

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

CPT Codes

Code	Code Description	Line(s) April List
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	63, 79, 86, 165, 202, 215, 217, 250, 271, 291, 307, 407, 440, 480, 541, 563, 567, 623, 624, 641
11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	165, 215, 217, 250, 271, 291, 307, 407, 440, 563, 567, 624
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	165, 215, 217, 250, 271, 291, 307, 407, 440, 563, 567, 624
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	83, 158, 208, 271, 397, 428, 497, 539, 596
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	83, 158, 208, 271, 397, 428, 497, 539, 596
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Excluded
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Excluded
29916	Arthroscopy, hip, surgical; with labral repair	Excluded
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	388, 488, 523
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	388, 488, 523
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	388, 488, 523
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	153 PNEUMOTHORAX AND HEMOTHORAX.
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Congenital heart lines: 73, 76, 93, 94, 97, 98, 115, 116, 122, 139, 141, 148, 184, 192, 194, 237, 247, 274, 279, 672
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Congenital heart lines: 73, 76, 93, 94, 97, 98, 115, 116, 122, 139, 141, 148, 184, 192, 194, 237, 247, 274, 279, 672

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left	184, 247
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	375 ATHEROSCLEROSIS, PERIPHERAL
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	375 ATHEROSCLEROSIS, PERIPHERAL
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty	375 ATHEROSCLEROSIS, PERIPHERAL
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	375 ATHEROSCLEROSIS, PERIPHERAL
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	375 ATHEROSCLEROSIS, PERIPHERAL
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	375 ATHEROSCLEROSIS, PERIPHERAL
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	375 ATHEROSCLEROSIS, PERIPHERAL
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	375 ATHEROSCLEROSIS, PERIPHERAL
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	375 ATHEROSCLEROSIS, PERIPHERAL
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	375 ATHEROSCLEROSIS, PERIPHERAL
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	375 ATHEROSCLEROSIS, PERIPHERAL

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	375 ATHEROSCLEROSIS, PERIPHERAL
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	375 ATHEROSCLEROSIS, PERIPHERAL
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	375 ATHEROSCLEROSIS, PERIPHERAL
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for p	375 ATHEROSCLEROSIS, PERIPHERAL
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in additi	375 ATHEROSCLEROSIS, PERIPHERAL
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Diagnostic
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	70 CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT
43327	Esophagogastric fundoplasty partial or complete; laparotomy	61, 70, 408, 416
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	61, 70, 408, 416
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	408 ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIA
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	408 ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIA
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	408 ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIA
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	408 ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIA

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	408 ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIA
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	408 ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIA
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty)	70 CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	Exempt
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	Diagnostic
43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration	Diagnostic
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	Diagnostic
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration	Diagnostic
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple	Pending January, 2011 meeting
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple	Pending January, 2011 meeting
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological superv	Ancillary
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Excluded
57156	Insertion of a vaginal radiation afterloading apparatus for clinical	144, 167, 219, 252, 286, 310

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
61781+ A56	Stereotactic computer-assisted (navigational) procedure; cranial, intradural	137, 162, 201, 266, 319, 340, 358
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural	137, 162, 201, 266, 319, 340, 358
61783	Stereotactic computer-assisted (navigational) procedure; spinal	201, 319
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Excluded
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	182,459
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	182, 307, 459
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	182, 307, 459
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	518 SIALOLITHIASIS, MUCCOCELE, DISTURBANCE OF SALIVARY
65778	Placement of amniotic membrane on the ocular surface for wound healing; self-retaining	63, 224, 226, 259, 335, 394, 445, 593
65779	Placement of amniotic membrane on the ocular surface for wound healing; single layer, sutured	63, 224, 226, 259, 335, 394, 445, 593
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Excluded
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Excluded
74176	Computed tomography, abdomen and pelvis; without contrast material	Diagnostic
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Diagnostic
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Diagnostic
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	Diagnostic
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Diagnostic
80104	Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure	Diagnostic
82930	Gastric acid analysis, includes pH if performed, each specimen	Diagnostic

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
84112	Placental alpha microglobulin-1 (PAMG-1), cervicovaginal secretion, qualitative	Diagnostic
85598	Phospholipid neutralization; hexagonal phospholipid	Diagnostic
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	Diagnostic
86902	Blood typing; antigen testing of donor blood using reagent serum, each antigen test	Diagnostic
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, reverse transcription and amplified probe technique, each type or subtype	Diagnostic
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, reverse transcription and amplified probe technique, first 2 types or sub-types	Diagnostic
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, multiplex reverse transcription and amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in additio	Diagnostic
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)	Diagnostic
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	286 CANCER OF BLADDER AND URETER
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	286 CANCER OF BLADDER AND URETER
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	Diagnostic
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Diagnostic
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	Excluded
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	3,4

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
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 proced	3,4
90470	H1N1 immunization administration (intramuscular, intranasal), including counseling when performed	3,4
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	3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use	3,4
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use	3,4
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use	3,4
90668	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use	3,4
90867	Therapeutic repetitive transcranial magnetic stimulation treatment; planning	Excluded
90868	Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session	Excluded
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Excluded
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	106,124,130,149,164,174, 258,259,263,282,285,298, 320,321,323,333,335,342, 343,360,361,363,371,378, 389,390,394,401,423,445, 454,458,465,467,468,476, 487,489,506,515,519,573, 578,585,614,638,643,644, 650
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	See 92132 above
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	See 92132 above
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	10, 33, 106

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	106 DIABETIC AND OTHER RETINOPATHY
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	Diagnostic
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Diagnostic
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Diagnostic
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Diagnostic
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial veno	Diagnostic
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Diagnostic
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	Diagnostic

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	Diagnostic
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	Diagnostic
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	Diagnostic
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	Diagnostic
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Diagnostic
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, w	Diagnostic
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after	Diagnostic
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization	Diagnostic
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free ma	Diagnostic
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography	Diagnostic

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography	Diagnostic
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography	Diagnostic
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	Diagnostic
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Diagnostic
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Diagnostic
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Chemotherapy lines: 101, 123, 144, 159, 166, 167, 181, 197, 207, 208, 219, 221, 222, 229, 230, 243, 249, 252, 275, 276, 277, 278, 286, 291, 309, 310, 311, 319, 337, 338, 339, 354, 452, 612
99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of	Lines with E&M codes
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of mo	Lines with E&M codes
99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or c	Lines with E&M codes

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
HCPCS Codes		
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	PT lines: 12,50-52,63,73-75,77,79,84,88,89,93,94,97-100, 108,109,115,116,122,129,139,141-143,145,146,158,161,165, 179,184,185,189,190,192,194,195, 201, 202,208,217,227,237, 239,270,271,273,274,279,287,288,292,296,301,303,306-308,317, 334,340,347,348,362, 366, 368, 372,373,375,379, 381, 382, 384,3 97,403,404,428,434, 436,440,448, 460,480,497,508,539,551,569, 587,610,627
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	See G0157
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE PHYSICAL THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES	See G0157
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE OCCUPATIONAL THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES	See G0157
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE SPEECH-LANGUAGE PATHOLOGY MAINTENANCE PROGRAM, EACH 15 MINUTES	See G0157
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) IN THE DELIVERY OF MANAGEMENT & EVALUATION OF THE PLAN OF CARE; EACH 15 MINUTES (THE PATIENT'S UNDERLYING CONDITION OR COMPLICATION REQUIRES AN RN TO ENSURE THAT ESSENTIAL NON-SKILLED CARE ACHIEVE ITS PURPOSE IN	Ancillary

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
G0163	SKILLED SERVICES BY A LICENSED NURSE (LPN OR RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PERSONNEL TO IDENTIFY AND EVALUATE THE PATIENT'S NEED FOR POSSIBLE MODIFICATION OF TREATMENT IN THE HOME HEALTH OR HOSPICE SETTING)	Ancillary
G0164	SKILLED SERVICES OF A LICENSED NURSE (LPN OR RN), IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Ancillary
G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL DEFECTS (E.G., CMI, COLLAGEN SCAFFOLD, MENAFLEX)	Excluded
G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (LDS) (E.G., AS A RESULT OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY)	675 DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING	Diagnostic
G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING	Diagnostic
G0434	DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA WAIVED TEST OR MODERATE COMPLEXITY TEST, PER PATIENT ENCOUNTER	Diagnostic
G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2, SCREENING	Diagnostic
G0436	SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INTERMEDIATE, GREATER THAN 3 MINUTES, UP TO 10 MINUTES	6 TOBACCO DEPENDENCE
G0437	SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INTENSIVE, GREATER THAN 10 MINUTES	6 TOBACCO DEPENDENCE

**Health Outcomes Subcommittee Recommendations for Placement of the New 2011 Procedure Codes for Review by the HSC on
1/13/10**

Code	Code Description	Line(s) April List
G0438	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), INITIAL VISIT	3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE 4 PREVENTIVE SERVICES, OVER AGE OF 10
G0439	ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), SUBSEQUENT VISIT	3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE 4 PREVENTIVE SERVICES, OVER AGE OF 10
G0440	APPLICATION OF TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE OR DERMAL SUBSTITUTE FOR USE ON LOWER LIMB, INCLUDES THE SITE PREPARATION AND DEBRIDEMENT IF PERFORMED; FIRST 25 SQ CM OR LESS	63, 79, 95, 142, 187, 202, 207, 217, 243, 291, 407, 424, 440
G0441	APPLICATION OF TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE OR DERMAL SUBSTITUTE; FOR USE ON LOWER LIMB, INCLUDES THE SITE PREPARATION AND DEBRIDEMENT IF PERFORMED; EACH ADDITIONAL 25 SQ CM	63, 79, 95, 142, 187, 202, 207, 217, 243, 291, 407, 424, 440
G9147	OUTPATIENT INTRAVENOUS INSULIN TREATMENT (OIVIT) EITHER PULSATILE OR CONTINUOUS, BY ANY MEANS, GUIDED BY THE RESULTS OF MEASUREMENTS FOR:RESPIRATORY QUOTIENT; AND/OR, URINE UREA NITROGEN (UUN); AND/OR, ARTERIAL, VENOUS OR CAPILLARY GLUCOSE; AND/OR POTASSIUM CONCENTRATION	Excluded