

CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Executive Guidance Number 0211	Date: January 17, 2008
Planned Web Site Address http://www.cms.hhs.gov/manuals/	Release planned: 02/01/08

PROGRAM AREA: PIMR

SUBJECT: PIMR Annual Update

APPLIES TO: Contractor specific

I. SUMMARY OF DOCUMENT: The PIMR system implements the reporting requirements for medical review (MR) included in Publication 100-8 (Program Integrity Manual) Chapter 7 (MR and BI Reports) Sections 1, 5, and 6-10. The system facilitates the management of cost, savings, and workload data concerning the Medicare contractor medical review unit.

This change request requires that all carriers and A/B Medicare administrative contractors (A/B MACs) enter information into their shared systems parameter tables to allow collection of information for fee schedule database updates for codes ending in "F" or "T".

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
R	7/2/8.13/ Coding T and F Codes

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Tim Hill/410-786-5448/Director Office of Financial Management
Agency POC	John Stewart/410-786-1189/OFM

IV. TYPE (Check appropriate boxes for type of guidance)

	Audit Guide
X	Change Request
	HPMS
	Joint Signature Memorandum/Technical Director Letter
	Manual Transmittal/Non-Change Request
	State Medicaid Director Letters
	Other

V. STATUTORY OR REGULATORY AUTHORITY: [include the citation of what statute or regulation is being interpreted. If not applicable, indicate N/A]

Attachment – Recurring Update Notification

Pub. 100-08	Transmittal:	Date:	Change Request: 5706
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SUBJECT: PIMR Annual Update

Effective Date: January 2, 2008 (PLEASE NOTE THAT THIS IS THE PROCESS DATE)

Implementation Date: 30 days from issuance.

I. GENERAL INFORMATION

A. Background: The PIMR system implements the reporting requirements for medical review (MR) included in Publication 100-8 (Program Integrity Manual), Chapter 7 (MR and BI Reports), Sections 1, 5, and 6-10. The system facilitates the management of cost, savings, and workload data concerning the Medicare contractor medical review (MR) unit.

This change request requires that all carriers and A/B Medicare administrative contractors (A/B MACs) enter information into their shared systems parameter tables to allow collection of information for fee schedule database updates for codes ending in “F” or “T.”

B. Policy: The PIMR provides all current management data the Program Integrity Group MR staff use.

Effective July 2, 2007, CR 5614 required carriers to use 5 new “T” codes for billing Medicare. Carriers need to assign these codes to provider types and bill types in shared system programs that produce PIMR system submissions to CMS. Section 7.2.8.3 of the Program Integrity Manual requires that carriers and A/B MACs enter information specified in this recurring CR into their processing systems.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D M H R I C	R E H I C	Shared-System Maintainers				OTHE R
		M A C	M A C					F I S S	M C S	V M S	C W F	
5706.1	The Medicare contractor shall update shared system PIMR parameter files with the codes, type of service codes, bill types, and provider types specified in attachment A.	X			X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)
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		A / B M A C	D M M A C	F I 	C A R R I E R	D M R C	R H I	Shared-System Maintainers				OTHE R
								F I S S	M C S	V M S	C W F	
	None.											

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
	None

B. For all other recommendations and supporting information, use the space below:

V. CONTACTS

Pre-Implementation Contact(s): John Stewart John.Stewart@CMS.HHS.GOV (410) 786-1189

Post-Implementation Contact(s): John Stewart John.Stewart@CMS.HHS.GOV (410) 786-1189

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC):

The Medicare administrative contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment

ATTACHMENT A

PIMR CODING OF NEW "T" CODES FOR JULY 2007

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
0178T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; WITH INTERPRETATION AND REPORT	5	5	1 OR 2
0179T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; TRACING AND GRAPHICS ONLY, WITHOUT INTERPRETATION AND REPORT	5	5	1 OR 2
0180T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; INTERPRETATION AND REPORT ONLY	5	5	1 OR 2
0181T	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, BILATERAL, WITH INTERPRETATION AND REPORT	Q	5	1 OR 2
0182T	HIGH DOSE RATE_ELECTRONIC BRACHYTHERAPY, PER FRACTION	6	3	1 OR 2

JULY 2007 RELEASE "F" CODES

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
0509F	URINE INCON PLAN DOC'D	1	21	1 OR 2
1060F	DOC PERM/CONT/PAROX ATR. FIB	1	21	1 OR 2
1061F	DOC LACK PERM+CONT+PAROX FIB	1	21	1 OR 2
1065F	ISCHM STROKE SYMP LT3 HRSB/4	1	5	1 OR 2
1066F	ISCHM STROKE SYMP GE3 HRSB/4	1	5	1 OR 2
1070F	ALARM SYMP ASSESSED- ABSENT	1	5	1 OR 2
1071F	ALARM SYMP ASSESSED- 1+ PRSNT	1	5	1 OR 2
1080F	DECIS MKR/ADVNC PLAN DOC'D	1	21	1 OR 2
1090F	PRES/ABSN URINE INCON ASSESS	1	21	1 OR 2
1091F	URINE INCON CHARACTERIZED	1	5	1 OR 2
1100F	PTFALLS ASSESS-DOC'D GE2+/YR	1	5	1 OR 2
1101F	PT FALLS ASSESS-DOC'D LE1/YR	1	5	1 OR 2

1110F	PT LFT INPT FAC W/IN 60 DAYS	1	5	1 OR 2
1111F	DSCHRG MED/CURRENT MED MERGE	1	5	1 OR 2
3100F	IMAGE TEST REF CAROT DIAM	1	5	1 OR 2
3110F	PRES/ABSN HMRHG/LESION DOC'D	1	21	1 OR 2
3111F	CT/MRI BRAIN DONE W/IN 24HRS	1	3	1 OR 2
3112F	CT/MRI BRAIN DONE GT24 HRS	1	3	1 OR 2
3120F	12-LEAD ECG PERFORMED	1	5	1 OR 2
3130F	UPPER GI ENDOSCOPY PERFORMED	1	2	1 OR 2
3132F	DOC REF. UPPER GI ENDOSCOPY	1	21	1 OR 2

JULY 2007 RELEASE "F" CODES

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
3140F	UPPER GI ENDO SHOWS BARRTT'S	1	21	1 OR 2
3141F	UPPER GI ENDO NOT BARRTT'S	1	21	1 OR 2
3142F	BARIUM SWALLOW TEST ORDERED	1	21	1 OR 2
3150F	FORCEPS ESOPH BIOPSY DONE	1	2	1 OR 2
3155F	CYTOGEN TEST MARROW B/4 TX DOC FE+ STORES B/4	1	4	1 OR 2
3160F	EPO THX	1	21	1 OR 2
3170F	FLOW CYTO DONE B/4 TX	1	4	1 OR 2
3200F	BARIUM SWALLOW TEST NOT REQ	1	21	1 OR 2
3210F	GRP A STREP TEST PERFORMED	1	4	1 OR 2
4041F	DOC ORDER CEFAZOLIN/CEFUROX.	1	21	1 OR 2
4042F	DOC ANTIBIO NOT GIVEN	1	21	1 OR 2
4043F	DOC ORDER GIVEN STOP ANTIBIO	1	21	1 OR 2
4044F	DOC ORDER GIVEN VTE	1	21	1 OR 2

4046F	PROPHYLX DOC ANTIBIO GIVEN B/4 SURG	1	21	1 OR 2
4047F	DOC ANTIBIO GIVEN B/4 SURG	1	21	1 OR 2
4048F	DOC ANTIBIO GIVEN B/4 SURG	1	21	1 OR 2
4049F	DOC ORDER GIVEN STOP ANTIBIO	1	21	1 OR 2
4070F	DVT PROPHYLX RECV'D DAY 2	1	21	1 OR 2
4073F	ORAL ANTIPLAT THX RX DISCHRG	1	21	1 OR 2
4075F	ANTICOAG THX RX AT DISCHRG	1	21	1 OR 2
4077F	DOC T-PA ADMIN CONSIDERED	1	21	1 OR 2

JULY 2007 RELEASE "F" CODES

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
4079F	DOC REHAB SVCS CONSIDERED	1	21	1 OR 2
4084F	ASPIRIN RECV'D W/IN 24 HRS	1	21	1 OR 2
4090F	PT RCVNG EPO THXPY	1	21	1 OR 2
4095F	PT NOT RCVNG EPO THXPY	1	21	1 OR 2
4100F	BIPHOS THXPY VEIN ORD/REC'VD	1	5	1 OR 2
4110F	INT. MAM ART USED FOR CABG	1	2	1 OR 2
4115F	BETA BLCKR ADMIN W/IN 24 HRS	1	5	1 OR 2
4120F	ANTIBIOT RX'D/GIVEN	1	21	1 OR 2
4124F	ANTIBIOT NOT RX'D/GIVEN	1	21	1 OR 2
6010F	DYSPHAG TEST DONE B/4 EATING	1	21	1 OR 2
6015F	PT RCVNG/OK FOR EATING/SWAL	1	21	1 OR 2
6020F	NPO (NOTHING-MOUTH) ORDERED	1	21	1 OR 2

OCTOBER 2007 RELEASE "F" CODES

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
1116F	AURIC/PERI PAIN ASSESSED	1	21	1 OR 2
2035F	TYMP MEMB MOTION EXAM'D	1	21	1 OR 2
3215F	PT IMMUNITY TO HEP A DOC'D	1	21	1 OR 2
3216F	PT IMMUNITY TO HEP B DOC'D	1	21	1 OR 2
3219F	HEP C GENO TSTNG DOC'D DONE	1	21	1 OR 2
3220F	HEP C QUANT RNA TSTNG DOC'D	1	21	1 OR 2
3230F	NOTE HRING TST W/IN 6 MON	1	21	1 OR 2
3260F	PT CAT/PN CAT/HIST GRD DOC'D	1	21	1 OR 2
4130F	TOPICAL PREP RX, AOE	1	21	1 OR 2
4131F	SYST ANTIMICROBIAL THX RX	1	21	1 OR 2
4132F	NO SYST ANTIMICROBIAL THX RX	1	21	1 OR 2
4133F	ANTI HIST/DECONG RX/RECOM	1	21	1 OR 2
4134F	NO ANTI HIST/DECONG RX/RECOM	1	21	1 OR 2
4135F	SYSTEMIC CORTICOSTEROIDS RX	1	21	1 OR 2
4136F	SYST CORTICOSTEROIDS NOT RX	1	21	1 OR 2
4150F	PT RECVNG ANTIVIR TXMNT HEP C	1	21	1 OR 2
4151F	PT NOT RECVNG ANTIV HEP C	1	21	1 OR 2
4152F	DOC'D PEGINTF/RIB THXY CONSD	1	21	1 OR 2
4153F	COMBO PEGINTF/RIB RX	1	21	1 OR 2
4154F	HEP A VAC SERIES RECOMMENDED	1	21	1 OR 2
4155F	HEP A VAC SERIES PREV RECVD	1	21	1 OR 2
4156F	HEP B VAC SERIES RECOMMENDED	1	21	1 OR 2
4157F	HEP B VAC SERIES PREV RECVD	1	21	1 OR 2

4158F	PT EDU RE: ALCOH DRNKNG DONE	1	21	1 OR 2
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OCTOBER 2007 RELEASE "F" CODES

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
4159F	CONTRCP TALK B/4 ANTIV TXMNT	1	21	1 OR 2

7.2.8.13 – Coding T and F Codes

(Rev.)

Contractors shall use the following information to identify T and F codes to PIMR.

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
January 2006 RELEASE – CR 4057				
0089T	ACTIGRAPHY TESTING, RECORDING, ANALYSIS AND INTERPRETATION (MINIMUM OF THREE-DAY RECORDING)	9	21	1 or 2
0090T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INERSPACE, CERVICAL	2	2	1 or 2
0091T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INERSPACE, LUMBAR	2	2	1 or 2
0092T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITON TO CODE FOR PRIMARY PROCEDURE)	2	2	1 or 2
0093T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SINGLE INTERSPACE, CERVICAL	2	2	1 or 2
0094T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SINGLE INTERSPACE, LUMBAR	2	2	1 or 2
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)	2	2	1 or 2
0096T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SINGLE INTERSPACE, CERVICAL	2	2	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
January 2006 RELEASE – CR 4057				
0097T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SINGLE INTERSPACE, LUMBAR	2	2	1 or 2
0098T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)	2	2	1 or 2
0099T	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	2	2	1 or 2
0100T	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND IMPLANATION OF INTRA-OCULAR RETINAL ELECTRODE ARRAY, WITH VITRECTOMY	2	2	1 or 2
0101T	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, HIGH ENERGY	2	2	1 or 2
0102T	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INVOLVING LATERAL HUMERAL EPICONDYLE	2	2	1 or 2
0103T	HOLOTRANSCOBALAMIN, QUANTITATIVE	9	4	1 or 2
0104T	INERT GAS REBREATHING FOR CARDIAC OUTPUT MEASUREMENT; DURING REST	9	21	1 or 2
0105T	INERT GAS REBREATHING FOR CARDIAC OUTPUT MEASUREMENT; DURING EXERCISE	9	21	1 or 2
0106T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING TOUCH PRESSURE STIMULI TO ASSESS LARGE DIAMETER SENSATION	9	21	1 or 2
0107T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING VIBRATION PRESSURE STIMULI TO ASSESS LARGE DIAMETER FIBER SENSATION	9	21	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
January 2006 RELEASE – CR 4057				
0108T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING COOLING STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA	9	21	1 or 2
0109T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING HEAT-PAIN STIMULI TO ACCESS SNALL NERVE FIBER SENSATION AND HYPERALGESIA	9	21	1 or 2
0110T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING OTHER STIMULI TO ASSESS SENSATION	9	21	1 or 2
0111T	LONG-CHAIN (C20-22) OMEGA-3 FATTY ACIDS IN RED BLOOD CELL (RBC) MEMBRANES	5	4	1 or 2
0115T	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, INITIAL 15 MINUTES, WITH ASSESSMENT, AND INTERVENTION IF PROVIDED; INTITAL ENCOUNTER	9	5 OR 7	1 or 2
0116T	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, INITIAL 15 MINUTES, WITH ASSESSMENT, AND INTERVENTION IF PROVIDED; SUBSEQUENT ENCOUNTER	9	5 OR 7	1 or 2
0117T	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, INITIAL 15, WITH ASSESSMENT, AND INTERVENTION IF PROVIDED; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITON TO CODE FOR PRIMARY SERVICE)	9	5 OR 7	1 or 2
0120T	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND	2	2	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
January 2006 RELEASE – CR 4057				
	<i>GUIDANCE, EACH FIBROADENOMA</i>			
0123T	<i>FISTULIZATION OF SCLERA FOR GLAUCOMA, THROUGH CILIARY BODY</i>	2	2	1 or 2
0124T	<i>CONJUNCTIVAL INCISION WITH POSTERIOR JXTASCLERAL PLACEMENT OF PHARMACOLOGICAL AGENT (DOES NOT INCLUDE SUPPLY OF MEDICATION)</i>	2	2	1 or 2
0126T	<i>COMMON CAROTID INTIMA-MEDIA THICKNESS (IMT) STUDY FOR EVALUATION OF ATHEROSCLEROTIC BURDEN OR CORONARY HEART DISEASE RISK ASSESSMENT</i>	2	21	1 or 2
0130T	<i>VALIDATED, STATISTICALLY RELIABLE, RANDOMIZED, CONTROLLED, SINGLE- PATIENT CLINICAL INVESTIGATION OF FDA APPROVED CHRONIC CARE DRUGS, PROVIDED BY A PHARNACIST, INTERPRETATION AND REPORT TO THE PRESCRIBING HEALTH CARE PROFESSIONAL</i>	9	21	1 or 2
0133T	<i>UPPER GASTROINTESTINAL ENDOSCOPY, INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE, WITH INJECTION OF IMPLANT MATERIAL INTO AND ALONG THE MUSCLE OF THE LOWER ESOPHAGELA SPHINCTER</i>	9	2	1 or 2
0135T	<i>ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY</i>	2	2	1 or 2
0137T	<i>BIOPSY, PROSTATE, NEEDLE, SATURATION SAMPLING FOR PROSTATE MAPPING</i>	2	2	1 or 2
0140T	<i>EXHALED BREATH CONDENSATE PH</i>	9	21	1 or 2
0141T	<i>PANCREATIC ISLET CELL TRANSPLANTATION THROUGH PORTAL VEIN, PERCUTANEOUS</i>	2	2	1 or 2
0142T	<i>PANCREATIC ISLET CELL TRANSPLANTATION THROUGH PORTAL VEIN, OPEN</i>	2	2	1 or 2
0143T	<i>LAPAROSCOPY, SURGICAL, PANCREATIC ISLET CELL TRANSPLANTATION THROUGH PORTAL VEIN</i>	2	2	1 or 2
0144T	<i>COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, INCLUDING IMAGE</i>	2	3	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
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January 2006 RELEASE – CR 4057

*POST PROCESSING AND QUANTATIVE
EVALUATION OF CORONARY CALCIUM*

0145T	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS, INCLUDING CARDIAC GATING AND 3D IMAGE POST PROCESSING; CARDIAC STRUCTURE AND MORPHOLOGY	2	3	1 or 2
0146T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS, WITHOUT QUANTITATIVE EVALUATION OF CORONARY CALCIUM	4	3	1 or 2
0147T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	4	3	1 or 2
0148T	CARDIAC STRUCTURE AND MORPHOLOGY AND COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS), WITHOUT QUANTITATIVE EVALUATION OF CORONARY CALCIUM	4	3	1 or 2
0149T	CARDIAC STRUCTURE AND MORPHOLOGY AND COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS), WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	4	3	1 or 2
0150T	CARDIAC STRUCTURE AND MORPHOLOGY IN CONGENITAL HEART DISEASE	4	3	1 or 2
0151T	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS, INCLUDING CARDIAC GATING AND 3D IMAGE POST PROCESSING;	4	3	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
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January 2006 RELEASE – CR 4057

FUNCTION EVALUATION

0152T	COMPUTER AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION OF FILM RADIOGRAPHIC IMAGES; CHEST RADIOGRAPH(S)	4	3	1 or 2
0153T	TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DURING ENDOVASCULAR REPAIR, INCLUDIDNG RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INSTRUMENT CALIBRATION	4	3	1 or 2
0154T	NON-INVASIVE PHYSIOLOGIC STUDY OF IMPLANTED WIRELESS PRESSURE SENSOR IN ANEURYSMAL SAC FOLLOWING ENDOVASCULAR REPAIR, COMPLETE STUDY INCLUDING RECORDING, ANALYSIS OF PRESSURE AND WAVEFORM TRACINGS, INTERPRETATION AND REPORT	4	3	1 or 2
1003F	LEVEL OF ACTIVITY ASSESSED1	1	5 OR 7	1 or 2
1004F	CLINICAL SYMPTOMS OF VOLUME OVERLOAD (EXCESS) ASSESSED1	1	5 OR 7	1 or 2
1005F	ASTHMA SYMPTOMS EVALUATED (INCLUDES PHYSICIAN DOCUMENTATION OF NUMERIC FREQUENCY OF SYMPTOMS OR PATIENT COMPLETION OF AN ASTHMA ASSESSMENT TOOL/SURVEY/QUESTIONNAIRE)1	1	5 OR 7	1 or 2
1006F	OSTEOARTHRITIS SYMPTOMS AND FUNCTIONAL STATUS ASSESSED (MAY INCLUDE THE USE OF A STANDARIZED SCALE OR THE COMPLETION OF AN ASSESSMENT QUETIONNAIRE, SUCH AS THE SF-36, AADS HIP & KNEE QUESTIONNAIRE)1	1	5 OR 7	1 or 2
1007F	USE OF ANTI-INFLAMMATORY OR ANALGESIC OVER-THE-COUNTER (OTC) MEDICATIONS FOR SYMPTOM RELIEF ASSESSED1	1	5 OR 7	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
January 2006 RELEASE – CR 4057				
1008F	GASTROINTESTINAL AND RENAL RISK FACTORS ASSESSED FOR PATIENTS ON PRESCRIBED OR OTC NON-STERODIAL ANTI- IMFLANNATORY DRUG (NSAID)1	1	5 OR 7	1 or 2
2001F	WEIGHT RECORDED1	1	5 OR 7	1 or 2
2002F	CLINICAL SIGNS OF VOLUME OVERLOAD (EXCESS) ASSESSED1	1	5 OR 7	1 or 2
2003F	AUSCULTATION OF THE HEART PERFORMED1	1	5 OR 7	1 or 2
2004F	INITIAL EXAMINATION OF THE INVOLVED JOINT(S) (INCLUDES VISUAL INSPECTION, PALPATION, RANGE OF MOTION)1	1	5 OR 7	1 or 2
3000F	BLOOD PRESSURE < 140/90 MM HG2	1	5 OR 7	1 or 2
3002F	BLOOD PRESSURE > 140/90 MM HG2	1	5 OR 7	1 or 2
4003F	PATIENT EDUCATION, WRITTEN/ORAL, APPROPRIATE FOR PATIENTS WITH HEART FAILURE PERFORMED1	1	5 OR 7	1 or 2
4012F	WARFARIN THERAPY PRESCRIBED1	1	5 OR 7	1 or 2
4014F	WRITTEN DISCHARGE INSTRUCTIONS PROVIDED TO HEART FAILURE PATIENTS DISCHARGED HOME. (INSTRUCTIONS INCLUDE ALL OF THE FOLLOWING COMPONENTS: ACTIVITY LEVEL, DIET, DISCHARGE MEDICATIONS, FOLLOW-UP APPOINTMENT, EIGHT MONITORING, WHAT TO DO OF SYMPTOMS WORSEN)	1	5 OR 7	1 or 2
4015F	PERSISTENT ASTHMA, LONG TERM CONTROL MEDICATION INHALED CORTICOSTEROIDS OR AN ACCEPTABLE ALTERNATIVE TREATMENT, (CROMOLYN SODIUM, LEUKOTRIENE MODIFIER, NEDOCROMIL, OR SUSTAINED RELEASE THEOPHYLLINE) , PRESCRIBED1	1	5 OR 7	1 or 2
4016F	ANTI-INFLAMMATORY/ANALGESIC AGENT PRESCRIBED1	1	5 OR 7	1 or 2
4017F	GASTROINTESTINAL PROPHYLAXIS FOR NSAID USE PRESCRIBED1	1	5 OR 7	1 or 2
4018F	THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED1	1	5 OR 7	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
APRIL 2006 RELEASE – CR 4399				
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL > 9.0% (DM4)	1	5	1 OR 2
3047F	MOST RECENT HEMOGLOBIN A1C LEVEL = 9.0% (DM4)	1	5	1 OR 2
3048F	MOST RECENT LDL-C <100 MG/DL (DM4)	1	5	1 OR 2
3049F	MOST RECENT LDL-C 100-129 MG/DL (DM4)	1	5	1 OR 2
3050F	MOST RECENT LDL-C = 130 MG/DL (DM4)	1	5	1 OR 2
3076F	MOST RECENT SYSTOLIC BLOOD PRESSURE < 140 MM HG (DM4, HTN1)	1	5	1 OR 2
3077F	MOST RECENT SYSTOLIC BLOOD PRESSURE = 140 MM HG (DM4, HTN1)	1	5	1 OR 2
3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG (DM4, HTN1)	1	5	1 OR 2
3079F	MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (DM4, HTN1)	1	5	1 OR 2
3080F	MOST RECENT DIASTOLIC BLOOD PRESSURE = 90 MM HG (DM4, HTN1)	1	5	1 OR 2

JULY 2006 RELEASE - CR 5102

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
0155T	LAPAROSCOPY INS GASTRIC ELECTRODE FOR MORBID OBESITY	2	2	1 OR 2
0156T	LAPAROSCOPY REDO GASTRIC ELECTRODE FOR MORBID OBESITY	2	2	1 OR 2
0157T	OPEN INS GASTRIC ELECTRODE FOR MORBID OBESITY	2	2	1 OR 2
0158T	OPN REDO GASTRIC ELECTRODE FOR MORBID OBESITY	2	2	1 OR 2
0159T	COMPUTER BREAST MRI ADD-ON	9	5	1 OR 2
0159T	COMPUTER BREAST MRI ADD-ON	9	5	1 OR 2
- 26				
0159T	COMPUTER BREAST MRI ADD-ON	9	5	1 OR 2
- TC				
0160T	TRANSCRANIAL MAGNETIC STIMULATION PLANNING	9	3	1 OR 2
0161T	TRANSCRANIAL MAGNETIC STIMULATION DELIVERY	9	3	1 OR 2
0012F	CAP BACTERIAL ASSESS	1	5	1 OR 2
1015F	COPD SYMPTOMS ASSESS	1	5	1 OR 2

1018F	DYSYPNEA ASSESSED, NOT PRESENT (COPD ¹)	1	5	1 OR 2
1019F	DYSYPNEA ASSESSED, PRESENT (COPD ¹)	1	5	1 OR 2
1022F	PNEUMOCOCCUS IMMUNIZATION STATUS ASSESSED (CAP ¹ , COPD ¹)	1	5	1 OR 2
1026F	CO-MORBID CONDITION ASSESS	1	5	1 OR 2
1030F	INFLUENZA IMMUNIZATION STATUS ASSESSED (CAP ¹)	1	5	1 OR 2
1034F	CURRENT TOBACCO SMOKER (CAD ¹ , CAP ¹ , COPD ¹ , DM ⁴ , PV ¹)	1	5	1 OR 2
1035F	CURRENT SMOKELESS TOBACCO USER (EG, CHEW, SNUFF) (PV ¹)	1	5	1 OR 2
1036F	CURRENT TOBACCO NON-USER (CAD ¹ , CAP ¹ , COPD ¹ , DM ⁴ , PV ¹)	1	5	1 OR 2
1038F	PERSISTENT ASTHMA (MILD, MODERATE OR SEVERE)	1	5	1 OR 2
1039F	INTERMITTENT ASTHMA	1	5	1 OR 2

JULY 2006 RELEASE - CR 5102

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
2010F	VITAL SIGNS RECORDED	1	5	1 OR 2
2014F	MENTAL STATUS ASSESS	1	5	1 OR 2
2018F	HYDRATION STATUS ASSESS	1	5	1 OR 2
2022F	DILATED RETINA EXAM INTERPERTATION REVIEWED	1	5	1 OR 2
2024F	7 FIELD PHOTO INTERPERTATION DOCUMENTED REVIEWED	1	5	1 OR 2
2026F	EYE IMAGE VALID TO DX REVIEWED	1	5	1 OR 2
2028F	FOOT EXAM PERFORMED	1	5	1 OR 2
3006F	CHEST X-RAY RESULTS DOCUMENTED AND REVIEWED(CAP ¹)	1	5	1 OR 2
3011F	LIPID PANEL DOCUMENTED REVIEWED	1	5	1 OR 2
3014F	SCREENING MAMMOGRAPHY RESULTS DOCUMENTED AND REVIEWED (PV ¹)	1	5	1 OR 2
3017F	COLORECTAL CANCER SCREENING RESULTS DOCUMENTED REVIEWED	1	5	1 OR 2
3020F	LVF ASSESS	1	5	1 OR 2
3021F	LVEF MOD/SEVER DEPRS SYST	1	5	1 OR 2
3022F	LVEF >=40% SYSTOLIC	1	5	1 OR 2
3023F	SPIROMETRY RESULTS DOCUMENTED AND REVIEWED (COPD ¹)	1	5	1 OR 2
3025F	SPIROM FEV/FVC<70% W COPD	1	5	1 OR 2
3027F	SPIROM FEV/FVC>=70%/ W/O COPD	1	5	1 OR 2
3028F	O2 SATURATION DOCUMENTED REVIEWED	1	5	1 OR 2
3035F	OXYGEN SATURATION ≤ 88 % OR A PAO ₂ ≤ 55	1	5	1 OR 2

	MM HG (COPD ¹)			
3037F	OXYGEN SATURATION > 88% OR PAO ₂ > 55 MMHG (COPD ¹)	1	5	1 OR 2
3040F	FUNCTIONAL EXPIRATORY VOLUME (FEV ₁) < 40% OF PREDICTED VALUE (COPD ¹)	1	5	1 OR 2
3042F	FUNCTIONAL EXPIRATORY VOLUME (FEV ₁) >= 40% OF PREDICTED VALUE (COPD ¹)	1	5	1 OR 2
3060F	POSITIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM ⁴)	1	5	1 OR 2
3061F	NEGATIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM ⁴)	1	5	1 OR 2
3062F	POSITIVE MACROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM ⁴)	1	5	1 OR 2
3066F	NEPHROPATHY DOCUMENTATION TREATMENT	1	5	1 OR 2

JULY 2006 RELEASE - CR 5102

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
3072F	LOW RISK FOR RETINOPATHY (NO EVIDENCE OF RETINOPATHY IN THE PRIOR YEAR) (DM ⁴)	1	5	1 OR 2
4025F	INHALED BRONCHODILATOR PRESCRIBED (COPD ¹)	1	5	1 OR 2
4030F	LONG TERM OXYGEN THERAPY PRESCRIBED (MORE THAN FIFTEEN HOURS PER DAY) (COPD ¹)	1	5	1 OR 2
4033F	PULMONARY REHABILITATION EXERCISE TRAINING RECOMMENDED (COPD ¹)	1	5	1 OR 2
4035F	INFLUENZA IMMUNIZATION RECOMMENDED (COPD ¹)	1	5	1 OR 2
4037F	INFLUENZA IMMUNIZATION ORDERED OR ADMINISTERED (COPD ¹ , PV ¹)	1	5	1 OR 2
4040F	PNEUMOCOCCAL IMMUNIZATION ORDERED OR ADMINISTERED (COPD ¹)	1	5	1 OR 2
4045F	EMPIRIC ANTIBIOTIC RX	1	5	1 OR 2
4050F	HYPERTENSION PLAN OF CARE DOCUMENTED AS APPROPRIATE (HTN ¹)	1	5	1 OR 2
6005F	CARE LEVEL RATIONALE DOCUMENTED	1	5	1 OR 2

JANUARY 2007 RELEASE

0162T	ELECTRONIC ANALYSIS AND PROGRAMMING, REPROGRAMMING OF GASTRIC NEUROSTIMULATOR	9	5	1 or 2
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0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING	2, 8	2	1 or 2
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL	2, 8	2	1 or 2
0165T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL	2, 8	2	1 or 2
0166T	TRANSMYOCARDIAL TRANSCATHETER CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH	2, 8	2	1 or 2
0167T	TRANSMYOCARDIAL TRANSCATHETER CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH	2, 8	2	1 or 2
0168T	RHINOPHOTOTHERAPY, INTRANASAL APPLICATION OF ULTRAVIOLET AND VISIBLE LIGHT,	2, 8	2	1 or 2

JANUARY 2007 RELEASE

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
0169T	STEREOTACTIC PLACEMENT OF INFUSION CATHETER(S) IN THE BRAIN FOR DELIVERY OF	2, 8	2	1 or 2
0170T	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA	2, 8	2	1 or 2
0171T	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY	2, 8	2	1 or 2
0172T	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY	2, 8	2	1 or 2
0173T	MONITORING OF INTRAOCULAR PRESSURE DURING VITRECTOMY SURGERY (LIST SEPARATELY	2, 8	2	1 or 2
0174T	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE	4	3	1 or 2
0175T	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE	4	3	1 or 2
0176T	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR	F, 2, 8	2	1 or 2
0177T	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF	F, 2, 8	2	1 or 2

DEVICE OR

<i>0505F</i>	<i>HEMODIALYSIS PLAN OF CARE DOCUMENTED (ESRD)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>0507F</i>	<i>PERITONEAL DIALYSIS PLAN OF CARE DOCUMENTED (ESRD)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>1040F</i>	<i>DSM-IV(TM) CRITERIA FOR MAJOR DEPRESSIVE DISORDER DOCUMENTED (MDD)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>1050F</i>	<i>HISTORY OBTAINED REGARDING NEW OR CHANGING MOLES (ML)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>1055F</i>	<i>VISUAL FUNCTIONAL STATUS ASSESSED (EC)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>2019F</i>	<i>DILATED MACULAR EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>

JANUARY 2007 RELEASE

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
<i>2020F</i>	<i>DILATED FUNDUS EVALUATION PERFORMED WITHIN SIX MONTHS PRIOR TO CATARACT SURGERY</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>2021F</i>	<i>DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>2029F</i>	<i>COMPLETE PHYSICAL SKIN EXAM PERFORMED (ML)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>2030F</i>	<i>HYDRATION STATUS DOCUMENTED, NORMALLY HYDRATED (PAG)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>2031F</i>	<i>HYDRATION STATUS DOCUMENTED, DEHYDRATED (PAG)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>3044F</i>	<i>MOST RECENT HEMOGLOBIN A1C LEVEL < 7.0% (DM)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>3045F</i>	<i>MOST RECENT HEMOGLOBIN A1C LEVEL 7.0 - 9.0% (DM)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>3073F</i>	<i>PRE-SURGICAL (CATARACT) AXIAL LENGTH, CORNEAL POWER MEASUREMENT AND METHOD OF</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>3074F</i>	<i>MOST RECENT SYSTOLIC BLOOD PRESSURE < 130 MM HG (DM), (HTN)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>3075F</i>	<i>MOST RECENT SYSTOLIC BLOOD PRESSURE 130 - 139MM HG (DM), (HTN)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>3082F</i>	<i>KT/V 1.2 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESRD)</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>
<i>3083F</i>	<i>KT/V EQUAL TO OR GREATER THAN 1.2 AND LESS THAN 1.7 (CLEARANCE OF UREA</i>	<i>1</i>	<i>7</i>	<i>1 or 2</i>

3084F	KT/V >= 1.7 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESRD)	1	7	1 or 2
3085F	SUICIDE RISK ASSESSED (MDD)	1	7	1 or 2
3088F	MAJOR DEPRESSIVE DISORDER, MILD (MDD)	1	7	1 or 2
3089F	MAJOR DEPRESSIVE DISORDER, MODERATE (MDD)	1	7	1 or 2
3090F	MAJOR DEPRESSIVE DISORDER, SEVERE WITHOUT PSYCHOTIC FEATURES (MDD)	1	7	1 or 2
3091F	MAJOR DEPRESSIVE DISORDER, SEVERE WITH PSYCHOTIC FEATURES (MDD)	1	7	1 or 2
3092F	MAJOR DEPRESSIVE DISORDER, IN REMISSION (MDD)	1	7	1 or 2
3093F	DOCUMENTATION OF NEW DIAGNOSIS OF INITIAL OR RECURRENT EPISODE OF MAJOR	1	7	1 or 2

JANUARY 2007 RELEASE

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
3095F	CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS DOCUMENTED (OP)	1	7	1 or 2
3096F	CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) ORDERED (OP)	1	7	1 or 2
4005F	PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS	1	7	1 or 2
4007F	ANTIOXIDANT VITAMIN OR MINERAL SUPPLEMENT PRESCRIBED OR RECOMMENDED (EC)	1	7	1 or 2
4019F	DOCUMENTATION OF RECEIPT OF COUNSELING ON EXERCISE AND EITHER BOTH CALCIUM AND	1	7	1 or 2
4051F	REFERRED FOR AN ARTERIO-VEINUS (AV) FISTULA (ESRD)	1	7	1 or 2
4052F	HEMODIALYSIS VIA FUNCTIONING ARTERIO- VEINUS (AV) FISTULA (ESRD)	1	7	1 or 2
4053F	HEMODIALYSIS VIA FUNCTIONING ARTERIO- VEINUS (AV) GRAFT (ESRD)	1	7	1 or 2
4054F	HEMODIALYSIS VIA CATHETER (ESRD)	1	7	1 or 2
4055F	PATIENT RECEIVING PERITONEAL DIALYSIS (ESRD)	1	7	1 or 2
4056F	APPROPRIATE ORAL REHYDRATION SOLUTION RECOMMENDED (PAG)	1	7	1 or 2
4058F	PEDIATRIC GASTROENTERITIS EDUCATION PROVIDED TO CAREGIVER (PAG)	1	7	1 or 2

4060F	PSYCHOTHERAPY SERVICES PROVIDED (MDD)	1	7	1 or 2
4062F	PATIENT REFERRAL FOR PSYCHOTHERAPY DOCUMENTED (MDD)	1	7	1 or 2
4064F	ANTIDEPRESSANT PHARMACOTHERAPY PRESCRIBED (MDD)	1	7	1 or 2
4065F	ANTIPSYCHOTIC PHARMACOTHERAPY PRESCRIBED (MDD)	1	7	1 or 2
4066F	ELECTROCONVULSIVE THERAPY (ECT) PROVIDED (MDD)	1	7	1 or 2
4067F	PATIENT REFERRAL FOR ELECTROCONVULSIVE THERAPY (ECT) DOCUMENTED (MDD)	1	7	1 or 2

JANUARY 2007 RELEASE

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
5005F	PATIENT COUNSELED ON SELF-EXAMINATION FOR NEW OR CHANGING MOLES (ML)	1	7	1 or 2
5010F	FINDINGS OF DILATED MACULAR OR FUNDUS EXAM COMMUNICATED TO THE PHYSICIAN	1	7	1 or 2
5015F	DOCUMENTATION OF COMMUNICATION THAT A FRACTURE OCCURRED AND THAT THE PATIENT	1	7	1 or 2
6005F	RATIONALE (EG, SEVERITY OF ILLNESS AND SAFETY) FOR LEVEL OF CARE (EG, HOME,	1	7	1 or 2

JULY 2007 RELEASE ("T" CODES) – CR 5236

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
0178T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; WITH INTERPRETATION AND REPORT	5	5	1 OR 2
0179T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; TRACING AND GRAPHICS ONLY, WITHOUT INTERPRETATION AND REPORT	5	5	1 OR 2
0180T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; INTERPRETATION AND REPORT ONLY	5	5	1 OR 2

0181T	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, BILATERAL, WITH INTERPRETATION AND REPORT	Q	5	1 OR 2
0182T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, PER FRACTION	6	3	1 OR 2

JULY 2007 RELEASE "F" CODES

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
0509F	URINE INCON PLAN DOC'D	1	21	1 OR 2
1060F	DOC PERM/CONT/PAROX ATR. FIB	1	21	1 OR 2
1061F	DOC LACK PERM+CONT+PAROX FIB	1	21	1 OR 2
1065F	ISCHM STROKE SYMP LT3 HRSB/4	1	5	1 OR 2
1066F	ISCHM STROKE SYMP GE3 HRSB/4	1	5	1 OR 2
1070F	ALARM SYMP ASSESSED- ABSENT	1	5	1 OR 2
1071F	ALARM SYMP ASSESSED- I+ PRSNT	1	5	1 OR 2
1080F	DECIS MKR/ADVNC D PLAN DOC'D	1	21	1 OR 2
1090F	PRES/ABSN URINE INCON ASSESS	1	21	1 OR 2
1091F	URINE INCON CHARACTERIZED	1	5	1 OR 2
1100F	PT FALLS ASSESS-DOC'D GE2+/YR	1	5	1 OR 2
1101F	PT FALLS ASSESS-DOC'D LE1/YR	1	5	1 OR 2
1110F	PT LFT INPT FAC W/IN 60 DAYS	1	5	1 OR 2
1111F	DSCHRG MED/CURRENT MED MERGE	1	5	1 OR 2

3100F	IMAGE TEST REF CAROT DIAM	1	5	1 OR 2
3110F	PRES/ABSN HMRHG/LESION DOC'D	1	21	1 OR 2
3111F	CT/MRI BRAIN DONE W/IN 24HRS	1	3	1 OR 2
3112F	CT/MRI BRAIN DONE GT24 HRS	1	3	1 OR 2
3120F	12-LEAD ECG PERFORMED	1	5	1 OR 2
3130F	UPPER GI ENDOSCOPY PERFORMED	1	2	1 OR 2
3132F	DOC REF. UPPER GI ENDOSCOPY	1	21	1 OR 2

JULY 2007 RELEASE "F" CODES

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
3140F	UPPER GI ENDO SHOWS BARRTT'S	1	21	1 OR 2
3141F	UPPER GI ENDO NOT BARRTT'S	1	21	1 OR 2
3142F	BARIUM SWALLOW TEST ORDERED	1	21	1 OR 2
3150F	FORCEPS ESOPH BIOPSY DONE	1	2	1 OR 2
3155F	CYTOGEN TEST MARROW B/4 TX DOC FE+ STORES B/4	1	4	1 OR 2
3160F	EPO THX	1	21	1 OR 2
3170F	FLOW CYTO DONE B/4 TX	1	4	1 OR 2
3200F	BARIUM SWALLOW TEST NOT REQ	1	21	1 OR 2
3210F	GRP A STREP TEST PERFORMED	1	4	1 OR 2
4041F	DOC ORDER CEFAZOLIN/CEFUROX.	1	21	1 OR 2
4042F	DOC ANTIBIO NOT GIVEN	1	21	1 OR 2
4043F	DOC ORDER GIVEN STOP ANTIBIO	1	21	1 OR 2
4044F	DOC ORDER GIVEN VTE PROPHYLX	1	21	1 OR 2
4046F	DOC ANTIBIO GIVEN B/4	1	21	1 OR 2

4047F	SURG DOC ANTIBIO GIVEN B/4	1	21	1 OR 2
4048F	SURG DOC ANTIBIO GIVEN B/4	1	21	1 OR 2
4049F	SURG DOC ORDER GIVEN	1	21	1 OR 2
4070F	STOP ANTIBIO DVT PROPHYLX RECV'D	1	21	1 OR 2
4073F	DAY 2 ORAL ANTIPLAT THX RX	1	21	1 OR 2
4075F	DISCHRG ANTICOAG THX RX AT	1	21	1 OR 2
4077F	DISCHRG DOC T-PA ADMIN	1	21	1 OR 2
	CONSIDERED	1	21	1 OR 2

JULY 2007 RELEASE "F" CODES

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
4079F	DOC REHAB SVCS CONSIDERED	1	21	1 OR 2
4084F	ASPIRIN RECV'D W/IN 24 HRS	1	21	1 OR 2
4090F	PT RCVNG EPO THXPY	1	21	1 OR 2
4095F	PT NOT RCVNG EPO THXPY	1	21	1 OR 2
4100F	BIPHOS THXPY VEIN ORD/REC'VD	1	5	1 OR 2
4110F	INT. MAM ART USED FOR CABG	1	2	1 OR 2
4115F	BETA BLCKR ADMIN W/IN 24 HRS	1	5	1 OR 2
4120F	ANTIBIOT RX'D/GIVEN	1	21	1 OR 2
4124F	ANTIBIOT NOT RX'D/GIVEN	1	21	1 OR 2
6010F	DYSPHAG TEST DONE B/4 EATING	1	21	1 OR 2
6015F	PT RECVNG/OK FOR EATING/SWAL	1	21	1 OR 2
6020F	NPO (NOTHING-MOUTH) ORDERED	1	21	1 OR 2

OCTOBER 2007 RELEASE "F" CODES

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
1116F	AURIC/PERI PAIN ASSESSED	1	21	1 OR 2
2035F	TYMP MEMB MOTION EXAM'D	1	21	1 OR 2
3215F	PT IMMUNITY TO HEP A DOC'D	1	21	1 OR 2
3216F	PT IMMUNITY TO HEP B DOC'D	1	21	1 OR 2
3219F	HEP C GENO TSTNG DOC'D DONE	1	21	1 OR 2
3220F	HEP C QUANT RNA TSTNG DOC'D	1	21	1 OR 2
3230F	NOTE HRING TST W/IN 6 MON	1	21	1 OR 2
3260F	PT CAT/PN CAT/HIST GRD DOC'D	1	21	1 OR 2
4130F	TOPICAL PREP RX, AOE	1	21	1 OR 2

OCTOBER 2007 RELEASE "F" CODES

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
4131F	SYST ANTIMICROBIAL THX RX	1	21	1 OR 2
4132F	NO SYST ANTIMICROBIAL THX RX	1	21	1 OR 2
4133F	ANTI HIST/DECONG RX/RECOM	1	21	1 OR 2
4134F	NO ANTI HIST/DECONG RX/RECOM	1	21	1 OR 2
4135F	SYSTEMIC CORTICOSTEROIDS RX	1	21	1 OR 2
4136F	SYST CORTICOSTEROIDS NOT RX	1	21	1 OR 2
4150F	PT RECVNG ANTIVIR TXMNT HEPC	1	21	1 OR 2
4151F	PT NOT RECVNG ANTIV HEP C	1	21	1 OR 2
4152F	DOC'D PEGINTF/RIB THXY CONSD	1	21	1 OR 2
4153F	COMBO PEGINTF/RIB RX	1	21	1 OR 2
4154F	HEP A VAC SERIES	1	21	1 OR 2

	<i>RECOMMENDED</i>			
<i>4155F</i>	<i>HEP A VAC SERIES PREV</i>			
	<i>RECVD</i>	<i>1</i>	<i>21</i>	<i>1 OR 2</i>
<i>4156F</i>	<i>HEP B VAC SERIES</i>			
	<i>RECOMMENDED</i>	<i>1</i>	<i>21</i>	<i>1 OR 2</i>
<i>4157F</i>	<i>HEP B VAC SERIES PREV</i>			
	<i>RECVD</i>	<i>1</i>	<i>21</i>	<i>1 OR 2</i>
<i>4158F</i>	<i>PT EDU RE: ALCOH</i>			
	<i>DRNKNG DONE</i>	<i>1</i>	<i>21</i>	<i>1 OR 2</i>
<i>4159F</i>	<i>CONTRCP TALK B/4</i>			
	<i>ANTIV TXMNT</i>	<i>1</i>	<i>21</i>	<i>1 OR 2</i>