

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; THERAPEUTIC	397 DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT Treatment: MEDICAL AND SURGICAL TREATMENT 429 SPINAL DEFORMITY, CLINICALLY SIGNIFICANT Treatment: MEDICAL AND SURGICAL TREATMENT	62284 (injection procedure for myelography, spinal) and similar codes on lines 397 and 429	
22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); THORACIC	429 SPINAL DEFORMITY, CLINICALLY SIGNIFICANT Treatment: MEDICAL AND SURGICAL TREATMENT 597 SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY	Addition of "three column" to 22212, found on 429, 597	
22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); LUMBAR VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); EACH ADDITIONAL VERTEBRAL SEGMENT	429 SPINAL DEFORMITY, CLINICALLY SIGNIFICANT Treatment: MEDICAL AND SURGICAL TREATMENT 597 SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY	Addition of "three column" to 22214, found on 429, 597	
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	89 FRACTURE OF HIP, CLOSED Treatment: MEDICAL AND SURGICAL TREATMENT 144 OPEN FRACTURE/DISLOCATION OF EXTREMITIES Treatment: MEDICAL AND SURGICAL TREATMENT 379 CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) Treatment: OPEN OR CLOSED REDUCTION	27236 is open tx of femoral fx: on lines 89, 144, 307 (complications always req tx), 379	
27268	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION FIXATION, WHEN PERFORMED	89 FRACTURE OF HIP, CLOSED Treatment: MEDICAL AND SURGICAL TREATMENT 144 OPEN FRACTURE/DISLOCATION OF EXTREMITIES Treatment: MEDICAL AND SURGICAL TREATMENT 379 CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) Treatment: OPEN OR CLOSED REDUCTION	27236 is open tx of femoral fx: on lines 89, 144, 307 (complications always req tx), 379	
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	461 MALUNION AND NONUNION OF FRACTURE Treatment: SURGICAL TREATMENT	27720 (repair of tibia nonunion or malunion) on line 461	
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	379 CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) Treatment: OPEN OR CLOSED REDUCTION	27760 (closed tx of medial malleolus fx) on line 379	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	379 CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) Treatment: OPEN OR CLOSED REDUCTION	27760 (closed tx of medial malleolus fx) on line 379	
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	144 OPEN FRACTURE/DISLOCATION OF EXTREMITIES Treatment: MEDICAL AND SURGICAL TREATMENT 379 CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) Treatment: OPEN OR CLOSED REDUCTION	27766 (open tx of medial malleolus fx) on lines 144, 379	
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	296 DEFORMITY/CLOSED DISLOCATION OF JOINT Treatment: SURGICAL TREATMENT 437 DISORDERS OF SHOULDER) Treatment: REPAIR/RECONSTRUCTION	See Shoulder arthroscopy review, 11/1/07	
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	296 DEFORMITY/CLOSED DISLOCATION OF JOINT Treatment: SURGICAL TREATMENT 317 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS Treatment: MEDICAL AND SURGICAL TREATMENT 381 RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE Treatment: ARTHROPLASTY/RECONSTRUCTION 461 MALUNION AND NONUNION OF FRACTURE Treatment: SURGICAL TREATMENT 56 DEFORMITIES OF FOOT Treatment:FASCIOTOMY/INCISION/REPAIR/ ARTHRODESIS	subtalar arthrodesis (28725) on lines 296, 317, 381, 461, 556	
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	296 DEFORMITY/CLOSED DISLOCATION OF JOINT Treatment: SURGICAL TREATMENT 317 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS Treatment: MEDICAL AND SURGICAL TREATMENT 381 RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE Treatment: ARTHROPLASTY/RECONSTRUCTION 461 MALUNION AND NONUNION OF FRACTURE Treatment: SURGICAL TREATMENT 56 DEFORMITIES OF FOOT Treatment:FASCIOTOMY/INCISION/REPAIR/ ARTHRODESIS	subtalar arthrodesis (28725) on lines 296, 317, 381, 461, 556	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	296 DEFORMITY/CLOSED DISLOCATION OF JOINT Treatment: SURGICAL TREATMENT 317 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS Treatment: MEDICAL AND SURGICAL TREATMENT 381 RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE Treatment: ARTHROPLASTY/RECONSTRUCTION 461 MALUNION AND NONUNION OF FRACTURE Treatment: SURGICAL TREATMENT 56 DEFORMITIES OF FOOT Treatment:FASCIOTOMY/INCISION/REPAIR/ ARTHRODESIS	subtalar arthrodesis (28725) on lines 296, 317, 381, 461, 556	
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	296 DEFORMITY/CLOSED DISLOCATION OF JOINT Treatment: SURGICAL TREATMENT 317 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS Treatment: MEDICAL AND SURGICAL TREATMENT 381 RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE Treatment: ARTHROPLASTY/RECONSTRUCTION 461 MALUNION AND NONUNION OF FRACTURE Treatment: SURGICAL TREATMENT 56 DEFORMITIES OF FOOT Treatment:FASCIOTOMY/INCISION/REPAIR/ ARTHRODESIS	subtalar arthrodesis (28725) on lines 296, 317, 381, 461, 556	
32421	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT PNEUMOTHORAX), WHEN PERFORMED (SEPARATE PROCEDURE)	84 DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS Treatment: MEDICAL AND SURGICAL TREATMENT 154 PNEUMOTHORAX AND HEMOTHORAX Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY 582 PLEURISY Treatment: MEDICAL THERAPY	32420 (pneumocentesis for aspiration) on lines 84, 154, 582 (medical tx for pleurisy)	Line 582: change name to "medical and surgical tx"

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	84 DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS Treatment: MEDICAL AND SURGICAL TREATMENT 154 PNEUMOTHORAX AND HEMOTHORAX Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY 582 PLEURISY Treatment: MEDICAL THERAPY	32420 (pneumocentesis for aspiration) on lines 84, 154, 582 (medical tx for pleurisy)	
32551	TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED (SEPARATE PROCEDURE)	84 DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS Treatment: MEDICAL AND SURGICAL TREATMENT 154 PNEUMOTHORAX AND HEMOTHORAX Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY 582 PLEURISY Treatment: MEDICAL THERAPY	32420 (pneumocentesis for aspiration) on lines 84, 154, 582 (medical tx for pleurisy)	
32560	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	84 DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS Treatment: MEDICAL AND SURGICAL TREATMENT 154 PNEUMOTHORAX AND HEMOTHORAX Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY 582 PLEURISY Treatment: MEDICAL THERAPY	32420 (pneumocentesis for aspiration) on lines 84, 154, 582 (medical tx for pleurisy)	
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), LIMITED (EG, MODIFIED MAZE PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	303 LIFE-THREATENING CARDIAC ARRHYTHMIAS Treatment: MEDICAL AND SURGICAL TREATMENT 373 CARDIAC ARRHYTHMIAS Treatment: MEDICAL THERAPY, PACEMAKER	33254 (operative tissue ablation and reconstruction of atria, limited, maze procedure) on lines 303 and 373	Line 373: change line name to "medical and surgical treatment, pacemaker"
33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	303 LIFE-THREATENING CARDIAC ARRHYTHMIAS Treatment: MEDICAL AND SURGICAL TREATMENT 373 CARDIAC ARRHYTHMIAS Treatment: MEDICAL THERAPY, PACEMAKER	33254 (operative tissue ablation and reconstruction of atria, limited, maze procedure) on lines 303 and 373	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
33259	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	303 LIFE-THREATENING CARDIAC ARRHYTHMIAS Treatment: MEDICAL AND SURGICAL TREATMENT 373 CARDIAC ARRHYTHMIAS Treatment: MEDICAL THERAPY, PACEMAKER	33254 (operative tissue ablation and reconstruction of atria, limited, maze procedure) on lines 303 and 373	
33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION AND VALVE-SPARING AORTIC ANNULUS REMODELING (EG, DAVID PROCEDURE, YACOUB PROCEDURE)	306 DISSECTING OR RUPTURED AORTIC ANEURYSM Treatment: SURGICAL TREATMENT 347 NON-DISSECTING ANEURYSM WITHOUT RUPTURE Treatment: SURGICAL TREATMENT	33860 (ascending aorta graph) on lines 306, 347	
34806	TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DURING ENDOVASCULAR REPAIR, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INSTRUMENT CALIBRATION, AND COLLECTION OF PRESSURE DATA	347 NON-DISSECTING ANEURYSM WITHOUT RUPTURE Treatment: SURGICAL TREATMENT	34802 (endovascular repair of AAA) on line 347	
35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	375 ATHEROSCLEROSIS, PERIPHERAL Treatment: SURGICAL TREATMENT	35522 (bypass graft axillary-brachial) on line 375	
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK REGION (PERCUTANEOUS, TRANSORAL, OR TRANSNASAL) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION	311 CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	Interstitial radioelement application (77776-77778) on line 311 for head/neck	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
49203	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5 CM DIAMETER OR LESS	<p>112 CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION Treatment: MEDICAL AND SURGICAL TREATMENT</p> <p>167 HODGKIN'S DISEASE Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>208 CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>219 CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>252 CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>277 CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>417 ENDOMETRIOSIS AND ADENOMYOSIS</p>	<p>49200 (excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas) on lines 112, 167, 417</p> <p>49201 (above, extensive) found on lines 112, 219, 277, 417</p>	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM DIAMETER	<p>112 CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION Treatment: MEDICAL AND SURGICAL TREATMENT</p> <p>167 HODGKIN'S DISEASE Treatment: MEDICAL THERAPY, INCLUDING CHEMOTHERAPY & RADIATION THERAPY</p> <p>208 CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING CHEMOTHERAPY & RADIATION THERAPY</p> <p>219 CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING CHEMOTHERAPY & RADIATION THERAPY</p> <p>252 CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING CHEMOTHERAPY & RADIATION THERAPY</p> <p>277 CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING CHEMOTHERAPY & RADIATION THERAPY</p> <p>417 ENDOMETRIOSIS AND ADENOMYOSIS Treatment: MEDICAL AND SURGICAL TREATMENT</p>	<p>49200 (excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas) on lines 112, 167, 417</p> <p>49201 (above, extensive) found on lines 112, 219, 277, 417</p> <p>49200, 49201 are DELETED codes</p>	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER	<p>112 CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION Treatment: MEDICAL AND SURGICAL TREATMENT</p> <p>167 HODGKIN'S DISEASE Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>208 CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>219 CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>252 CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>277 CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>417 ENDOMETRIOSIS AND ADENOMYOSIS</p>	<p>49200 (excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas) on lines 112, 167, 417</p> <p>49201 (above, extensive) found on lines 112, 219, 277, 417</p>	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	<p>35 REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE Treatment: MEDICAL AND SURGICAL TREATMENT</p> <p>48 INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH,INTESTINES, COLON, AND RECTUM Treatment: MEDICAL AND SURGICAL TREATMENT</p> <p>78 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)</p> <p>97 NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN Treatment: MEDICAL AND SURGICAL TREATMENT</p> <p>112 CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION Treatment: MEDICAL AND SURGICAL TREATMENT</p> <p>164 ACUTE VASCULAR INSUFFICIENCY OF INTESTINE Treatment: SURGICAL TREATMENT</p> <p>168 CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS Treatment: MEDICAL AND SURGICAL TREATMENT</p> <p>337 CANCER OF ESOPHAGUS Treatment: MEDICAL AND SURGICAL TREATMENT</p> <p>406 ESOPHAGEAL STRICTURE Treatment: MEDICAL AND SURGICAL TREATMENT</p>	V53.5 (fitting and adjustment of other intestinal appliance) placed on lines 35, 48, 78, 97, 112, 164, 168, 337, 406 at 11/07 HOSC meeting; cecostomy (44300) on these lines	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	187 URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER Treatment: MEDICAL AND SURGICAL TREATMENT 245 URINARY FISTULA Treatment: SURGICAL TREATMENT 376 URINARY TRACT CALCULUS Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY 418 CALCULUS OF BLADDER OR KIDNEY Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY, NEPHROLITHOTOMY, LITHOTRIPSY	50382 and 50384 are similar, found on lines 187, 245, 376, 418	
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	187 URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER Treatment: MEDICAL AND SURGICAL TREATMENT 245 URINARY FISTULA Treatment: SURGICAL TREATMENT 376 URINARY TRACT CALCULUS Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY 418 CALCULUS OF BLADDER OR KIDNEY Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY, NEPHROLITHOTOMY, LITHOTRIPSY	50382 and 50384 are similar, found on lines 187, 245, 376, 418	
51100	ASPIRATION OF BLADDER; BY NEEDLE	96 CONGENITAL ANOMALIES OF URINARY SYSTEM Treatment: RECONSTRUCTION 290 UROLOGIC INFECTIONS Treatment: MEDICAL THERAPY 349 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION Treatment: MEDICAL AND SURGICAL TREATMENT	51000 Aspiration of bladder by needle on lines 96, 290, 349	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	96 CONGENITAL ANOMALIES OF URINARY SYSTEM Treatment: RECONSTRUCTION 290 UROLOGIC INFECTIONS Treatment: MEDICAL THERAPY 349 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION Treatment: MEDICAL AND SURGICAL TREATMENT	51000 Aspiration of bladder by needle on lines 96, 290, 349	
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	78 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES) 96 CONGENITAL ANOMALIES OF URINARY SYSTEM Treatment: RECONSTRUCTION 349 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION Treatment: MEDICAL AND SURGICAL TREATMENT	51010 Insertion of suprapubic catheter on lines 78, 96, 349	
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE	349 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION Treatment: MEDICAL AND SURGICAL TREATMENT 354 CANCER OF PROSTATE GLAND, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	52648 is similar, on lines 349 and 354	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION	<p>145 CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>219 CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>275 CANCER OF PENIS AND OTHER MALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>286 CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p> <p>310 CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY</p>	Interstitial radioelement application (77776-77778) on line	
57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VAGINAL APPROACH	<p>470 URINARY INCONTINENCE Treatment: MEDICAL AND SURGICAL TREATMENT</p> <p>485 UTERINE PROLAPSE; CYSTOCELE Treatment: SURGICAL REPAIR</p>	Cystocele (618.01) on line 485 57284 is similar, on lines 470, 485	
57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LAPAROSCOPIC APPROACH	<p>470 URINARY INCONTINENCE Treatment: MEDICAL AND SURGICAL TREATMENT</p> <p>485 UTERINE PROLAPSE; CYSTOCELE Treatment: SURGICAL REPAIR</p>	Cystocele (618.01) on line 485 57284 is similar, on lines 470, 485	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	31, 57, 58, 145, 160, 219, 252, 310, 417, 423, 442, 447, 485, 544, 572	58510 (TAH w/ or w/o BSO) on lines 31, 57, 58, 145, 160, 219, 252, 310, 417, 423, 442, 447, 485, 544, 572	
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	31, 57, 58, 145, 160, 219, 252, 310, 417, 423, 442, 447, 485, 544, 572	58510 (TAH w/ or w/o BSO) on lines 31, 57, 58, 145, 160, 219, 252, 310, 417, 423, 442, 447, 485, 544, 572	
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	31, 57, 58, 145, 160, 219, 252, 310, 417, 423, 442, 447, 485, 544, 572	58510 (TAH w/ or w/o BSO) on lines 31, 57, 58, 145, 160, 219, 252, 310, 417, 423, 442, 447, 485, 544, 572	
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	31, 57, 58, 145, 160, 219, 252, 310, 417, 423, 442, 447, 485, 544, 572	58510 (TAH w/ or w/o BSO) on lines 31, 57, 58, 145, 160, 219, 252, 310, 417, 423, 442, 447, 485, 544, 572	
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	649 CYST, HEMORRHAGE, AND INFARCTION OF THYROID Treatment: SURGICAL TREATMENT	60001 has exact same description, found line 649	
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG, MACULAR PUCKER)	107 DIABETIC AND OTHER RETINOPATHY Treatment: LASER SURGERY 323 VITREOUS DISORDERS Treatment: VITRECTOMY 342 PURULENT ENDOPHTHALMITIS Treatment: VITRECTOMY	67036 (vitrectomy, mechanical, pars plana approach) on lines 107, 323, 342	
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA (EG, FOR REPAIR OF MACULAR HOLE, DIABETIC MACULAR EDEMA), INCLUDES, IF PERFORMED, INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE OIL)	107 DIABETIC AND OTHER RETINOPATHY Treatment: LASER SURGERY 323 VITREOUS DISORDERS Treatment: VITRECTOMY 342 PURULENT ENDOPHTHALMITIS Treatment: VITRECTOMY	67036 (vitrectomy, mechanical, pars plana approach) on lines 107, 323, 342	
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE (EG, CHOROIDAL NEOVASCULARIZATION), INCLUDES, IF PERFORMED, INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE OIL) AND LASER PHOTOCOAGULATION	107 DIABETIC AND OTHER RETINOPATHY Treatment: LASER SURGERY 323 VITREOUS DISORDERS Treatment: VITRECTOMY 342 PURULENT ENDOPHTHALMITIS Treatment: VITRECTOMY	67036 (vitrectomy, mechanical, pars plana approach) on lines 107, 323, 342	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE C-1 OR GREATER, DIABETIC TRACTION RETINAL DETACHMENT, RETINOPATHY OF PREMATURITY, RETINAL TEAR OF GREATER THAN 90 DEGREES), WITH VITRECTOMY AND MEMBRANE PEELING	298 RETINAL DETACHMENT AND OTHER RETINAL DISORDERS Treatment: RETINAL REPAIR, VITRECTOMY 371 RETROLENTAL FIBROPLASIA Treatment: CRYOSURGERY	67107 (repair of retinal detachment) on lines 298, 371	
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; PRETERM INFANT (LESS THAN 37 WEEKS GESTATION AT BIRTH), PERFORMED FROM BIRTH UP TO 1 YEAR OF AGE (EG, RETINOPATHY OF PREMATURITY), PHOTOCOAGULATION OR CRYOTHERAPY	107 DIABETIC AND OTHER RETINOPATHY Treatment: LASER SURGERY	67227 (destruction of extensive or progressive retinopathy) on line 107 362.21 (retinopathy of prematurity) on line 107	
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION	490 KERATOCONJUNCTIVITS, CORNEAL ABSCESS AND NEOVASCULARIZATION Treatment: MEDICAL AND SURGICAL TREATMENT 528 DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION Treatment: MEDICAL AND SURGICAL TREATMENT 644 STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED) Treatment: DACRYOCYSTORHINOSTOMY	Probing of nasolacrimal duct on lines 490, 528, 644	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
86486	SKIN TEST; UNLISTED ANTIGEN, EACH	11 ASTHMA Treatment: MEDICAL THERAPY 234 OCCUPATIONAL LUNG DISEASES Treatment: MEDICAL THERAPY 235 ANAPHYLACTIC SHOCK; EDEMA OF LARYNX Treatment: MEDICAL THERAPY 336 DISORDERS INVOLVING THE IMMUNE SYSTEM Treatment: MEDICAL THERAPY 541 OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS Treatment: MEDICAL THERAPY 545 ATOPIC DERMATITIS Treatment: MEDICAL THERAPY 546 CONTACT DERMATITIS AND OTHER ECZEMA Treatment: MEDICAL THERAPY 574 ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS Treatment: MEDICAL THERAPY 585 DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY	Intradermal allergen extract tests (95024-95028) covered on lines 11, 234, 235, 336, 541, 545, 546, 574, 585	
90661	INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE	3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE Treatment: MEDICAL THERAPY 4 PREVENTIVE SERVICES, OVER AGE OF 10 Treatment: MEDICAL THERAPY	Influenza immunizations placed on lines 3/4 during immunization code review, 8/07	
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR USE	3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE Treatment: MEDICAL THERAPY 4 PREVENTIVE SERVICES, OVER AGE OF 10 Treatment: MEDICAL THERAPY	Influenza immunizations placed on lines 3/4 during immunization code review, 8/07	
90663	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION	3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE Treatment: MEDICAL THERAPY 4 PREVENTIVE SERVICES, OVER AGE OF 10 Treatment: MEDICAL THERAPY	Influenza immunizations placed on lines 3/4 during immunization code review, 8/07	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Similar to Existing Codes	Lines	Similar Code	Other issues
93982	NONINVASIVE 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	347 NON-DISSECTING ANEURYSM WITHOUT RUPTURE Treatment: SURGICAL TREATMENT	34802 (endovascular repair of AAA) on line 347	
99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE, 28 DAYS OF AGE OR LESS, WHO REQUIRES INTENSIVE OBSERVATION, FREQUENT INTERVENTIONS, AND OTHER INTENSIVE CARE SERVICES	All lines with E&M codes (99201-99362)	Similar code: 99295 (Initial neonatal critical care) is on all lines with E&M codes. Needs to be on all neonatal conditions (many lines) plus other conditions (pneumonia, etc.)	
CODE	DESCRIPTION--Straightforward, Diagnostic	Lines	Comment	Other issues
01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; DIAGNOSTIC	Diagnostic		
87500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE (EG, ENTEROCOCCUS SPECIES VAN A, VAN B), AMPLIFIED PROBE TECHNIQUE	Diagnostic		
88381	MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL	Diagnostic		
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING ASSESSMENT) PER HOUR OF QUALIFIED HEALTH CARE PROFESSIONAL TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT	Diagnostic		
CODE	DESCRIPTION--Straightforward, Ancillary	Lines	Comment	Other issues
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	Ancillary		

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Straightforward, Ancillary	Lines	Comment	Other issues
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, VENOUS, NOT OTHERWISE SPECIFIED	Ancillary		
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	Ancillary		
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	Ancillary	See gastrostomy tube discussion 11/1/07 HOSC	
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	Ancillary	See gastrostomy tube discussion 11/1/07 HOSC	
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	Ancillary	See gastrostomy tube discussion 11/1/07 HOSC	
49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	Ancillary	See gastrostomy tube discussion 11/1/07 HOSC	
49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	Ancillary	See gastrostomy tube discussion 11/1/07 HOSC	
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	Ancillary	See gastrostomy tube discussion 11/1/07 HOSC	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Straightforward, Ancillary	Lines	Comment	Other issues
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY, OR CECOSTOMY) TUBE, ANY METHOD, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IF PERFORMED, IMAGE DOCUMENTATION AND REPORT	Ancillary	See gastrostomy tube discussion 11/1/07 HOSC	
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY, OR CECOSTOMY (OR OTHER COLONIC) TUBE, FROM A PERCUTANEOUS APPROACH INCLUDING IMAGE DOCUMENTATION AND REPORT	Ancillary	See gastrostomy tube discussion 11/1/07 HOSC	
90769	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO ONE HOUR, INCLUDING PUMP SET-UP AND ESTABLISHMENT OF SUBCUTANEOUS INFUSION SITE(S)	Ancillary		
90770	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ancillary		
90771	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP WITH ESTABLISHMENT OF NEW SUBCUTANEOUS INFUSION SITE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ancillary		
90776	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF THE SAME SUBSTANCE/DRUG PROVIDED IN A FACILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ancillary		

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Straightforward, List	Lines	Comment	Other issues
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION (AT THE TIME OF OR SUBSEQUENT TO THE PROCEDURE)	208 CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	Interstitial radioelement application (77776-77778) on line	
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE, GENERAL OR MONITORED ANESTHESIA CARE)	662 TMJ DISORDERS Treatment: TMJ SURGERY		
24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); PERCUTANEOUS	523 PERIPHERAL ENTHESOPATHIES Treatment: SURGICAL TREATMENT	726.32 (epicondylitis) on line 509 (medical) and 523 (surgical)	
24358	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN	523 PERIPHERAL ENTHESOPATHIES Treatment: SURGICAL TREATMENT	726.32 (epicondylitis) on line 509 (medical) and 523 (surgical)	
24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACHMENT	523 PERIPHERAL ENTHESOPATHIES Treatment: SURGICAL TREATMENT	726.32 (epicondylitis) on line 509 (medical) and 523 (surgical)	
89331	SPERM EVALUATION, FOR RETROGRADE EJACULATION, URINE (SPERM CONCENTRATION, MOTILITY, AND MORPHOLOGY, AS INDICATED)	Never Covered	Retrograde ejaculation (608.87) covered on line 349	Place retrograde ejaculation (608.87) on the Never Covered List.
99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES	6 TOBACCO DEPENDENCE Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS		
99407	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES	6 TOBACCO DEPENDENCE Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS		
99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES	3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE Treatment: MEDICAL THERAPY 4 PREVENTIVE SERVICES, OVER AGE OF 10 Treatment: MEDICAL THERAPY		

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Straightforward, List	Lines	Comment	Other issues
99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES	3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE Treatment: MEDICAL THERAPY 4 PREVENTIVE SERVICES, OVER AGE OF 10 Treatment: MEDICAL THERAPY		
89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOGIC CRITERIA (EG, KRUGER)	Never Covered	Infertility treatment (post-vasectomy is only count, viable sperm)	
CODE	DESCRIPTION--Need Discussion, Issues	Lines	Comment	Other issues
20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Never Covered	See Issues	
20986	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; WITH IMAGE GUIDANCE BASED ON INTRAOPERATIVELY OBTAINED IMAGES (EG, FLUOROSCOPY, ULTRASOUND) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Never Covered	See Issues	
20987	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; WITH IMAGE GUIDANCE BASED ON PREOPERATIVE IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Never Covered	See Issues	
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT[S])	Never Covered	See Issues	
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])	Never Covered	See Issues	
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	Never Covered	See Issues	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Need Discussion, Issues	Lines	Comment	Other issues
90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH	15 HIV DISEASE 79 AGRANULOCYTOSIS 82 DERMATOMYOSITIS, POLYMYOSITIS 100 GUILLAIN-BARRE SYNDROME Y 103 ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME 106 HEREDITARY IMMUNE DEFICIENCIES 118 GIANT CELL ARTERITIS, KAWASAKI DISEASE, THROMBOANGIITIS OBLITERANS 126 HODGKIN'S DISEASE 132 OTHER SPECIFIED APLASTIC ANEMIAS 171 NON-HODGKIN'S LYMPHOMAS 199 MULTIPLE MYELOMA 207 CONSTITUTIONAL APLASTIC ANEMIAS 268 MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM 280 CHRONIC NON-LYMPHOCYTIC LEUKEMIA 309 CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA 327 TROMBOCYTOPENIA 336 DISORDERS INVOLVING THE IMMUNE SYSTEM 526 PERIPHERAL NERVE DISORDERS	See Issues	IVIG (90283) to be added to same lines
95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, GASTRIC NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER; INTRAOPERATIVE, WITH PROGRAMMING	Never Covered	See Issues	
95981	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, GASTRIC NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER; SUBSEQUENT, WITHOUT REPROGRAMMING	Never Covered	See Issues	
95982	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, GASTRIC NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER; SUBSEQUENT, WITH REPROGRAMMING	Never Covered	See Issues	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Need Discussion, Issues	Lines	Comment	Other issues
99174	OCULAR PHOTOSCREENING WITH INTERPRETATION AND REPORT, BILATERAL	Never Covered	See Issues	
CODE	DESCRIPTION--Need Discussion, Lab Review	Lines	Comment	Other issues
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED)	Diagnostic	See lab review	
82610	CYSTATIN C	Never Covered	See lab review Similar code 83883 not covered	
83993	CALPROTECTIN, FECAL	Never Covered	See lab review	
84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	1 PREGNANCY Treatment: MATERNITY CARE	See lab review	
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECIFIED, EACH ANTIGEN	Never Covered	See lab review	
87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; ADENOVIRUS	Diagnostic	See lab review	
CODE	DESCRIPTION--Need Discussion, Medical Home Review	Lines	Comment	Other issues
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN; 5-10 MINUTES OF MEDICAL DISCUSSION	All lines with E&M codes (99201-99362)	Medical home review	Guidelines for use under consideration.
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN; 11-20 MINUTES OF MEDICAL DISCUSSION	All lines with E&M codes (99201-99362)	Medical home review	Guidelines for use under consideration.
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN; 21-30 MINUTES OF MEDICAL DISCUSSION	All lines with E&M codes (99201-99362)	Medical home review	Guidelines for use under consideration.

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Need Discussion, Medical Home Review	Lines	Comment	Other issues
98969	ONLINE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, GUARDIAN, OR HEALTH CARE PROVIDER, USING THE INTERNET OR SIMILAR ELECTRONIC COMMUNICATIONS NETWORK	All lines with E&M codes (99201-99362)	Medical home review	Guidelines for use under consideration.
99366	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, FACE-TO-FACE WITH PATIENT AND/OR FAMILY, 30 MINUTES OR MORE, PARTICIPATION BY NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL	All lines with E&M codes (99201-99362)	Medical home review	
99367	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, PATIENT AND/OR FAMILY NOT PRESENT, 30 MINUTES OR MORE; PARTICIPATION BY PHYSICIAN	Never Covered	Cannot cover service with patient not present	
99368	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, PATIENT AND/OR FAMILY NOT PRESENT, 30 MINUTES OR MORE; PARTICIPATION BY NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL	Never Covered	Cannot cover service with patient not present	
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN; 5-10 MINUTES OF MEDICAL DISCUSSION	All lines with E&M codes (99201-99362)	Medical home review	Guidelines for use under consideration.
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN; 11-20 MINUTES OF MEDICAL DISCUSSION	All lines with E&M codes (99201-99362)	Medical home review	Guidelines for use under consideration.

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Need Discussion, Medical Home Review	Lines	Comment	Other issues
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN; 21-30 MINUTES OF MEDICAL DISCUSSION	All lines with E&M codes (99201-99362)	Medical home review	Guidelines for use under consideration.
99444	ONLINE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, GUARDIAN, OR HEALTH CARE PROVIDER, USING THE INTERNET OR SIMILAR ELECTRONIC COMMUNICATIONS NETWORK	All lines with E&M codes (99201-99362)	Medical home review	Guidelines for use under consideration.
99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, NEW PATIENT	All lines with E&M codes (99201-99362)	Medical home review	Guidelines for use under consideration.
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, ESTABLISHED PATIENT	All lines with E&M codes (99201-99362)	Medical home review	Guidelines for use under consideration.
99607	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; EACH ADDITIONAL 15 MINUTES MEDICATION THERAPY FOR 6 MONTHS OR MORE (MM)2	All lines with E&M codes (99201-99362)	Medical home review	Guidelines for use under consideration.
CODE	DESCRIPTION--Need Discussion, Cardiac MRI Review	Lines	Comment	Other issues
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;	Pended	Cardiac MRI review	
75558	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH FLOW/VELOCITY QUANTIFICATION	Pended	Cardiac MRI review	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Need Discussion, Cardiac MRI Review	Lines	Comment	Other issues
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING	Pended	Cardiac MRI review	
75560	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH FLOW/VELOCITY QUANTIFICATION AND STRESS	Pended	Cardiac MRI review	
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES;	Pended	Cardiac MRI review	
75562	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH FLOW/VELOCITY QUANTIFICATION	Pended	Cardiac MRI review	
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING	Pended	Cardiac MRI review	
75564	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH FLOW/VELOCITY QUANTIFICATION AND STRESS	Pended	Cardiac MRI review	
CODE	DESCRIPTION--HCPCS review	Line(s)	Comment	Additional wording
C8921	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE	Pended	Alternative would be all lines with congenital cardiac anomalies	
C8922	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY	Pended	Alternative would be all lines with congenital cardiac anomalies	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Need Discussion, Cardiac MRI Review	Lines	Comment	Other issues
C8923	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; COMPLETE	Pended		
C8924	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR LIMITED STUDY DOCUMENTATION (2D); INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT	Pended		
C8926	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT	Pended		
C8927	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENSIONAL IMAGE ACQUISITION AND INTERPRETATION LEADING TO ONGOING ASSESSMENT OF CARDIAC PUMPING FUNCTION AND TO THERAPEUTIC MEASURES	Pended		ON AN IMMEDIATE TIME BASIS
C8928	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, REAL-TIME , WITH OR WITHOUT M-MODE RECORDING, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT	Pended		WITH IMAGE DOCUMENTATION (2D)
C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OTHER THAN PROSTATE (ANY APPROACH), SINGLE OR MULTIPLE	71, 138, 145, 168, 198, 208, 219, 275, 277, 278, 286, 310, 311, 319, 337, 399, 613	Interstitial radioelement application (77776-77778) on line (except 354, prostate cancer)	

Recommendations on New Code Placement Developed at the 12/6/07 Health Outcomes Subcommittee Meeting

CODE	DESCRIPTION--Need Discussion, Cardiac MRI Review	Lines	Comment	Other issues
G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND BRIEF INTERVENTION 15 TO 30 MINUTES	3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE Treatment: MEDICAL THERAPY 4 PREVENTIVE SERVICES, OVER AGE OF 10 Treatment: MEDICAL THERAPY	Reviewed at MHCD Very similar to CPT codes 99408 and 99409	
G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND INTERVENTION, GREATER THAN 30 MINUTES	3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE Treatment: MEDICAL THERAPY 4 PREVENTIVE SERVICES, OVER AGE OF 10 Treatment: MEDICAL THERAPY	Reviewed at MHCD Very similar to CPT codes 99408 and 99409	
G8402	TOBACCO (SMOKE) USE CESSATION INTERVENTION, COUNSELING	6 TOBACCO DEPENDENCE Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS		
G8453	TOBACCO USE CESSATION INTERVENTION, COUNSELING	6 TOBACCO DEPENDENCE Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS		
S0270	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)	All lines with E&M codes (99201-99362)		
S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS)	All lines with E&M codes (99201-99362)		
S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)	All lines with E&M codes (99201-99362)		
S0273	PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	All lines with E&M codes (99201-99362)		
S0274	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	All lines with E&M codes (99201-99362)		