osteoporosis ([JW Womens Health Feb 18 2010](#)) nevertheless undergo BMD assessment, sometimes resulting in inappropriate long-term use of bisphosphonates. Deferring dual-energy x-ray absorptiometry in low-risk women until age 65 allows us to focus screening resources on women who are most likely to benefit from prescription anti-fracture therapy.

This guideline watch includes only a few of the many screening and preventive strategies recommended by ACOG. I encourage readers to consult the guidelines directly for further information.

— [Andrew M. Kaunitz, MD](#)

Published in [Journal Watch Women's Health April 21, 2011](#)

Citation(s):

American College of Obstetricians and Gynecologists Committee on Gynecologic Practice. Committee opinion no. 483: Primary and preventive care: Periodic assessments. *Obstet Gynecol* 2011 Apr; 117:1008. (<http://dx.doi.org/10.1097/AOG.0b013e318219226e>)

- [Medline abstract](#) (Free)

12/27/2010 sbm – Completed

01/03/2011 sbm – Osteoporosis screening codes added

10/03/2011 sbm – Per Drs. Knispel and Masten, V72.32 should not be included as they are diagnostic in nature.

Alcohol Abuse Screening Codes

Provider Claims Codes

CPT© Codes	Description	Comments
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	
HCPC© Codes	Description	Comments
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and intervention (SBI) services; 15 to 30 minutes	
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and intervention (SBI) services; greater than 30 minutes	
G0442	Annual alcohol misuse screening, 15 minutes	
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	
H0049	Alcohol and/or drug screening	
ICD-10-CM© Codes	Description	Comments
Z13.89	Encounter for screening for other disorder	

05/12/2010 sbm – Removed H0047 per Dr. Stemple, the remainder approved.
 05/18/2010 sbm – CERT approved, no changes
 07/27/2010 sbm – Approved by CERT members for Peds
 12/09/2010 sbm – 2010/2011 review completed, no changes
 02/06/2012 sbm – Addition of G0442

Asymptomatic Bacteriuria Screening Codes

Provider Claims Codes

CPT© Codes	Description	Comments
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	
81015	Urinalysis; microscopic only	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z34.00-Z34.0	Encounter for supervision of normal first pregnancy	
Z34.80-Z34.83	Encounter for supervision of other normal pregnancy	
Z34.90-Z34.93	Encounter for supervision of normal pregnancy, unspecified	
O09.00- O09.03	Supervision of pregnancy with history of infertility	
O0.0-O09.13	Supervision of pregnancy with history of ectopic or molar pregnancy	
O09.211- O09.219	Supervision of pregnancy with history of pre-term labor	

05/12/2010 sbm - Per Dr. Stemple, coding is correct but add prenatal codes
 05/18/2010 sbm – CERT approved, add 81000, 81001, 81002, 81003, 81005, 81007, 81015, deletion of
 87077, 87086, 87088, 87184, 87186-87187, V28.0-V28.9, V81.5
 12/09/2010 sbm – 2010/2011 review completed, no changes
 02/06/2012 sbm – 2012 review completed, no changes

Asymptomatic Bacteriuria Screening Codes

O09.291- O09.299	Supervision of pregnancy with other poor reproductive or obstetric history	
O09.30- O09.33	Supervision of pregnancy with insufficient antenatal care	
O09.40- O09.43	Supervision of pregnancy with grand multiparity	
O09.511- O09.529	Supervision of elderly primigravida and multigravida	
O09.611- O09.629	Supervision of young primigravida and multigravida	
O09.70- O09.73	Supervision of high risk pregnancy due to social problems	
O09.811- O09.93	Supervision of other high risk pregnancies	

05/12/2010 sbm - Per Dr. Stemple, coding is correct but add prenatal codes

05/18/2010 sbm – CERT approved, add 81000, 81001, 81002, 81003, 81005, 81007, 81015, deletion of 87077, 87086, 87088, 87184, 87186-87187, V28.0-V28.9, V81.5

12/09/2010 sbm – 2010/2011 review completed, no changes

02/06/2012 sbm – 2012 review completed, no changes

Autism Testing/Screening

Provider Claims Codes

CPT© Codes	Description	Comments
96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	

07/23/2010 sbm – Completed
07/27/2010 sbm – Approved by CERT members for Peds
12/09/2010 sbm – 2010/2011 review completed, no changes
02/06/2012 sbm – 2012 review completed

BRCA1 and BRCA2 Testing

Provider Claims Codes

CPT© Codes	Description	Comments
81211	<i>BRCA1, BRCA2 (breast cancer 1 and 2)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon8-9 del 7.1kb)	Code effective 01/01/2012
81212	<i>BRCA1, BRCA2 (breast cancer 1 and 2)</i> (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Code effective 01/01/2012
81213	<i>BRCA1, BRCA2 (breast cancer 1 and 2)</i> (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	Code effective 01/01/2012
81214	<i>BRCA1 (breast cancer 1)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	Code effective 01/01/2012
81215	<i>BRCA1 (breast cancer 1)</i> (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Code effective 01/01/2012
81216	<i>BRCA2 (breast cancer 2)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Code effective 01/01/2012
81217	<i>BRCA2 (breast cancer 2)</i> (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Code effective 01/01/2012
83890	Molecular diagnostics; molecular isolation or extraction, each nucleic acid type (ie, DNA or RNA)	
83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid, each nucleic acid type (ie, DNA or RNA)	
83892	Molecular diagnostics; enzymatic digestion, each enzyme treatment	
83893	Molecular diagnostics; dot/slot blot production, each nucleic acid preparation	
83894	Molecular diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide), each nucleic acid preparation	
83896	Molecular diagnostics; nucleic acid probe, each	
83897	Molecular diagnostics; nucleic acid transfer (eg, Southern, Northern), each nucleic acid preparation	

05/12/2010 sbm – preliminary approved by Dr. Stemple

05/26/2010 sbm – List approved by Kira Prewitt-Eddy, MPA

12/09/2010 sbm – 2010/2011 review completed, no changes

02/06/2012 sbm – Addition of 81211—81217, 2012 CPT updates

02/07/2012 sbm – Code list approved by Tammy Mullins, R.N. and Kira Prewitt-Eddy

BRCA1 and BRCA2 Testing

83898	Molecular diagnostics; amplification, target, each nucleic acid sequence	
83900	Molecular diagnostics; amplification, target, multiplex, first 2 nucleic acid sequences	
+83901	Molecular diagnostics; amplification, target, multiplex, each additional nucleic acid sequence beyond 2 (List separately in addition to code for primary procedure)	
83902	Molecular diagnostics; reverse transcription	
83903	Molecular diagnostics; mutation scanning, by physical properties (eg, single strand conformational polymorphisms [SSCP], heteroduplex, denaturing gradient gel electrophoresis [DGGE], RNA'ase A), single segment, each	
83904	Molecular diagnostics; mutation identification by sequencing, single segment, each segment	
83905	Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment	
83906	Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment	
83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction (eg, stool specimens, paraffin embedded tissue), each specimen	
83908	Molecular diagnostics; amplification, signal, each nucleic acid sequence	
83909	Molecular diagnostics; separation and identification by high resolution technique (eg, capillary electrophoresis), each nucleic acid preparation	
83912	Molecular diagnostics; interpretation and report	
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	
HCPC© Codes	Description	Comments
S3818	Complete gene sequence analysis; BRCA 1 gene	
S3819	Complete gene sequence analysis; BRCA 2 gene	
S3820	Complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer	
S3822	Single mutation analysis (in individual with a known	

05/12/2010 sbm – preliminary approved by Dr. Stemple

05/26/2010 sbm – List approved by Kira Prewitt-Eddy, MPA

12/09/2010 sbm – 2010/2011 review completed, no changes

02/06/2012 sbm – Addition of 81211—81217, 2012 CPT updates

02/07/2012 sbm – Code list approved by Tammy Mullins, R.N. and Kira Prewitt-Eddy

BRCA1 and BRCA2 Testing

	BRCA1 or BRCA2 mutation in the family) for susceptibility to breast and ovarian cancer	
S3823	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals	
ICD-10-CM® Diagnosis Codes	Description	Comments
Z80.3	Family history of malignant neoplasm of Breast	
Z12.39	Encounter for otherscreening for malignant neoplasm of breast	
Z13.71	Encounter for nonprocreative screening for genetic disease carrier status	
Z13.79	Encounter for other screening for genetic and chromosomal anomalies	
Z13.89	Encounter for screening for other disorder	
HCPC® Codes	Description	Comments
S3818	Complete gene sequence analysis; BRCA 1 gene	
S3819	Complete gene sequence analysis; BRCA 2 gene	
S3820	Complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer	
S3822	Single mutation analysis (in individual with a known BRCA1 or BRCA2 mutation in the family) for susceptibility to breast and ovarian cancer	
S3823	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals	
ICD-10-CM Diagnosis Codes	Description	Comments
Z80.3	Family history of malignant neoplasm of Breast	
Z12.39	Encounter for otherscreening for malignant neoplasm of breast	
Z13.71	Encounter for nonprocreative screening for genetic disease carrier status	

05/12/2010 sbm – preliminary approved by Dr. Stemple

05/26/2010 sbm – List approved by Kira Prewitt-Eddy, MPA

12/09/2010 sbm – 2010/2011 review completed, no changes

02/06/2012 sbm – Addition of 81211—81217, 2012 CPT updates

02/07/2012 sbm – Code list approved by Tammy Mullins, R.N. and Kira Prewitt-Eddy

BRCA1 and BRCA2 Testing

Z13.79	Encounter for other screening for genetic and chromosomal anomalies	
Z13.89	Encounter for screening for other disorder	

05/12/2010 sbm – preliminary approved by Dr. Stemple

05/26/2010 sbm – List approved by Kira Prewitt-Eddy, MPA

12/09/2010 sbm – 2010/2011 review completed, no changes

02/06/2012 sbm – Addition of 81211—81217, 2012 CPT updates

02/07/2012 sbm – Code list approved by Tammy Mullins, R.N. and Kira Prewitt-Eddy

Breast Cancer, Screening Codes

Provider Claims Codes

CPT© Codes	Description	Comments
77057	Screening mammography, bilateral (2-view film study of each breast)	
HCPCS© Codes	Description	Comments
G0202	Screening mammography, producing direct digital image, bilateral, all views	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast	

05/12/2010 sbm – approved by Dr. Stemple
Removed preventive codes, added G0202
05/18/2010 sbm – CERT approved, delete 77052
12/09/2010 sbm – 2010/2011 review completed, no changes
02/06/2012 sbm – 2012 review completed, no changes

Breastfeeding Support, Supplies, and Counseling

Provider Claims Codes

CPT© Codes	Description	Comments
99501	Home visit for postnatal assessment and follow-up care	A home visit for postnatal assessment may include a review of plans for future health maintenance and care, including routine infant immunizations, identification of illness and periodic health evaluations, and linking the family with other sources of support such as social services, parenting classes, and lactation consultants as necessary.
HCPC© Codes	Description	Comments
A4281	Tubing for breast pump, replacement	
A4282	Adapter for breast pump, replacement	
A4283	Cap for breast pump bottle, replacement	
A4284	Breast shield and splash protector for use with breast pump, replacement	
A4285	Polycarbonate bottle for use with breast pump, replacement	
A4286	Locking ring for breast pump, replacement	
E0602	Breast pump, manual, any type	
E0603	Breast pump, electric (AC and/or DC), any type	
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	
S9443	Lactation classes, nonphysician provider, per session	
ICD-10-CM Diagnosis Codes	Description	Comments
Z39.1	Encounter for care and examination of lactating mother	

Cervical Cancer Screening

Provider Claims Codes

CPT© Codes	Description	Comments
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (Use 88141 in conjunction with 88142-88154, 88164-88167, 88174-88175)	
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	

05/18/2010sbm – Completed

05/18/2010 sbm – CERT approved with deletion of 88155, V15.89, V73.81, V76.47, V76.49

07/27/2010 sbm – Approved by CERT members for Peds

12/09/2010 sbm – Addition of V72.31, V72.32

10/03/2011 sbm – Per Drs. Knispel and Masten, V72.32 should not be included as they are diagnostic in nature.

02/06/2012 sbm – Addition of S0610-S0613

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Cervical Cancer Screening

88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with rescreening by automated system and manual rescreening or review, under physician supervision	
HCPCC® Codes	Description	Comments
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	

05/18/2010sbm – Completed

05/18/2010 sbm – CERT approved with deletion of 88155, V15.89, V73.81, V76.47, V76.49

07/27/2010 sbm – Approved by CERT members for Peds

12/09/2010 sbm – Addition of V72.31, V72.32

10/03/2011 sbm – Per Drs. Knispel and Masten, V72.32 should not be included as they are diagnostic in nature.

02/06/2012 sbm – Addition of S0610-S0613

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Cervical Cancer Screening

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	
P3000	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	
P3001	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	
S0610	Annual gynecological examination, new patient	
S0612	Annual gynecological examination, established patient	
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	
ICD-10-CM® Diagnosis Codes	Description	Comments
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings	
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings	
Z12.4	Encounter for screening for malignant neoplasm of cervix	

05/18/2010sbm – Completed

05/18/2010 sbm – CERT approved with deletion of 88155, V15.89, V73.81, V76.47, V76.49

07/27/2010 sbm – Approved by CERT members for Peds

12/09/2010 sbm – Addition of V72.31, V72.32

10/03/2011 sbm – Per Drs. Knispel and Masten, V72.32 should not be included as they are diagnostic in nature.

02/06/2012 sbm – Addition of S0610-S0613

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Chlamydia Screen

Provider Claims Codes

CPT© Codes	Description	Comments
87110	Culture, chlamydia, any source	
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	
87810	Infectious agent antigen detection by immunoassay with direct optical observation; chlamydia trachomatis	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z11.8	Encounter for screening for other infections and parasitic diseases	

05/12/2010 sbm – Removed 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87810 per Dr. Stemple
 05/18/2010 sbm – CERT approved with deletion of V73.81, V73.89, V73.99, 86631
 12/09/2010 sbm – 2010/2011 review completed, no changes
 02/07/2012 sbm – Addition of G0450
 02/21/2012 sbm – Deletion of G0450

Colorectal Cancer Screening

Provider Claims Codes

CPT© Codes	Description	Comments
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
45338	Sigmoidoscopy, flexible; with removal tumor(s), polyp(s), or other lesion(s) by snare technique	
45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	
45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	

Completed 07-21-2006 sbm

01/25/2008 sbm – Removed deleted code G0107

11/3/08 tdb- Added G0328, S3830, 45335, 45381

07/01/2009 sbm – 2009 review completed, no changes

04/13/2010 sbm – Added V16.0 per 2007 decision made in Corporate Claims Counsel

05/07/2010 sbm – Added V18.51 to preventive/routine (05/12/2010 - Dr. Stemple agreed this should be included)

05/12/2010 sbm – Per Dr. Stemple, codes for virtual colonoscopy should be included due to state mandates.

05/18/2010 sbm – CERT review, delete S3890, V76.49

05/20/2010 sbm – Removed 74263 from HCR list, per Drs. Stemple and Roberts

12/09/2010 sbm – Addition of 74261, 74262, 74263, no other changes

10/03/2011 sbm – Deletion of 74261, 74262, 74263 per Dr. Stemple. These codes will pend for review.

02/07/2012 sbm – 2012 review completed, no changes

Colorectal Cancer Screening

74270	Radiologic examination, colon; barium enema, with or without KUB	
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)	
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	
HCPC® Codes	Description	Comments
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	
G0328	Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations	
ICD-10-CM® Diagnosis Codes	Description	Comments
Z80.0	Family history of malignant neoplasm of digestive organs	
Z83.71	Family history of Colonic polyps	

Completed 07-21-2006 sbm

01/25/2008 sbm – Removed deleted code G0107

11/3/08 tdb- Added G0328, S3830, 45335, 45381

07/01/2009 sbm – 2009 review completed, no changes

04/13/2010 sbm – Added V16.0 per 2007 decision made in Corporate Claims Counsel

05/07/2010 sbm – Added V18.51 to preventive/routine (05/12/2010 - Dr. Stemple agreed this should be included)

05/12/2010 sbm – Per Dr. Stemple, codes for virtual colonoscopy should be included due to state mandates.

05/18/2010 sbm – CERT review, delete S3890, V76.49

05/20/2010 sbm – Removed 74263 from HCR list, per Drs. Stemple and Roberts

12/09/2010 sbm – Addition of 74261, 74262, 74263, no other changes

10/03/2011 sbm – Deletion of 74261, 74262, 74263 per Dr. Stemple. These codes will pend for review.

02/07/2012 sbm – 2012 review completed, no changes

Colorectal Cancer Screening

Z12.12	Encounter for screening for malignant neoplasms of Rectum	
Z12.11	Encounter for screening for malignant neoplasms of Colon	

Completed 07-21-2006 sbm

01/25/2008 sbm – Removed deleted code G0107

11/3/08 tdb- Added G0328, S3830, 45335, 45381

07/01/2009 sbm – 2009 review completed, no changes

04/13/2010 sbm – Added V16.0 per 2007 decision made in Corporate Claims Counsel

05/07/2010 sbm – Added V18.51 to preventive/routine (05/12/2010 - Dr. Stemple agreed this should be included)

05/12/2010 sbm – Per Dr. Stemple, codes for virtual colonoscopy should be included due to state mandates.

05/18/2010 sbm – CERT review, delete S3890, V76.49

05/20/2010 sbm – Removed 74263 from HCR list, per Drs. Stemple and Roberts

12/09/2010 sbm – Addition of 74261, 74262, 74263, no other changes

10/03/2011 sbm – Deletion of 74261, 74262, 74263 per Dr. Stemple. These codes will pend for review.

02/07/2012 sbm – 2012 review completed, no changes

Condoms (Male/Female), Spermicide (Foam/Sponge)

Provider Claims Codes

HCPC® Codes	Description	Comments
A4267	Contraceptive supply, condom, male, each	
A4268	Contraceptive supply, condom, female, each	
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	
ICD-10-CM Diagnosis Codes	Description	Comments
Z30.018	Encounter for initial prescription of other contraceptives	
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	
Z30.09	Encounter for other general counseling and advice on contraception	
Z30.40	Encounter for surveillance of contraceptives, unspecified	
Hospital Revenue Codes	Description	Comments
0272	Medical/Surgical Supplies and Devices – Sterile Supply	

Contraceptive Injections

Provider Claims Codes

CPT© Codes	Description	Comments
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	
HCPC© Codes	Description	Comments
J1051	Injection, medroxyprogesterone acetate, 50 mg (Depo-Provera)	
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (Depo-Provera)	
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg (Lunelle)	
ICD-10-CM Codes	Description	Comments
Z30.018	Encounter for initial prescription of other contraceptives	
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	
Z30.09	Encounter for other general counseling and advice on contraception	
Z30.40	Encounter for surveillance of contraceptives, unspecified	
Z30.49	Encounter for surveillance of other contraceptives	
Z30.9	Encounter for contraceptive management; unspecified	
Hospital Revenue Codes	Description	Comments
0260	IV Therapy – General	
0361	Operating Room Services – Minor Surgery	
0450	Emergency Room – General	
0510	Clinic – General Classification	
0511	Clinic – Chronic Pain Center	
0514	Clinic – OB/GYN Clinic	

Completed 01-23-2007 sbm
 02/20/2009 sbm – 2009 updates completed
 05/05/2010 sbm – 2010 review completed
 04/28/2011 sjk—2011 review completed
 02/16/2012 sbm – 2012 review completed

Contraceptive Injections

0515	Clinic – Pediatric Clinic	
0516	Clinic – Urgent Care	
0517	Clinic – Family Practice Clinic	
0519	Clinic – Other Clinic	
0520	Freestanding Clinic – General	
0523	Freestanding Clinic – Family Practice Clinic	
0526	Freestanding Clinic – Urgent Care Clinic	
0529	Freestanding Clinic – Other Freestanding Clinic	
0636	Pharmacy – Drugs Requiring Detailed Coding	
0940	Other Therapeutic Services - General	

Completed 01-23-2007 sbm
02/20/2009 sbm – 2009 updates completed
05/05/2010 sbm – 2010 review completed
04/28/2011 sjk—2011 review completed
02/16/2012 sbm – 2012 review completed

Dental Care Preventive Codes

Provider Claims Codes

CDT© Codes	Description	Comments
D0120	Periodic Oral Evaluation - Established Patient	
D0140	Limited Oral Evaluation - Problem Focused	
D0150	Comprehensive Oral Evaluation - New or Established Patient	
D0210	Intraoral – Complete Series of Radiographic Images	
D0220	Intraoral – Periapical First Radiographic Image	
D0230	Intraoral – Periapical Each Additional Radiographic Image	
D0270	Bitewing – Single Radiographic Image	
D0272	Bitewings – Two Radiographic Images	
D0274	Bitewings – Four Radiographic Images	
D0330	Panoramic Radiographic Image	
D0460	Pulp Vitality Tests	
D1110	Prophylaxis – Adult	
D1120	Prophylaxis – Child	
D1206	Topical Application of Fluoride Varnish	
D1208	Topical Application of Flouride – Excluding Varnish	
D1351	Sealant – Per Tooth	
D1510	Space Maintainer – Fixed – Unilateral	
D1515	Space Maintainer – Fixed – Bilateral	
D1550	Re-cement or RE-bond Space Maintainer	
CPT© Codes	Description	Comments
99188	Application of topical fluoride varnish by a physician or other qualified health care professional.	

Diabetes Screening

Provider Claims Codes

CPT© Codes	Description	Comments
82947	Glucose; quantitative, blood (except reagent strip)	
82950	Glucose; post glucose dose (includes glucose)	
82951	Glucose; tolerance test (GTT), three specimens (includes glucose)	
83036	Hemoglobin; glycosylated (A1C)	
ICD-10-CM Diagnosis Codes	Description	Comments
Z13.1	Encounter for screening for Diabetes Mellitus	

08/22/2008 sbm – Completed

01/12/2009 sbm – Review completed, no changes

11/05/2009 sbm – Code table updated to match CMS guidelines for Diabetes Screening

<http://www.cms.hhs.gov/MLN MattersArticles/downloads/SE0821.pdf>

05/12/2010 sbm – per Dr. Stemple, include A1C code

05/20/2010 sbm – Approved by DrStemple and Dr. Roberts and Angela Newman, R.N.

12/10/2010 sbm – 2010/2011 review completed, no changes

Diaphragm Codes

Provider Claims Codes

CPT© Codes	Description	Comments
57170	Diaphragm or cervical cap fitting with instructions	
HCPC© Codes	Description	Comments
A4261	Cervical cap for contraceptive use	
A4266	Diaphragm for contraceptive use	
A4269	Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each	
ICD-10-CM Diagnosis Codes	Description	Comments
Z30.018	Encounter for initial prescription of other contraceptives	
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	
Z30.09	Encounter for other general counseling and advice on contraception	
ICD-10-PCS Procedure Codes	Description	Comments
0UHC7HZ	Insertion of contraceptive device into cervix, via natural or artificial opening	
0UHC8HZ	Insertion of contraceptive device into cervix, via natural or artificial opening, Endoscopic	
0U2DXHZ	Change contraceptive in uterus and cervix, External approach	
0UPD7HZ	Removal of contraceptive device from uterus and cervix, via natural or artificial opening	
0UPD8HZ	Removal of contraceptive device from uterus and cervix, via natural or artificial opening, Endoscopic	
Hospital Revenue Codes	Description	Comments
0272	Medical/Surgical Supplies and Devices – Sterile Supply	
0360	Operating Room Services – General	

Diaphragm Codes

0361	Operating Room Services – Minor Surgery	
0450	Emergency Room – General	
0490	Ambulatory Surgical Care – General	
0510	Clinic – General classification	
0514	Clinic – OB/GYN Clinic	
0515	Clinic – Urgent Care Clinic	
0517	Clinic – Family Practice Clinic	
0519	Clinic – Other Clinic	

Gonorrhea Screening Codes

Provider Claims Codes

CPT© Codes	Description	Comments
87081	Culture, presumptive, pathogenic organisms, screening only	
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission	

11/05/2009 sbm – Completed

05/12/2010 sbm – Per Dr. Stemple, removed 87590, 87591, 87592

05/20/2010 sbm – Approved by Dr. Stemple, Dr. Roberts, Angela Newman, R.N.

12/10/2010 sbm – 2010/2011 review completed, no changes

02/07/2012 sbm – Addition of G0450

02/21/2012 sbm – Deletion of G0450

Hearing Screening

Provider Claims Codes

CPT© Codes	Description	Comments
92551	Screening test, pure tone, air only	
92552	Pure tone audiometry (threshold); air only	
92553	Pure tone audiometry (threshold); air and bone	
92567	Tympanometry (impedance testing)	
92583	Select picture audiometry	
HCPCS© Codes	Description	Comments
V5008	Hearing screening	
ICD-10-CM© Codes	Description	Comments
Z00.129	Encounter for routine child examination without abnormal findings	
Z00.110	Health examinationfr newborn under 8 days old	
Z00.111	Health examination for newborn 8 to 28 days old	
Z01.10	Encounter for examination of ears and hearing without other abnormal findings	
Z01.118	Encounter for examination of ears and hearing with other abnormal findings	

3/11/2010 tdc - completed

04/06/2010 sbm – per discussion with Technology Assessment, audio evoked potential testing is now included

05/12/2010 sbm – per Dr. Stemple, removed V72.11

05/20/2010 sbm – Removed 92586-92588 per Dr. Stemple, Dr. Roberts, Angela Newman, R.N., Jill Lentz, R.N.

07/27/2010 sbm – Approved by CERT members for Peds

12/10/2010 sbm – Addition of V20.31, V20.32

10/03/2011 sbm – Addition of 92567 per American Academy of Pediatrics

http://brightfutures.aap.org/pdfs/Coding%20for%20preventive%20care_1pdf.pdf

02/07/2012 sbm – 2012 review completed, no changes

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Hepatitis B Screening

Provider Claims Codes

CPT© Codes	Description	Comments
86704	Hepatitis B core antibody (HBcAb); total	
86705	Hepatitis B core antibody (HBcAb); IgM antibody	
86706	Hepatitis B surface antibody (HBsAb)	
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)	
87341	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization	
87515	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique	
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	
ICD-10-CM© Diagnosis Codes	Description	Comments
O09.00- O09.13	Supervision of high risk pregnancy	
O09.211- O09.299	Supervision of pregnancy with other poor reproductive or obstetric history	
O09.30- O09.33	Supervision of pregnancy with insufficient antenatal care	
O09.40- O09.43	Supervision of pregnancy with grand multiparity	
O09.511- O09.529	Supervision of elderly primigravida and multigravida	
O09.611- O09.629	Supervision of young primigravida and multigravida	
O09.70- O09.73	Supervision of high risk pregnancy due to social problems	

05/07/2010 sbm – Completed

05/13/2010 sbm – Approved by Dr. Stemple

05/20/2010 sbm – Approved by Dr. Stemple, Dr. Roberts and Angela Newman, R.N.

12/10/2010 sbm – 2010/2011 review completed, no changes

02/07/2012 sbm – Addition of G0450

02/21/2012 sbm – Deletion of G0450

Hepatitis B Screening

O09.811- O09.899	Supervision of other high risk pregnancies	
O09.90- O09.93	Supervision of high risk pregnancy, unspecified	

05/07/2010 sbm – Completed

05/13/2010 sbm – Approved by Dr. Stemple

05/20/2010 sbm – Approved by Dr. Stemple, Dr. Roberts and Angela Newman, R.N.

12/10/2010 sbm – 2010/2011 review completed, no changes

02/07/2012 sbm – Addition of G0450

02/21/2012 sbm – Deletion of G0450

HIV Screening

Provider Claims Codes

CPT® Codes	Description
86704	Hepatitis B core antibody (HBcAb); total
86705	Hepatitis B core antibody (HBcAb); IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAb)
87341	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAb) neutralization
87515	Infectious agent detection by nucleic acid (DNA or RNA); Hepatitis B virus; direct probe technique
87516	Infectious agent detection by nucleic acid (DNA or RNA); Hepatitis B virus; amplified probe technique

HCPC® Codes	Description	Comments
G0433	Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening	
ICD-10-CM® Diagnosis Codes	Description	Comments
Z11.59	Encounter for screening for other viral diseases	
O09.00- O09.13	Supervision of high risk pregnancy	
O09.211- O09.299	Supervision of pregnancy with other poor reproductive or obstetric history	
O09.30- O09.33	Supervision of pregnancy with insufficient antenatal care	
O09.40- O09.43	Supervision of pregnancy with grand multiparity	
O09.511- O09.529	Supervision of elderly primigravida and multigravida	

11/06/2009 sbm – Completed

2/4/2010 tdc – 2010 review completed

05/07/2010 sbm – Addition of G0432, G0433m G0435

05/13/2010 sbm – Per Dr. Stemple, only codes that include ELISA should be included in screening. Removed G0432, G0435, S3645, 86689, 86701, 86702, 86703, 87534, 87535, 87536, 87537, 87538, 87539

05/20/2010 sbm – Removed 87390, 87391, G0432 leaving only G0433 per Dr. Stemple, Dr. Roberts, Angela Newman, R.N.

12/10/2010 sbm – 2010/2011 review completed, no changes

02/07/2012 sbm – 2012 review completed, no changes

HIV Screening

OØ9.611- OØ9.629	Supervision of young primigravida and multigravida	
OØ9.7Ø- OØ9.73	Supervision of high risk pregnancy due to social problems	
OØ9.811- OØ9.899	Supervision of other high risk pregnancies	
OØ9.9Ø- OØ9.93	Supervision of high risk pregnancy, unspecified	

11/06/2009 sbm – Completed

2/4/2010 tdc – 2010 review completed

05/07/2010 sbm – Addition of G0432, G0433m G0435

05/13/2010 sbm – Per Dr. Stemple, only codes that include ELISA should be included in screening. Removed G0432, G0435, S3645, 86689, 86701, 86702, 86703, 87534, 87535, 87536, 87537, 87538, 87539

05/20/2010 sbm – Removed 87390, 87391, G0432 leaving only G0433 per Dr. Stemple, Dr. Roberts, Angela Newman, R.N.

12/10/2010 sbm – 2010/2011 review completed, no changes

02/07/2012 sbm – 2012 review completed, no changes

Human Papillomavirus Testing (Digene® Hybrid Capture II Testing) Screening with Normal Cytology Results

Provider Claims Codes

CPT© Codes	Description	Comments
87620	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique	
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	
87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification	
ICD-10-CM Diagnosis Codes	Description	Comments
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings	
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings	
Z11.51	Encounter for screening for Human Papillomavirus (HPV)	
Hospital Revenue Codes	Description	Comments
0300	Laboratory – General	
0306	Laboratory – Bacteriology and Microbiology	
0309	Laboratory – Other Laboratory	

Hypertension Screening Codes

Provider Claims Codes

CPT© Codes	Description	Comments
	No CPT code for Hypertension Screening	
HCPC© Codes	Description	Comments
V81.1	Special screening for cardiovascular, respiratory, and genitourinary diseases; Hypertension	
ICD-10-CM © Codes	Description	
Z13.6	Encounter for screening for cardiovascular diseases	

11/05/2009 sbm – Completed
05/07/2010 sbm – 2010 review completed
05/13/2010 sbm – Approved by Dr. Stemple
05/24/2010 sbm – Approved by CERT members
12/10/2010 sbm – 2010/2011 review completed, no changes
02/07/2012 sbm – 2012 review completed, no changes

Hypothyroidism, Congenital Screening

Provider Claims Codes

CPT© Codes	Description	Comments
84436	Thyroxine; total	T4
84437	Thyroxine; requiring elution (eg, neonatal)	T4
84439	Thyroxine; free	T4
84443	Thyroid stimulating hormone (TSH)	
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ration (THBR)	T3 or T4
84480	Triiodothyronine T3; total (TT-3)	T3
84481	Triiodothyronine T3; free	T3
84482	Triiodothyronine T3; reverse	T3
ICD-10-CM© Diagnosis Codes	Description	Comments
Z13.29	Encounter for screening for other suspected	

04/09/2010 sbm – Completed
 05/12/2010 sbm – Per Dr. Stemple, added T3 and T4 tests
 05/24/2010 sbm – Approved by CERT members
 12/10/2010 sbm – 2010/2011 review completed, no changes
 02/07/2012 sbm – 2012 review completed, no changes

Immunizations (CDC) Adult

Provider Claims Codes

CPT© Codes	Description	Comments
90371	Hepatitis B immune globulin (HBIG), human, for intramuscular use	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular injections); one vaccine (single or combination vaccine/toxoid)	
+90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	
+90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	
90645	Hemophilus influenza b vaccine (Hib), PRP-D conjugate (4 dose schedule), for intramuscular use	
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 18 (quadrivalent), 3 dose schedule, for intramuscular use	
90650	Human Papillomavirus virus(HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use	

Completed 07-26-2006 sbm

04/13/2010 – 2010 review completed and updated

05/24/2010 sbm – Approved by CERT members

11/30/2010 sbm – Addition of H1N1 administration code

12/10/2010 sbm – 2010/2011 review completed

10/07/2011 sbm – 90470 deleted 12/31/2010

02/07/2012 sbm – Addition of ICD.9 codes

02/27/2012 sbm – V08.89 removed as error. Duplicate of V04.89.

Immunizations (CDC) Adult

90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use	
90660	Influenza virus vaccine, live, for intranasal use	
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use	
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	
90707	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	
90710	Measles, mumps, rubella, and Varicella vaccine (MMRV), live, for subcutaneous use	
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals 7 years or older, for intramuscular use	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	
90716	Varicella virus vaccine, live, for subcutaneous use	
90718	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals 7 years or older, for intramuscular use	
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use	
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	
90736	Zoster (shingles) vaccine, live, for subcutaneous injection	
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	

Completed 07-26-2006 sbm

04/13/2010 – 2010 review completed and updated

05/24/2010 sbm – Approved by CERT members

11/30/2010 sbm – Addition of H1N1 administration code

12/10/2010 sbm – 2010/2011 review completed

10/07/2011 sbm – 90470 deleted 12/31/2010

02/07/2012 sbm – Addition of ICD.9 codes

02/27/2012 sbm – V08.89 removed as error. Duplicate of V04.89.

Immunizations (CDC) Adult

HCPC© Codes	Description	Comments
G0008	Administration of influenza virus vaccine when no physician fee schedule service on the same day	
G0009	Administration of Pneumococcal vaccine when no physician fee schedule service on the same day	
G0010	Administration of hepatitis B vaccine when no physician fee schedule service on the same day	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z23	Encounter for immunization	
Z41.3	Encounter for ear piercing	
Z41.8	Encounter for other procedures for purposes other than remedying health state	
Z74.2	Need for assistance at home and no other household member able to render care	
Z00.00	Encounter for general medical examination without abnormal findings	

Completed 07-26-2006 sbm
 04/13/2010 – 2010 review completed and updated
 05/24/2010 sbm – Approved by CERT members
 11/30/2010 sbm – Addition of H1N1 administration code
 12/10/2010 sbm – 2010/2011 review completed
 10/07/2011 sbm – 90470 deleted 12/31/2010
 02/07/2012 sbm – Addition of ICD.9 codes
 02/27/2012 sbm – V08.89 removed as error. Duplicate of V04.89.

Immunizations (CDC) Aged 0-6 years

Provider Claims Codes

CPT© Codes	Description	Comments
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	
+90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular injections); one vaccine (single or combination vaccine/toxoid)	
+90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use	
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4	

10/13/2008 sbm – Completed

01/12/2009 sbm – 2009 review completed, no changes

2/12/2010 tdc – 2010 review completed

05/07/2010 sbm – Addition of 90670, per Dr. Doskey

05/24/2010 sbm – Approved by CERT members

07/27/2010 sbm – Approved by CERT members for Peds

11/30/2010 sbm – Administration codes updated for 2011 effective date

11/09/2011 sbm – V20.2 included per the American Academy of Pediatrics

http://brightfutures.aap.org/pdfs/Coding%20for%20preventive%20care_1pdf.pdf

02/07/2012 sbm – Addition V03.82, V04.6, V05.8, V06.8, V06.9

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Immunizations (CDC) Aged 0-6 years

	dose schedule), for intramuscular	
90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use	
90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular	
90660	Influenza virus vaccine, live, for intranasal use	
90669	Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 5 years, for intramuscular use	
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, for oral use	
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP – Hib – IPV), for intramuscular use	
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	

10/13/2008 sbm – Completed

01/12/2009 sbm – 2009 review completed, no changes

2/12/2010 tdc – 2010 review completed

05/07/2010 sbm – Addition of 90670, per Dr. Doskey

05/24/2010 sbm – Approved by CERT members

07/27/2010 sbm – Approved by CERT members for Peds

11/30/2010 sbm – Administration codes updated for 2011 effective date

11/09/2011 sbm – V20.2 included per the American Academy of Pediatrics

http://brightfutures.aap.org/pdfs/Coding%20for%20preventive%20care_1pdf.pdf

02/07/2012 sbm – Addition V03.82, V04.6, V05.8, V06.8, V06.9

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Immunizations (CDC) Aged 0-6 years

90702	Diphtheria and tetanus toxoids (DT) absorbed when administered to individuals younger than 7 years, for intramuscular use	
90703	Tetanus toxoid absorbed, for intramuscular use	
90704	Mumps, virus vaccine, live, for subcutaneous use	
90705	Measles virus vaccine, live, for subcutaneous use	
90706	Rubella virus vaccine, live, for subcutaneous use	
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	
90708	Measles and rubella virus vaccine, live, for subcutaneous use	
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	
90716	Varicella virus vaccine, live, for subcutaneous use	
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use	
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and	

10/13/2008 sbm – Completed

01/12/2009 sbm – 2009 review completed, no changes

2/12/2010 tdc – 2010 review completed

05/07/2010 sbm – Addition of 90670, per Dr. Doskey

05/24/2010 sbm – Approved by CERT members

07/27/2010 sbm – Approved by CERT members for Peds

11/30/2010 sbm – Administration codes updated for 2011 effective date

11/09/2011 sbm – V20.2 included per the American Academy of Pediatrics

http://brightfutures.aap.org/pdfs/Coding%20for%20preventive%20care_1pdf.pdf

02/07/2012 sbm – Addition V03.82, V04.6, V05.8, V06.8, V06.9

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Immunizations (CDC) Aged 0-6 years

	W-135 (tetraivalent), for intramuscular use	
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	
HCPC© Codes	Description	Comments
S0195	Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from five years to nine years of age who have not previously received the vaccine Use this code for Pneumovax II	
ICD-10-CM© Codes	Description	Comments
Z23	Encounter for immunization	
Z6Ø.2	Problems related to living alone	
ZØØ.129	Encounter for routine child health examination with abnormal findings	

10/13/2008 sbm – Completed

01/12/2009 sbm – 2009 review completed, no changes

2/12/2010 tdc – 2010 review completed

05/07/2010 sbm – Addition of 90670, per Dr. Doskey

05/24/2010 sbm – Approved by CERT members

07/27/2010 sbm – Approved by CERT members for Peds

11/30/2010 sbm – Administration codes updated for 2011 effective date

11/09/2011 sbm – V20.2 included per the American Academy of Pediatrics

http://brightfutures.aap.org/pdfs/Coding%20for%20preventive%20care_1pdf.pdf

02/07/2012 sbm – Addition V03.82, V04.6, V05.8, V06.8, V06.9

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Immunizations (CDC) Aged 7-18 years

Provider Claims Codes

CPT© Codes	Description	Comments
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	
+90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	
+90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	
+90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 18 (quadrivalent), 3 dose schedule, for intramuscular use	
90650	Human Papillomavirus (HPV) vaccine, types 16 and 18,	

10/13/2008 sbm – Completed

01/12/2009 sbm – 2009 review completed

2/12/2010 tdc – 2010 review completed

05/07/2010 sbm – 90670 added per Dr. Doskey

05/24/2010 sbm – Approved by CERT members

07/27/2010 sbm – Approved by CERT members for Peds

11/30/2010 sbm – Administration codes updated

09/20/2011 sbm – Per Gary Gentner, notified me of transposed number 90467-+90468 (originally listed 90647-90648)

10/07/2011 sbm – 90470 deleted 12/31/2010

02/07/2012 sbm – Addition of V03.82, V04.6, V06.8, V20.2

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Immunizations (CDC) Aged 7-18 years

	bivalent, 3 dose schedule, for intramuscular use	
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	
90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular	
90660	Influenza virus vaccine, live, for intranasal use	
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	
90704	Tetanus toxoid absorbed, for intramuscular use	
90705	Measles virus vaccine, live, for subcutaneous use	
90706	Rubella virus vaccine, live, for subcutaneous use	
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	
90708	Measles and rubella virus vaccine, live, for subcutaneous use	
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	
90716	Varicella virus vaccine, live, for subcutaneous use	
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for	

10/13/2008 sbm – Completed

01/12/2009 sbm – 2009 review completed

2/12/2010 tdc – 2010 review completed

05/07/2010 sbm – 90670 added per Dr. Doskey

05/24/2010 sbm – Approved by CERT members

07/27/2010 sbm – Approved by CERT members for Peds

11/30/2010 sbm – Administration codes updated

09/20/2011 sbm – Per Gary Gentner, notified me of transposed number 90467-+90468 (originally listed 90647-90648)

10/07/2011 sbm – 90470 deleted 12/31/2010

02/07/2012 sbm – Addition of V03.82, V04.6, V06.8, V20.2

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Immunizations (CDC) Aged 7-18 years

	intramuscular use	
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	
HCPC® Codes	Description	Comments
S0195	Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from five years to nine years of age who have not previously received the vaccine	
ICD-10-CM® Diagnosis Codes	Description	Comments
Z23	Encounter for immunization	
Z60.2	Problems related to living alone	
Z00.129	Encounter for routine child health examination with abnormal findings	

10/13/2008 sbm – Completed

01/12/2009 sbm – 2009 review completed

2/12/2010 tdc – 2010 review completed

05/07/2010 sbm – 90670 added per Dr. Doskey

05/24/2010 sbm – Approved by CERT members

07/27/2010 sbm – Approved by CERT members for Peds

11/30/2010 sbm – Administration codes updated

09/20/2011 sbm – Per Gary Gentner, notified me of transposed number 90467-+90468 (originally listed 90647-90648)

10/07/2011 sbm – 90470 deleted 12/31/2010

02/07/2012 sbm – Addition of V03.82, V04.6, V06.8, V20.2

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Implantable Rod

Provider Claims Codes

CPT© Codes	Description	Comments
11975	Insertion, implantable contraceptive capsules (Norplant)	
11976	Removal, implantable contraceptive capsules (Norplant)	
11977	Removal with reinsertion, implantable contraceptive capsules (Norplant)	
HCPC© Codes	Description	Comments
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies (Norplant)	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Implanon)	
ICD-10-CM Diagnosis Codes	Description	Comments
Z92.0	Personal history of contraception	
Z30.018	Encounter for initial prescription of other contraceptives	
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	
Z30.09	Encounter for other general counseling and advice on contraception	
Z30.40	Encounter for surveillance of contraceptives, unspecified	
Z30.49	Encounter for surveillance of other contraception	
Z30.49	Encounter for surveillance of other contraceptives	
Z30.49	Encounter for surveillance of other contraceptives	
Z30.9	Encounter for surveillance of other contraceptives	
Z97.5	Presence of intrauterine contraceptive device	

Implantable Rod

Hospital Revenue Codes	Description	Comments
0360	Operating Room Services – General	
0361	Operating Room Services – Minor Surgery	
0450	Emergency Room – General	
0490	Ambulatory Surgical Care – General	
0510	Clinic – General Classification	
0514	Clinic – OB/GYN Clinic	
0516	Clinic – Urgent Care Clinic	
0517	Clinic – Family Practice Clinic	
0519	Clinic – Other Clinic	
0520	Freestanding Clinic – General	
0529	Freestanding Clinic – Other Freestanding Clinic	
0636	Pharmacy – Requiring Detailed Coding	
0761	Specialty Services – Treatment Room	

Intrauterine Device

Provider Claims Codes

CPT© Codes	Description	Comments
58300	Insertion of intrauterine device (IUD)	
58301	Removal of intrauterine device (IUD)	
HCPC© Codes	Description	Comments
J7300	Intrauterine copper contraceptive (IUD)	
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (IUD)	
S4981	Insertion of Levonorgestrel-releasing intrauterine system (IUD)	
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	
ICD-10-CM Diagnosis Codes	Description	Comments
Z92.0	Personal history of contraception	
Z30.018	Encounter for initial prescription of other contraceptives	
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	
Z30.09	Encounter for other general counseling and advice on contraception	
Z30.430	Encounter for insertion of intrauterine contraceptive device	
Z30.432	Encounter for removal of intrauterine contraceptive device	
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	
Z30.40	Encounter for surveillance of contraceptives, unspecified	
Z30.431	Encounter for routine checking of intrauterine contraceptive	
Z97.5	Presence of intrauterine contraceptive device	

Intrauterine Device

ICD-10-PCS Procedure Codes	Description	Comments
ØUH97HZ	Insertion of contraceptive device into uterus, via natural or artificial opening	
ØUH98HZ	Insertion of contraceptive device into uterus, via natural or artificial opening, Endoscopic	
ØUHC7HZ	Insertion of contraceptive device into cervix, via natural or artificial opening	
ØUHC8HZ	Insertion of contraceptive device into cervix, via natural or artificial opening, endoscopic	
ØUPD7HZ	Removal of contraceptive device from uterus and cervix, via natural or artificial opening	
ØUPD8HZ	Removal of contraceptive device from uterus and cervix, via natural or artificial opening, endoscopic	
Hospital Revenue Codes	Description	Comments
0360	Operating Room Services – General	
0361	Operating Room Services – Minor Surgery	
0450	Emergency Room – General	
0490	Ambulatory Surgical Care – General	
0510	Clinic – General Classification	
0514	Clinic – OB/GYN Clinic	
0515	Clinic – Pediatric Clinic	
0516	Clinic – Urgent Care Clinic	
0517	Clinic – Family Practice Clinic	
0519	Clinic – Other Clinic	
0520	Freestanding Clinic – General	
0529	Freestanding Clinic – Other Freestanding Clinic	
0636	Pharmacy – Drugs Requiring Detailed Coding	
0761	Specialty Services – Treatment Room	

Iron Deficiency Anemia Screening

Provider Claims Codes

CPT© Codes	Description	Comments
85013	Blood count; spun microhematocrit	
85014	Blood count; hematocrit (Hct)	
85018	Blood count; hemoglobin (Hgb)	
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	
85041	Blood count; red blood cell (RBC), automated	
85340	Iron	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z13.Ø	Encounter for screening for diseases of the blood and blood forming organs and certain disorders involving the immune system	

11/06/2009 sbm – Completed

05/13/2010 sbm – Add 83540 and remove 85013, 85014, 85018 per Dr. Stemple

05/24/2010 sbm – Addition of 85013, 85014, 85018, 85025, 85027, 85041 per CERT members

12/10/2010 sbm – 2010/2011 review completed, no changes

02/07/2012 sbm – 2012 review completed, no changes

Lead Testing

Provider Claims Codes

CPT© Codes	Description	Comments
83655	Lead	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z00.00	Encounter for general adult medical examination without abnormal findings	
Z13.88	Encounter for screening for disorder due to exposure to contaminants	

Completed 08-14-2006 sbm
10/20/2008 sbm – no changes
11/16/2009 sbm – 2009 review completed
06/07/2010 sbm – 2010 review completed
07/27/2010 sbm – Approved by CERT members for Peds
12/10/2010 sbm – 2010/2011 review completed, no changes
02/07/2012 sbm – Addition of V72.62, V82.5
<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Lipid Disorders Screening

Provider Claims Codes

CPT© Codes	Description	Comments
80061	Lipid panel	
82465	Cholesterol, serum or whole blood, total	
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	
83719	Lipoprotein, direct measurement; VLDL cholesterol	Not Covered
83721	Lipoprotein, direct measurement; LDL cholesterol	
84478	Triglycerides	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z13.22Ø	Encounter for screening for lipid disorders	

11/06/2009 sbm – Completed
 05/07/2010 sbm – 2010 review completed
 05/13/2010 sbm – Approved by Dr. Stemple
 05/24/2010 sbm – Added 80061 per CERT members
 07/27/2010 sbm – Approved by CERT members for Peds
 12/10/2010 sbm – 2010/2011 review completed, no changes
 02/07/2012 sbm – 2012 review completed, no changes
<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Newborn Hematocrit or Hemoglobin

Provider Claims Codes

CPT© Codes	Description	Comments
85013	Blood count; spun microhematocrit	
85018	Blood count; hemoglobin (Hgb)	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z13.Ø	Encounter for screening for diseases	

07/23/2010 sbm – Completed
07/27/2010 sbm – Approved by CERT members for Peds
12/10/2010 sbm – 2010/2011 review completed, no changes
02/07/2012 sbm – Addition of V78.0
<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Newborn Metabolic Screening

Provider Claims Codes

CPT© Codes	Description	Comments
82016	Acylcarnitines; qualitative, each specimen	
82017	Acylcarnitines; quantitative, each specimen	
82128	Amino acids; multiple, qualitative, each specimen	
82139	Amino acids, 6 or more amino acids, quantitative, each specimen	
82261	Biotinidase, each specimen	
82760	Galactose	
82775	Galactose-1 phosphate uridyl transferase; quantitative	
82776	Galactose-1 phosphate uridyl transferase; screen	
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	
83498	Hydroxyindolacetic acid, 5-(HIAA)	
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	
83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen	
83789	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; quantitative, each specimen	
84030	Phenylalanine (PKU) blood	
84437	Thyroxine; requiring elution (eg, neonatal)	
84443	Thyroid stimulating hormone (TSH)	

03/22/2010 sbm – Completed

07/27/2010 sbm – Tentatively approved by CERT physicians pending review by Dr. Victor Blankson

07/28/2010 sbm – Approved by Dr. Victor Blankson

12/10/2010 sbm – 2010/2011 review completed, no changes

02/07/2012 sbm – Addition of diagnosis codes

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Newborn Metabolic Screening

84510	Tyrosine	
HCPC© Codes	Description	Comments
S3620	Newborn metabolic screening, panel, includes test kit, postage and laboratory tests specified by the state for inclusion in this panel (eg,. Galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z13.29	Encounter for screening for other suspected endocrine disorder	
Z13.228	Encounter for screening for other metabolic disorder	
Z13.200	Encounter for screening for lipid disorders	
Z13.0	Encounter for screening fr diseases of the blood and blood forming organs and certain disorders involving the immune system	

03/22/2010 sbm – Completed

07/27/2010 sbm – Tentatively approved by CERT physicians pending review by Dr. Victor Blankson

07/28/2010 sbm – Approved by Dr. Victor Blankson

12/10/2010 sbm – 2010/2011 review completed, no changes

02/07/2012 sbm – Addition of diagnosis codes

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Newborn TB Tests

Provider Claims Codes

CPT© Codes	Description	Comments
86580	Skin test; tuberculosis, intradermal	
ICD-10-CM© Codes	Description	Comments
Z11.1	Encounter for screening for respiratory tuberculosis	

07/23/2010 sbm – Completed
07/27/2010 sbm – Approved by CERT members for Peds
12/10/2010 sbm – Addition of V74.1
02/07/2012 sbm – 2012 review completed, no changes
<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>

Nutritional Counseling

Provider Claims Codes

CPT© Codes	Description	Comments
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	
97803	Medical nutrition therapy; re-assessment and intervention, individual, fact-to-face with the patient, each 15 minutes	
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	
HCPC© Codes	Description	Comments
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes	
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes	
S9452	Nutrition classes, nonphysician provider, per session	
S9465	Diabetic management program, dietitian visit	
S9470	Nutritional counseling, dietitian visit	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z71.3	Dietary counseling and surveillance	
Z13.200	Encounter for screening for lipid disorders	

05/17/2010 sbm – Completed
 05/24/2010 sbm – Addition of V65.3 and V77.99 per CERT members
 12/10/2010 sbm – 2010/2011 review completed, no changes
 02/08/2012 sbm – 2012 review completed, no changes

Obesity Screening

Provider Claims Codes

CPT© Codes	Description	Comments
	There is no CPT code specific to this screening	
HCPCS© Codes	Description	Comments
	There is no HCPCS code specific to this screening	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z13.89	Encounter for screening for other disorder	

11/06/2009 sbm – Completed
05/13/2010 sbm – Removed 99420 – Approved by Dr. Stemple
05/24/2010 sbm – Approved by CERT members
12/10/2010 sbm – 2010/2011 review completed, no changes
02/08/2012 sbm – Addition of G0449
02/21/2012 sbm – Deletion of G0449

Oral Contraceptives

Provider Claims Codes

HCPC® Codes	Description	Comments
S4993	Contraceptive pills for birth control	
ICD-10-CM Diagnosis Codes	Description	Comments
Z30.011	Encounter for initial prescription of contraceptive pills	
Z30.018	Encounter for initial prescription of other contraceptives	
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	
Z30.09	Encounter for other general counseling and advice on contraception	
Z30.41	Encounter for surveillance of contraceptive pills	
Hospital Revenue Codes	Description	Comments
0250	Pharmacy - General	

Osteoporosis Screening

Provider Claims Codes

CPT© Codes	Description	Comments
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z13.82Ø	Encounter for screening for osteoporosis	

Completed 02-05-2007 sbm

11/06/2009 sbm – 2009 review completed and updated

05/13/2010 sbm – Removed 76977, 77082, 78350, V07.4, V49.81 per Dr. Stemple

05/24/2010 sbm – Removed 77078, 77079 per CERT members

12/10/2010 sbm – 2010/2011 review completed, no changes

02/08/2012 sbm – 2012 review completed

Phenylketonuria (PKU) Screening

Provider Claims Codes

CPT© Codes	Description	Comments
84030	Phenylketonuria (PKU), blood	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z13.228	Encounter for screening for other metabolic disorder	

04/24/2008 sbm – Completed
03/22/2010 sbm – 2010 review completed
05/13/2010 sbm – Approved by Dr. Stemple
05/24/2010 sbm – Approved by CERT members
12/10/2010 sbm – 2010/2011 review completed, no changes
02/08/2012 sbm – 2012 review completed

Prenatal Tests - Routine

Provider Claims Codes

CPT© Codes	Description	Comments
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation	
+76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) (Use 76802 in conjunction with 76801)	
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (>or = 14 weeks 0 days), transabdominal approach; single or first gestation	
+76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (>or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) (Use 76810 in conjunction with 76805)	
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	
+76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) (Use 76812 in conjunction with 76811)	
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	
+76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach;	

05/17/2010 sbm – Completed

05/20/2010 sbm – Per Dr. Knispel, removed 76813, 76814, 82951, 85007, 86336, 87205, S3835 (not considered routine)

12/10/2010 sbm – 2010/2011 review completed, no changes

02/08/2012 sbm – 2012 review completed, no changes

Prenatal Tests - Routine

	each additional gestation (List separately in addition to code for primary procedure)	
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses (Use 76815 only once per exam and not per element)	
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	
80055	Obstetric panel	
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	
82105	Alpha-fetoprotein (AFP); serum	
82677	Estriol	
82947	Glucose; quantitative, blood (except reagent strip)	
82950	Glucose; post glucose dose (includes glucose)	
84163	Pregnancy-associated plasma protein-A (PAPP-A)	
84702	Gonadotropin, chorionic (hCG); quantitative	
84703	Gonadotropin, chorionic (hCG); qualitative	
84704	Gonadotropin, chorionic (hCG); free beta chain	
85004	Blood count; automated differential WBC count	
85009	Blood count; manual differential WBC count, buffy coat	
85014	Blood count; hematocrit (HCT)	
85018	Blood count; hemoglobin (Hgb)	
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC,	

05/17/2010 sbm – Completed

05/20/2010 sbm – Per Dr. Knispel, removed 76813, 76814, 82951, 85007, 86336, 87205, S3835 (not considered routine)

12/10/2010 sbm – 2010/2011 review completed, no changes

02/08/2012 sbm – 2012 review completed, no changes

Prenatal Tests - Routine

	WBC and platelet count) and automated differential WBC count	
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	
86336	Inhibin A	
86592	Syphilis test non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	
86631	Chlamydia	
86762	Antibody; rubella	
86780	Antibody; Treponema pallidum	
86850	Antibody screen, RBC, each serum technique	
86900	Blood typing; ABO	
86901	Blood typing; Rh (D)	
87081	Culture, presumptive, pathogenic organisms, screening only	
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HbsAg)	
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1	
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2	
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	
87491	Infectious agent detection by nucleic acid (DNA or RNA); amplified probe technique	
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	

05/17/2010 sbm – Completed

05/20/2010 sbm – Per Dr. Knispel, removed 76813, 76814, 82951, 85007, 86336, 87205, S3835 (not considered routine)

12/10/2010 sbm – 2010/2011 review completed, no changes

02/08/2012 sbm – 2012 review completed, no changes

Prenatal Tests - Routine

87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	

05/17/2010 sbm – Completed

05/20/2010 sbm – Per Dr. Knispel, removed 76813, 76814, 82951, 85007, 86336, 87205, S3835 (not considered routine)

12/10/2010 sbm – 2010/2011 review completed, no changes

02/08/2012 sbm – 2012 review completed, no changes

Prenatal Tests - Routine

HCPC© Codes	Description	Comments
G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening	
G0433	Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening	
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	
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 fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	
P3000	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	
P3001	Screening Papanicolaou smear, cervical or vaginal, up to three smears,	
S3625	Maternal serum triple marker screen including alpha-fetoprotein (AFP), Estriol, and human chorionic Gonadotropin (HCG)	
S3626	Maternal serum quadruple marker screen including alpha-fetoprotein (AFP), Estriol, and human chorionic Gonadotropin (HCG) and Inhibin A	

05/17/2010 sbm – Completed

05/20/2010 sbm – Per Dr. Knispel, removed 76813, 76814, 82951, 85007, 86336, 87205, S3835 (not considered routine)

12/10/2010 sbm – 2010/2011 review completed, no changes

02/08/2012 sbm – 2012 review completed, no changes

Prenatal Tests - Routine

ICD-10-CM® Diagnosis Codes	Description	Comments
Z34.00-Z34.93	Encounter for supervision of normal first pregnancy and normal pregnancy, unspecified	
O09.00 - O09.03	Supervision of pregnancy with history of infertility	
O09.10 – O09.13	Supervision of pregnancy with history of ectopic or molar pregnancy	
O09.211 – O09.219	Supervision of pregnancy with history of pre-term labor	
O09.291 – O09.299	Supervision of pregnancy with other poor reproductive or obstetric history	
O09.30 – O09.33	Supervision of pregnancy with insufficient antenatal care	
O09.40 – O09.43	Supervision of pregnancy with grand multiparity	
O09.511 – O09.519	Supervision for elderly primigravida	
O09.521 – O09.529	Supervision for elderly multigravida	
O09.611 – O09.619	Supervision for young primigravida	
O09.621 – O09.629	Supervision for young multigravida	
O09.70 – O09.73	Supervision of high risk pregnancy due to social problems	
O09.811 – O09819	Supervision of high other risk pregnancies	
O09.821 – O09.829	Supervision of pregnancy with history of in utero procedure during previous pregnancy	
O09.891 – O09.899	Supervision of other high risk pregnancies	
O09.90 – O09.93	Supervision of high risk pregnancy, unspecified	

05/17/2010 sbm – Completed

05/20/2010 sbm – Per Dr. Knispel, removed 76813, 76814, 82951, 85007, 86336, 87205, S3835 (not considered routine)

12/10/2010 sbm – 2010/2011 review completed, no changes

02/08/2012 sbm – 2012 review completed, no changes

Prenatal Tests - Routine

Z00.00 – Z00.01	Encounter for General adult medical examination	
Z00.11 – Z00.12	Encounter for newborn, infant and child health examinations	
Z00.3	Encounter for examination for adolescent	
Z00.8	Encounter for other general examination	

05/17/2010 sbm – Completed

05/20/2010 sbm – Per Dr. Knispel, removed 76813, 76814, 82951, 85007, 86336, 87205, S3835 (not considered routine)

12/10/2010 sbm – 2010/2011 review completed, no changes

02/08/2012 sbm – 2012 review completed, no changes

Rh (D) Incompatibility Screening

Provider Claims Codes

CPT® Codes	Description	Comments
86901	Blood typing; Rh (D)	
ICD-10-CM® Diagnosis Codes	Description	Comments
Z36	Encounter for antenatal screening of mother	
O09.00- O09.13	Supervision of high risk pregnancy	
O09.211- O09.299	Supervision of pregnancy with other poor reproductive or obstetric history	
O09.30- O09.33	Supervision of pregnancy with insufficient antenatal care	
O09.40- O09.43	Supervision of pregnancy with grand multiparity	
O09.511- O09.529	Supervision of elderly primigravida and multigravida	
O09.611- O09.629	Supervision of young primigravida and multigravida	
O09.70- O09.73	Supervision of high risk pregnancy due to social problems	
O09.811- O09.899	Supervision of other high risk pregnancies	
O09.90- O09.93	Supervision of high risk pregnancy, unspecified	

11/06/2009 sbm – Completed

05/13/2010 sbm – Approved by Dr. Stemple

05/24/2010 sbm – Addition of V22.0-V23.9 and V28.9 per CERT members

12/10/2010 sbm – 2010/2011 review completed, no changes

02/08/2012 sbm – 2012 review completed

Screening and Counseling for Interpersonal and Domestic Violence

Provider Claims Codes

CPT© Codes	Description	Comments
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
ICD-10-CM Diagnosis Codes	Description	Comments
Z71.89	Other specified Counseling	
Z69.010	Encounter for mental health services for victim of parental child abuse	
Z65.8	Other specified problems related to psychosocial circumstances	

Sexually Transmitted Counseling ICD.9 Codes

Provider Claims Codes

HCPCS® Codes	Description	Comments
G0445	Semiannual High Intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	
ICD-10-CM® Diagnosis Codes	Description	Comments
Z71.7	Human Immunodeficiency Virus (HIV) counseling	
Z71.89	Other specified counseling	

04/09/2010 sbm – Completed
05/13/2010 sbm – Approved by Dr. Stemple
05/24/2010 sbm – Approved by CERT members
07/27/2010 sbm – Approved by CERT members for Peds
12/10/2010 sbm – 2010/2011 review completed, no changes
02.08.2012 sbm – Addition of G0445

Sickle Cell Testing

Provider Claims Codes

ICD-10-CM® Diagnosis Codes	Description	Comments
Z13.Ø	Encounter for screening for disorders of the blood and blood forming organs and certain disorders involving the immune mechanism	

08/19/2009 sbm – Completed

05/13/2010 sbm – Removed 83890, 83891, 83892, 83894, 83898, 83912, 88235 – Per Dr. Stemple

05/24/2010 sbm – Removed all procedure codes and leave only diagnosis code per CERT members

12/13/2010 sbm – 2010/2011 review completed, no changes

02/08/2012 sbm – 2012 review completed

Syphilis Infection Screening Codes

Provider Claims Codes

CPT© Codes	Description	Comments
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)	
86593	Syphilis test; quantitative	
86780	Antibody; Treponema pallidum	
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z36	Encounter for antenatal screening of mother	
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission	
O09.00- O09.13	Supervision of high risk pregnancy	
O09.211- O09.299	Supervision of pregnancy with other poor reproductive or obstetric history	
O09.30- O09.33	Supervision of pregnancy with insufficient antenatal care	
O09.40- O09.43	Supervision of pregnancy with grand multiparity	
O09.511- O09.529	Supervision of elderly primigravida and multigravida	
O09.611- O09.629	Supervision of young primigravida and multigravida	
O09.70- O09.73	Supervision of high risk pregnancy due to social problems	

11/06/2009 sbm – Completed
 05/13/2010 sbm – Approved by Dr. Stemple
 05/24/2010 sbm – Addition of V22.0-V23.9 and V28.9 per CERT members
 12/13/2010 sbm – 2010/2011 review completed, no changes
 02/08/2012 sbm – Addition of G0450
 02/21/2012 sbm – Deletion of G0450

Syphilis Infection Screening Codes

O09.811- O09.899	Supervision of other high risk pregnancies	
O09.90- O09.93	Supervision of high risk pregnancy, unspecified	

11/06/2009 sbm – Completed

05/13/2010 sbm – Approved by Dr. Stemple

05/24/2010 sbm – Addition of V22.0-V23.9 and V28.9 per CERT members

12/13/2010 sbm – 2010/2011 review completed, no changes

02/08/2012 sbm – Addition of G0450

02/21/2012 sbm – Deletion of G0450

The Morning After Pill

Provider Claims Codes

HCPC® Codes	Description	Comments
S0190	Mifepristone, oral, 200 mg	
S0191	Misoprostol, oral, 200 mcg	
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	
ICD-10-CM Diagnosis Codes	Description	Comments
Z30.018	Encounter for initial prescription of other contraceptives	
Z30.12	Encounter for prescription of emergency contraception	
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	
Z30.09	Encounter for other general counseling and advice on contraception	
Hospital Revenue Codes	Description	Comments
0250	Pharmacy - General	
0360	Operating Room Services – General	
0361	Operating Room Services – Minor Surgery	
0450	Emergency Room – General	
0510	Clinic – General Classification	
0514	Clinic – OB/GYN Clinic	
0516	Clinic – Urgent Care Clinic	
0517	Clinic – Family Practice Clinic	
0519	Clinic – Other Clinic	
0520	Freestanding Clinic – General	

10/03/2011 sbm – Completed
 02/16/2012 sbm – 2012 review completed

The Morning After Pill

0529	Freestanding Clinic – Other Freestanding Clinic	
0761	Specialty Services – Treatment Room	

10/03/2011 sbm – Completed
02/16/2012 sbm – 2012 review completed

Tobacco Counseling

Provider Claims Codes

CPT© Codes	Description	Comments
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	
HCPC© Codes	Description	Comments
C9801	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	Outpatient Prospective Payment System (OPPS) ONLY Code deleted 12/31/2010
C9802	Smoking and tobacco cessation counseling visit for the symptomatic patient; intensive, greater than 10 minutes	Outpatient Prospective Payment System (OPPS) ONLY Code deleted 12/31/2010
G0436	Smoking and tobacco cessation counseling visit for the symptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	
G0437	Smoking and tobacco cessation counseling visit for the symptomatic patient; intensive, greater than 10 minutes	
S9075	Smoking cessation treatment	Code deleted 06/30/2011
S9453	Smoking cessation classes, nonphysician provider, per session	
ICD-10-CM© Diagnosis Codes	Description	Comments
Z71.41	Alcohol abuse counseling and surveillance of alcoholic	

05/07/2010 sbm – Completed

05/24/2010 sbm – Approved by CERT members

09/22/2010 sbm – G8402 and G8453 should have not been included on list. They are designated as PQRI reporting measures.

12/13/2010 sbm – Removed G8402/G8453 from list. Addition of C9801-C9802, G0436-G0437.

02/08/2012 sbm – Noted deleted codes

Transabdominal Surgical Sterilization – Surgical Implant - Codes

Provider Claims Codes

CPT© Codes	Description	Comments
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	
+58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	
58670	Laparoscopy, surgical; with fulgeration of oviducts (with or without transection)	
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	
HCPC© Codes	Description	Comments
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	
ICD-10-CM Diagnosis Codes	Description	Comments
Z30.018	Encounter for initial prescription of other contraceptives	
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	
Z30.09	Encounter for other general counseling and advice on contraception	
Z30.2	Encounter for sterilization	
Z98.51	Tubal ligation status	
Z64.1	Problems related to multiparty	

Transabdominal Surgical Sterilization – Surgical Implant - Codes

ICD-10-PCS Procedure Codes	Description	Comments
ØUL74ZZ	Occlusion of bilateral Fallopian tubes, Percutaneous endoscopic approach	
ØUL78ZZ	Occlusion of bilateral Fallopian tubes, Via Natural or Artificial opening, Endoscopic Approach	
ØU574ZZ	Destruction of bilateral Fallopian tubes, Percutaneous Endoscopic Approach	
ØU578ZZ	Destruction of bilateral Fallopian tubes, Via Natural or Artificial Opening, Endoscopic Approach	
ØUL74CZ	Occlusion of bilateral Fallopian tubes with Extraluminal device, Percutaneous Endoscopic Approach	
ØUL74DZ	Occlusion of bilateral Fallopian tubes with Intraluminal device, Percutaneous Endoscopic Approach	
ØUL74ZZ	Occlusion of bilateral Fallopian tubes Percutaneous Endoscopic Approach	
ØUL78DZ	Occlusion of bilateral Fallopian tubes with Intraluminal device, Via Natural or Artificial Opening Endoscopic Approach	
ØUL78ZZ	Occlusion of bilateral Fallopian tubes, Via Natural od Artificial Opening, endoscopic Approach	
ØUL7ØZZ	Occlusion of bilateral Fallopian tubes, Open Approach	
ØUL73ZZ	Occlusion of bilateral Fallopian tubes, Percutaneous Approach	
ØUL77ZZ	Occlusion of bilateral Fallopian tubes, Via Natural or Artificial Opening Approach	
ØU57ØZZ	Destruction of bilateral Fallopian tubes, Open Approach	
ØU573ZZ	Destruction of bilateral Fallopian tubes, Percutaneous Approach	
ØU577ZZ	Destruction of bilateral Fallopian tubes, Via Natural or Artificial Opening Approach	
ØUL7ØCZ	Occlusion of bilateral Fallopian tubes, with Extraluminal device, Open Approach	
ØUL7ØDZ	Occlusion of bilateral Fallopian tubes, with Intraluminal device, Open Approach	

Transabdominal Surgical Sterilization – Surgical Implant - Codes

ØUL7ØZZ	Occlusion of bilateral Fallopian tubes, Open Approach	
ØUL73CZ	Occlusion of bilateral Fallopian tubes, with Extraluminal device, Percutaneous Approach	
ØUL73DZ	Occlusion of bilateral Fallopian tubes, with Intraluminal device, Percutaneous Approach	
ØUL77DZ	Occlusion of bilateral Fallopian tubes, with Intraluminal device, Via Natural or Artificial Opening Approach	
Hospital Revenue Codes	Description	Comments
0272	Medical/Surgical Supplies and Devices – Sterile Supply	
0278	Medical/Surgical Supplies and Devices – Other Implants	
0360	Operating Room Services – General	
0361	Operating Room Services – Minor Surgery	
0450	Emergency Room – General	
0490	Ambulatory Surgical Care – General	
0510	Clinic – General classification	
0514	Clinic – OB/GYN Clinic	
0515	Clinic – Pediatric Clinic	
0516	Clinic – Urgent Care Clinic	
0517	Clinic – Family Practice Clinic	
0519	Clinic – Other Clinic	

Transcervical Surgical Sterilization – Surgical Implant

Provider Claims Codes

CPT© Codes	Description	Comments
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	
HCPC© Codes	Description	Comments
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	
ICD-10-CM Diagnosis Codes	Description	Comments
Z30.018	Encounter for initial prescription of other contraceptives	
Z30.0	Counseling and instruction in natural family planning to avoid pregnancy	
Z30.09	Encounter for other general counseling and advice on contraception	
Z30.2	Encounter for sterilization	
ICD-10-PCS Procedure Codes	Description	Comments
0U570ZZ	Destruction of bilateral Fallopian tubes, Open Approach	
0U573ZZ	Destruction of bilateral Fallopian tubes, Percutaneous Approach	
0U577ZZ	Destruction of bilateral Fallopian tubes, Via Natural or Artificial Opening Approach	
0UL70CZ	Occlusion of Bilateral Fallopian tubes, with Extraluminal Device, Open Approach	
0UL70DZ	Destruction of bilateral Fallopian tubes, WITH Intraluminal Device, Open Approach	
0UL70ZZ	Destruction of bilateral Fallopian tubes, Open Approach	
0UL73CZ	Occlusion of Bilateral Fallopian tubes, with Extraluminal Device, Percutaneous Approach	

Transcervical Surgical Sterilization – Surgical Implant

ØUL73DZ	Occlusion of Bilateral Fallopian tubes, with Intraluminal Device, Open Approach	
ØUL73ZZ	Occlusion of Bilateral Fallopian tubes, Percutaneous Approach	
ØUL77DZ	Occlusion of Bilateral Fallopian tubes, with Intraluminal Device, Via Natural or Artificial Opening Approach	
ØUL77ZZ	Occlusion of Bilateral Fallopian tubes, Via Natural or Artificial Opening Approach	
Hospital Revenue Codes	Description	Comments
0272	Medical/Surgical Supplies and Devices – Sterile Supply	
0278	Medical/Surgical Supplies and Devices – Other Implants	
0360	Operating Room Services – General	
0361	Operating Room Services – Minor Surgery	
0450	Emergency Room – General	
0490	Ambulatory Surgical Care – General	
0510	Clinic – General Classification	
0514	Clinic – OB/GYN Clinic	
0515	Clinic – Pediatric Clinic	
0516	Clinic – Urgent Care Clinic	
0517	Clinic – Family Practice Clinic	
0519	Clinic – Other Clinic	

Vaginal Contraceptive Ring

Provider Claims Codes

HCPC® Codes	Description	Comments
J7303	Contraceptive supply, hormone containing vaginal ring, each (Nuvaring Vaginal Ring)	
ICD-10-CM Diagnosis Codes	Description	Comments
Z30.018	Encounter for initial prescription of other contraceptives	
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	
Z30.09	Encounter for other general counseling and advice on contraception	
Z30.40	Encounter for surveillance of contraception, unspecified	
Z30.49	Encounter for surveillance of other contraceptives	
Hospital Revenue Codes	Description	Comments
0636	Pharmacy – Drugs Requiring Detailed Coding	

Vasectomy (Male Sterilization)

Provider Claims Codes

CPT® Codes	Description	Comments
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	
ICD-10-CM Diagnosis Codes	Description	Comments
Z30.018	Encounter for initial prescription of other contraceptives	
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	
Z30.09	Encounter for other general counseling and advice on contraception	
Z30.2	Encounter for sterilization	
Z98.52	Vasectomy status	
ICD-10-PCS Procedure Codes	Description	Comments
0V5N0ZZ	Destruction of Right Vas Deferens, Open Approach	
0V5N3ZZ	Destruction of Right Vas Deferens, Percutaneous Approach	
0V5N4ZZ	Destruction of Right Vas Deferens, Percutaneous Endoscopic Approach	
0V5P0ZZ	Destruction of Left Vas Deferens, Open Approach	
0V5P3ZZ	Destruction of Left Vas Deferens, Percutaneous Approach	
0V5P4ZZ	Destruction of Left Vas Deferens, Percutaneous Endoscopic Approach	
0V5Q0ZZ	Destruction of Bilateral Vas Deferens, Open Approach	
0V5Q3ZZ	Destruction of Bilateral Vas Deferens, Percutaneous Approach	

Vasectomy (Male Sterilization)

ØV5Q4ZZ	Destruction of Bilateral Vas Deferens, Percutaneous Endoscopic Approach	
ØVBNØZZ	Excision of Right Vas Deferens, Open Approach	
ØVBN3ZZ	Excision of Right Vas Deferens, Percutaneous Approach	
ØVBN4ZZ	Excision of Right Vas Deferens, Percutaneous Endoscopic Approach	
ØVBOØZZ	Excision of Left Vas Deferens, Open Approach	
ØVBP3ZZ	Excision of Left Vas Deferens, Percutaneous Approach	
ØVBP4ZZ	Excision of Left Vas Deferens, Percutaneous Endoscopic Approach	
ØVBQØZZ	Excision of Bilateral Vas Deferens, Open Approach	
ØVBQ3ZZ	Excision of Bilateral Vas Deferens, Percutaneous Approach	
ØVBQ4ZZ	Excision of Bilateral Vas Deferens, Percutaneous Endoscopic Approach	
ØVTNØZZ	Resection of Right Vas Deferens, Open Approach	
ØVTN4ZZ	Resection of Right Vas Deferens, Percutaneous Endoscopic Approach	
ØVTPØZZ	Resection of Left Vas Deferens, Open Approach	
ØVTP4ZZ	Resection of Left Vas Deferens, Percutaneous Endoscopic Approach	
ØVTQØZZ	Resection of Bilateral Vas Deferens, Open Approach	
ØVTQ4ZZ	Resection of Bilateral Vas Deferens, Percutaneous Endoscopic Approach	
ØVLNØCZ	Occlusion of Right Vas Deferens with Extraluminal Device, Open approach	
ØVLNØZZ	Occlusion of Right Vas Deferens, Open Approach	
ØVLN3CZ	Occlusion of Right Vas Deferens with Extraluminal Device, Percutaneous Approach	
ØVLN3ZZ	Occlusion of Right Vas Deferens, Percutaneous Approach	
ØVLN4CZ	Occlusion of Right Vas Deferens with Extraluminal Device, Percutaneous Endoscopic Approach	

Vasectomy (Male Sterilization)

ØVLN4ZZ	Occlusion of Right Vas Deferens, Percutaneous Endoscopic Approach	
ØVLPØCZ	Occlusion of Left Vas Deferens, with Extraluminal Device, Open Approach	
ØVLPØZZ	Occlusion of Left Vas Deferens, Open Approach	
ØVLP3CZ	Occlusion of Left Vas Deferens, with Extraluminal Device, Percutaneous Approach	
ØVLP3ZZ	Occlusion of Left Vas Deferens, Percutaneous Approach	
ØVLP4CZ	Occlusion of Left Vas Deferens, with Extraluminal Device, Percutaneous Endoscopic Approach	
ØVLP4ZZ	Occlusion of Left Vas Deferens, Percutaneous Endoscopic Approach	
ØVLQØCZ	Occlusion of Bilateral Vas Deferens, with Extraluminal Device, Open Approach	
ØVLQØZZ	Occlusion of Bilateral Vas Deferens, Open Approach	
ØVLQ3CZ	Occlusion of Bilateral Vas Deferens, with Extraluminal Device, Percutaneous Approach	
ØVLQ3ZZ	Occlusion of Bilateral Vas Deferens, Percutaneous Approach	
ØVLQ4CZ	Occlusion of Bilateral Vas Deferens, with Extraluminal Device, Percutaneous Endoscopic Approach	
ØVLQ4ZZ	Occlusion of Bilateral Vas Deferens, Percutaneous Endoscopic Approach	
Hospital Revenue Codes	Description	Comments
0360	Operating Room Services - General	
0361	Operating Room Services – Minor Surgery	
0370	Anesthesia – General	
0450	Emergency Room - General	
0490	Ambulatory Surgical Care - General	
0510	Clinic – General classification	
0514	Clinic – OB/GYN Clinic	

Vasectomy (Male Sterilization)

0515	Clinic – Pediatric Clinic	
0516	Clinic – Urgent Care Clinic	
0517	Clinic – Family Practice Clinic	
0519	Clinic – Other Clinic	
0761	Specialty Services – Treatment Room	
0963	Professional Fees – Anesthesiologist (MD)	
0964	Anesthetist (CRNA)	

Vision Screening

Provider Claims Codes

CPT® Codes	Description	Comments
99173	Screening test of visual acuity, quantitative, bilateral	
99174	Ocular photoscreening with interpretation and report, bilateral	
ICD-10-CM® Diagnosis Codes	Description	Comments
Z00.129	Encounter for routine child health examination without abnormal findings	

05/26/2010 sbm - Completed

05/26/2010 sbm – Approved by CERT members

07/27/2010 sbm – Approved by CERT members for Peds

12/13/2010 sbm – 2010/2011 review completed, no changes

09/13/2011 sbm – V72.0 removed following the recommendation from American Academy of Pediatrics

02/08/2012 sbm – Addition of 99173, 99174

<http://brightfutures.aap.org/pdfs/Coding%20PR%20F0809.pdf>