

Appendices

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APPENDIX A

ENDOSCOPY FAMILIES

The descriptions and complete coding information may be found in the current CPT® or HCPCS Manuals.

Base	Family
29805	29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827 and 29828
29830	29834, 29835, 29836, 29837 and 29838
29840	29843, 29844, 29845, 29846 and 29847
29860	29861, 29862 and 29863
29870	29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886 and 29887
31505	31510, 31511, 31512 and 31513
31525	31527, 31528, 31529, 31530, 31535, 31540, 31560 and 31570
31526	31531, 31536, 31541, 31545, 31546, 31561 and 31571
31575	31576, 31577, 31578 and 31579
31622	31623, 31624, 31625, 31628, 31629, 31630, 31631, 31635, 31636, 31638, 31640, 31641, and 31645
43200	43201, 43202, 43204, 43205, 43215, 43216, 43217, 43219, 43220, 43226, 43227 and 43228
43235	43231, 43232, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43243, 43244, 43245, 43246, 43247, 43248, 43249, 43250, 43251, 43255, 43256, 43257, 43258 and 43259
43260	43261, 43262, 43263, 43264, 43265, 43267, 43268, 43269, 43271, and 43272
44360	44361, 44363, 44364, 44365, 44366, 44369, 44370, 44372 and 44373
44376	44377, 44378 and 44379
44388	44389, 44390, 44391, 44392, 44393, 44394 and 44397
45300	45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, 45321 and 45327
45330	45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340 and 45345
45378	45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45391 and 45392
46600	46604, 46606, 46608, 46610, 46611, 46612, 46614 and 46615
47552	47553, 47554, 47555 and 47556
49320	38570, 49321, 49322, 49323, 58541, 58550, 58660, 58661, 58662, 58670, 58671, 58672 and 58673
50551	50555, 50557 and 50561
50570	50572, 50574, 50575, 50576 and 50580
50951	50953, 50955, 50957 and 50961
50970	50974 and 50976
52000	52001, 52005, 52007, 52010, 52204, 52214, 52224, 52234, 52235, 52240, 52250, 52260, 52265, 52270, 52275, 52276, 52277, 52281, 52282, 52283, 52285, 52290, 52300, 52301, 52305, 52310, 52315, 52317, 52318, 52320, 52325, 52327, 52330, 52332, 52334, 52341, 52342, 52343, 52344, 52400 and 52402
52351	52345, 52346, 52352, 52353, 52354 and 52355
57452	57454, 57455, 57456, 57460 and 57461
58555	58558, 58559, 58560, 58561, 58562, 58563 and 58565

APPENDIX B

BUNDLED SERVICES

The descriptions and complete coding information may be found in the current CPT® or HCPCS Manuals.

Bundled CPT® Code
15850
20930
20936
22841
90885
90887
90889
91123
92352
92353
92354
92355
92358
92371

Bundled CPT® Code
92531
92532
92533
92534
92605
92606
92613
92615
92617
93770
94150
94760
94761
96545

Bundled CPT® Code
97010
97605
97606
99000
99001
99002
99024
99051
99056
99058
99078
99090
99091
99100

Bundled CPT® Code
99116
99135
99140
99144
99145
99173
99358
99359
99374
99377
99379

Bundled HCPCS Codes	
Code	Abbreviated Description
A9900	Supply/accessory/service
G0008	Admin influenza virus vac
G0009	Admin pneumococcal vaccine
G0010	Admin hepatitis b vaccine
G0117	Glaucoma scrn hgh risk direc
G0118	Glaucoma scrn hgh risk direc
Q3031	Collagen Skin Test
R0076	Transport portable EKG
V5010	Assessment for hearing aid
V5011	Fit/orientation/check of hearing aid
V5020	Conformity evaluation

APPENDIX C

BUNDLED SUPPLIES

Do not rely solely on the descriptions given in the appendices for complete coding information. Refer to a current CPT® or HCPCS book for complete coding information.

Items with an asterisk (*) are used as orthotics/prosthetics and may be paid separately for **permanent** conditions if they are provided in the physician's office. These items are not considered prosthetics if the condition is acute or temporary.

For example, Foley catheters and accessories for permanent incontinence or ostomy supplies for permanent conditions may be paid separately when provided in the physician's office. The Foley catheter used to obtain a urine specimen, used after surgery, or used to treat an acute obstruction would not be paid separately because it is treating a temporary problem. If a patient had an indwelling Foley catheter for permanent incontinence, and a problem developed which required the physician to replace the Foley, then the catheter would be considered a prosthetic/orthotic and would be paid separately.

Surgical dressings and other items dispensed for home use are separately payable when billed with local modifier –1S.

Bundled CPT® Code
99070
99071

Bundled HCPCS Codes	
Code	Abbreviated Description
A4206	1 CC sterile syringe & needle
A4207	2 CC sterile syringe & needle
A4208	3 CC sterile syringe & needle
A4209	5+ CC sterile syringe & needle
A4211	Supp for self-adm injections
A4212	Non coring needle or stylet
A4213	20+ CC syringe only
A4215	Sterile needle
A4216	Sterile water/saline, 10 ml
A4217	Sterile water/saline, 500 ml
A4218	Sterile saline or water
A4244	Alcohol or peroxide per pint
A4245	Alcohol wipes per box
A4246	Betadine/phisohex solution
A4247	Betadine/iodine swabs/wipes
A4248	Chlorhexidine antisept
A4253	Blood glucose/reagent strips
A4256	Calibrator solution/chips

Bundled HCPCS Codes	
Code	Abbreviated Description
A4257	Replace Lensshield Cartridge
A4258	Lancet device each
A4259	Lancets per box
A4262	Temporary tear duct plug
A4263	Permanent tear duct plug
A4265	Paraffin
A4270	Disposable endoscope sheath
A4300	Cath impl vasc access portal
A4301	Implantable access syst perc
A4305	Drug delivery system >=50 ML
A4306	Drug delivery system <=5 ML
A4310	Insert tray w/o bag/cath
A4311	Catheter w/o bag 2-way latex
A4312	Cath w/o bag 2-way silicone
A4313	Catheter w/bag 3-way
A4314	Cath w/drainage 2-way latex
A4315	Cath w/drainage 2-way silcne
A4316	Cath w/drainage 3-way

Bundled HCPCS Codes	
Code	Abbreviated Description
A4320	Irrigation tray
A4322	Irrigation syringe
A4326*	Male external catheter
A4327*	Fem urinary collect dev cup
A4328*	Fem urinary collect pouch
A4330	Stool collection pouch
A4331	Extension drainage tubing
A4332	Lubricant for cath insertion
A4333	Urinary cath anchor device
A4334	Urinary cath leg strap
A4335*	Incontinence supply
A4338*	Indwelling catheter latex
A4340*	Indwelling catheter special
A4344*	Cath indw foley 2 way silicn
A4346*	Cath indw foley 3 way
A4349	Disposable male external cat
A4351	Straight tip urine catheter
A4352	Coude tip urinary catheter
A4353	Intermittent urinary cath
A4354	Cath insertion tray w/bag
A4355	Bladder irrigation tubing
A4356*	Ext ureth clmp or compr dvc
A4357*	Bedside drainage bag
A4358*	Urinary leg bag
A4361*	Ostomy face plate
A4362*	Solid skin barrier
A4363	Ostomy clamp, replacement
A4364*	Ostomy/cath adhesive
A4365*	Ostomy adhesive remover wipe
A4366*	Ostomy vent
A4367*	Ostomy belt
A4368*	Ostomy filter
A4369*	Skin barrier liquid per oz
A4371*	Skin barrier powder per oz
A4372*	Skin barrier solid 4x4 equiv
A4373*	Skin barrier with flange
A4375*	Drainable plastic pch w fcpl
A4376*	Drainable rubber pch w fcplt
A4377*	Drainable plstic pch w/o fp
A4378*	Drainable rubber pch w/o fp
A4379*	Urinary plastic pouch w fcpl
A4380*	Urinary rubber pouch w fcplt

Bundled HCPCS Codes	
Code	Abbreviated Description
A4381*	Urinary plastic pouch w/o fp
A4382*	Urinary hvy plstc pch w/o fp
A4383*	Urinary rubber pouch w/o fp
A4384*	Ostomy faceplt/silicone ring
A4385*	Ost skn barrier sld ext wear
A4387*	Ost clsd pouch w att st barr
A4388*	Drainable pch w ex wear barr
A4389*	Drainable pch w st wear barr
A4390*	Drainable pch ex wear convex
A4391*	Urinary pouch w ex wear barr
A4392*	Urinary pouch w st wear barr
A4393*	Urine pch w ex wear bar conv
A4394*	Ostomy pouch liq deodorant
A4395*	Ostomy pouch solid deodorant
A4396	Peristomal hernia supprt blt
A4397	Irrigation supply sleeve
A4398*	Ostomy irrigation bag
A4399*	Ostomy irrig cone/cath w brs
A4400*	Ostomy irrigation set
A4402*	Lubricant per ounce
A4404*	Ostomy ring each
A4405*	Nonpectin based ostomy paste
A4406*	Pectin based ostomy paste
A4407*	Ext wear ost skn barr <=4sq"
A4408*	Ext wear ost skn barr >4sq"
A4409*	Ost skn barr w flng <=4 sq"
A4410*	Ost skn barr w flng >4sq"
A4413*	2 pc drainable ost pouch
A4414*	Ostomy sknbarr w flng <=4sq"
A4415*	Ostomy skn barr w flng >4sq"
A4416*	Ost pch clsd w barrier/fltr
A4417*	Ost pch w bar/bltinconv/fltr
A4418*	Ost pch clsd w/o bar w fltr
A4419*	Ost pch for bar w flange/flt
A4420*	Ost pch clsd for bar w lk fl
A4421*	Ostomy supply misc
A4422*	Ost pouch absorbent material
A4423*	Ost pch for bar w lk fl/fltr
A4424*	Ost pch drain w bar & filter
A4425*	Ost pch drain for barrier fl
A4426*	Ost pch drain 2 piece system
A4427*	Ost pch drain/barr lk flng/f

Bundled HCPCS Codes	
Code	Abbreviated Description
A4428*	Urine ost pouch w faucet/tap
A4429*	Urine ost pouch w bltinconv
A4430*	Ost urine pch w b/bltin conv
A4431*	Ost pch urine w barrier/tapv
A4432*	Os pch urine w bar/fange/tap
A4433*	Urine ost pch bar w lock fln
A4434*	Ost pch urine w lock flng/ft
A4450	Non-waterproof tape
A4452	Waterproof tape
A4455	Adhesive remover per ounce
A4458	Reusable enema bag
A4461	Surgicl dress hold non-reuse
A4463	Surgical dress holder reuse
A4465	Non-elastic extremity binder
A4470	Gravlee jet washer
A4480	Vabra aspirator
A4520	Incontinence garment anytype
A4550	Surgical trays
A4556	Electrodes, pair
A4557	Lead wires, pair
A4558	Conductive paste or gel
A4559	Coupling gel or paste
A4649	Surgical supplies
A4670	Auto blood pressure monitor
A4930	Sterile, gloves per pair
A5051*	Pouch clsd w barr attached
A5052*	Clsd ostomy pouch w/o barr
A5053*	Clsd ostomy pouch faceplate
A5054*	Clsd ostomy pouch w/flange
A5055*	Stoma cap
A5061*	Pouch drainable w barrier at
A5062*	Drnble ostomy pouch w/o barr
A5063*	Drain ostomy pouch w/flange
A5071*	Urinary pouch w/barrier
A5072*	Urinary pouch w/o barrier
A5073*	Urinary pouch on barr w/flng
A5081*	Continent stoma plug
A5082*	Continent stoma catheter
A5083*	Stoma absorptive cover
A5093*	Ostomy accessory convex inse
A5102*	Bedside drain btl w/wo tube
A5105*	Urinary suspensory

Bundled HCPCS Codes	
Code	Abbreviated Description
A5112*	Urinary leg bag
A5113*	Latex leg strap
A5114*	Foam/fabric leg strap
A5121*	Solid skin barrier 6x6
A5122*	Solid skin barrier 8x8
A5126*	Disk/foam pad +or- adhesive
A5131*	Appliance cleaner
A6011	Collagen gel/paste wound fil
A6010	Collagen based wound filler
A6021	Collagen dressing <=16 sq in
A6022	Collagen drsg>6<=48 sq in
A6023	Collagen dressing >48 sq in
A6024	Collagen dsrg wound filler
A6025	Silicone gel sheet, each
A6154	Wound pouch each
A6196	Alginate dressing <=16 sq in
A6197	Alginate drsg >16 <=48 sq in
A6198	alginate dressing > 48 sq in
A6199	Alginate drsg wound filler
A6200	Compos drsg <=16 no border
A6201	Compos drsg >16<=48 no bdr
A6202	Compos drsg >48 no border
A6203	Composite drsg <= 16 sq in
A6204	Composite drsg >16<=48 sq in
A6205	Composite drsg > 48 sq in
A6206	Contact layer <= 16 sq in
A6207	Contact layer >16<= 48 sq in
A6208	Contact layer > 48 sq in
A6209	Foam drsg <=16 sq in w/o bdr
A6210	Foam drg >16<=48 sq in w/o b
A6211	Foam drg > 48 sq in w/o brdr
A6212	Foam drg <=16 sq in w/border
A6213	Foam drg >16<=48 sq in w/bdr
A6214	Foam drg > 48 sq in w/border
A6215	Foam dressing wound filler
A6216	Non-sterile gauze<=16 sq in
A6217	Non-sterile gauze>16<=48 sq
A6218	Non-sterile gauze > 48 sq in
A6219	Gauze <= 16 sq in w/border
A6220	Gauze >16 <=48 sq in w/bordr
A6221	Gauze > 48 sq in w/border
A6222	Gauze <=16 in no w/sal w/o b

Bundled HCPCS Codes	
Code	Abbreviated Description
A6223	Gauze >16<=48 no w/sal w/o b
A6224	Gauze > 48 in no w/sal w/o b
A6228	Gauze <= 16 sq in water/sal
A6229	Gauze >16<=48 sq in watr/sal
A6230	Gauze > 48 sq in water/salne
A6231	Hydrogel dsg<=16 sq in
A6232	Hydrogel dsg>16<=48 sq in
A6233	Hydrogel dressing >48 sq in
A6234	Hydrocolld drg <=16 w/o bdr
A6235	Hydrocolld drg >16<=48 w/o b
A6236	Hydrocolld drg > 48 in w/o b
A6237	Hydrocolld drg <=16 in w/bdr
A6238	Hydrocolld drg >16<=48 w/bdr
A6239	Hydrocolld drg > 48 in w/bdr
A6240	Hydrocolld drg filler paste
A6241	Hydrocolloid drg filler dry
A6242	Hydrogel drg <=16 in w/o bdr
A6243	Hydrogel drg >16<=48 w/o bdr
A6244	Hydrogel drg >48 in w/o bdr
A6245	Hydrogel drg <= 16 in w/bdr
A6246	Hydrogel drg >16<=48 in w/b
A6247	Hydrogel drg > 48 sq in w/b
A6248	Hydrogel drsg gel filler
A6250	Skin seal protect moisturizr
A6251	Absorpt drg <=16 sq in w/o b
A6252	Absorpt drg >16 <=48 w/o bdr
A6253	Absorpt drg > 48 sq in w/o b
A6254	Absorpt drg <=16 sq in w/bdr
A6255	Absorpt drg >16<=48 in w/bdr
A6256	Absorpt drg > 48 sq in w/bdr
A6257	Transparent film <= 16 sq in
A6258	Transparent film >16<=48 in
A6259	Transparent film > 48 sq in
A6260	Wound cleanser any type/size
A6261	Wound filler gel/paste /oz
A6262	Wound filler dry form / gram
A6266	Impreg gauze no h20/sal/yard
A6402	Sterile gauze <= 16 sq in
A6403	Sterile gauze>16 <= 48 sq in
A6404	Sterile gauze > 48 sq in
A6407	Packing strips, non-impreg

Bundled HCPCS Codes	
Code	Abbreviated Description
A6410	Sterile eye pad
A6411	Non-sterile eye pad
A6412	Occlusive eye patch
A6413	Adhesive bandage, first-aid
A6441	Pad band w>=3" <5"/yd
A6442	Conform band n/s w<3"/yd
A6443	Conform band n/s w>=3"<5"/yd
A6444	Conform band n/s w>=5"/yd
A6445	Conform band s w <3"/yd
A6446	Conform band s w>=3" <5"/yd
A6447	Conform band s w >=5"/yd
A6448	Lt compres band <3"/yd
A6449	Lt compres band >=3" <5"/yd
A6450	Lt compres band >=5"/yd
A6451	Mod compr band w>=3"<5"/yd
A6452	High compr band w>=3"<5"/yd
A6453	Self-adher band w <3"/yd
A6454	Self-adher band w>=3" <5"/yd
A6455	Self-adher band >=5"/yd
A6456	Zinc paste band w >=3"<5"/yd
A9900	Supply/accessory/service
E0230	Ice cap or collar
T4521	Adult size brief/diaper sm
T4522	Adult size brief/diaper med
T4523	Adult size brief/diaper lg
T4524	Adult size brief/diaper xl
T4525	Adult size pull-on sm
T4526	Adult size pull-on med
T4527	Adult size pull-on lg
T4528	Adult size pull-on xl
T4533	Youth size brief/diaper
T4534	Youth size pull-on
T4535	Disposable liner/shield/pad
T4536	Reusable pull-on any size
T4537	Reusable underpad bed size
T4539	Reuse diaper/brief any size
T4540	Reusable underpad chair size
T4541	Large disposable underpad
T4542	Small disposable underpad

APPENDIX D

NON-COVERED CODES

The descriptions and complete coding information may be found in the current CPT® or HCPCS Manuals.

Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code
0017T	0099T	0167T	17360	22527	27727
0019T	0100T	0168T	17380	22856	28046
0026T	0101T	0169T	19105	22857	28171
0028T	0102T	0171T	19290	22861	28173
0030T	0103T	0172T	19291	22862	28175
0031T	0104T	0182T	19295	22864	28340
00326	0105T	0183T	19296	22865	28341
0032T	0111T	0184T	19297	23065	28344
0046T	0123T	0185T	19298	23066	28345
0047T	0126T	0186T	19300	23077	28360
00529	0130T	0187T	19301	23200	28890
00561	0137T	0188T	19302	23210	29450
0058T	0140T	0189T	19303	23220	29590
0059T	0141T	0190T	19304	23221	29750
0060T	0142T	0191T	19305	23222	30120
0061T	0143T	0192T	19306	24077	30124
0062T	0144T	0193T	19307	24150	30125
0063T	0145T	0197T	19355	24151	30460
0066T	0146T	0198T	20555	24152	30462
0067T	0147T	10021	20982	24153	30540
0071T	0148T	10022	21260	24410	30545
0072T	0149T	11975	21261	24420	31225
0073T	0150T	11976	21263	24640	31230
00797	0151T	11977	21267	25077	31240
00834	0155T	11980	21268	25170	31300
00836	0156T	15788	21295	25335	31320
0084T	0157T	15789	21296	26117	31360
0085T	0158T	15792	21685	26580	31365
0086T	0159T	15793	22520	26587	31367
0087T	0160T	15819	22521	26590	31368
0090T	0161T	15876	22522	27049	31370
0092T	0162T	15877	22523	27475	31375
0093T	0163T	15878	22524	27477	31380
0095T	0164T	15879	22525	27479	31382
0096T	0165T	17340	22526	27485	31390
0098T	0166T			27615	31395

Non-Covered CPT® Code
31400
31420
31520
31540
31541
31560
31561
31580
31582
31584
31595
31601
31785
31786
32503
32504
33050
33120
33130
33140
33141
33692
33694
33697
33730
33732
33735
33736
33737
33750
33755
33762
33764
33766
33767
33770
33771
33774
33775
33776
33777
33778
33779

Non-Covered CPT® Code
33780
33781
33786
33788
33800
33802
33803
33813
33814
33820
33822
33824
33840
33845
33851
33852
33853
33920
33924
33925
33926
33930
33933
33935
33940
33944
35180
35182
35184
36260
36261
36262
36400
36405
36406
36420
36440
36450
36455
36468
36469
36470
36471
36510

Non-Covered CPT® Code
36511
36512
36513
36514
36515
36516
36522
36555
36557
36560
36568
36570
36640
36660
36680
36823
36835
37210
37718
37722
37788
37790
38204
38205
38206
38207
38208
38209
38210
38211
38212
38213
38214
38215
38240
38241
38242
38308
38562
38564
38794
39503
40490

Non-Covered CPT® Code
40500
40700
40701
40702
40720
40761
40808
40810
40812
40814
40816
40818
41019
41110
41112
41113
41114
41116
41120
41130
41135
41140
41145
41150
41153
41155
41510
41820
41821
41822
41823
41825
41826
41827
41828
41830
42100
42104
42106
42107
42120
42160
42200
42205

Non-Covered CPT® Code
42210
42215
42220
42225
42330
42335
42340
42410
42415
42420
42425
42426
42665
42820
42825
42830
42831
42835
42836
42842
42844
42845
42860
42890
42892
42894
43130
43135
43216
43217
43228
43237
43238
43257
43258
43272
43313
43314
43520
43611

Non-Covered CPT® Code
43644
43645
43647
43648
43770
43771
43772
43773
43774
43831
43842
43843
43845
43846
43847
43848
43880
43881
43882
43886
43887
43888
44126
44127
44128
44364
44365
44369
44700
44800
44820
44955
44970
44979
45160
45170
45190
45381
46070
46705

Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code
46710	50100	54112	55400	57061	58561
46712	50130	54130	55450	57065	58563
46715	50250	54135	55680	57130	58565
46716	50280	54150	55706	57135	58600
46730	50290	54160	55801	57155	58605
46735	50540	54162	55810	57170	58611
46740	50541	54163	55812	57291	58615
46742	50542	54164	55815	57292	58661
46744	50562	54200	55821	57335	58662
46746	50592	54205	55831	57400	58670
46748	50593	54300	55840	57510	58671
46751	50722	54304	55842	57511	58672
46900	50725	54308	55845	57513	58673
46910	50945	54312	55860	57520	58700
46916	51050	54316	55862	57522	58720
46917	51060	54318	55865	57530	58740
46922	51065	54322	55866	57531	58750
46924	51530	54324	55873	57700	58752
46937	51575	54326	55875	58110	58760
46938	51585	54328	55876	58140	58800
47380	51595	54332	55920	58145	58805
47381	51597	54336	55970	58146	58820
47382	51720	54340	55980	58240	58822
47700	51940	54344	56440	58285	58825
47711	52250	54348	56441	58300	58920
47712	52355	54352	56442	58301	58925
49220	53025	54360	56501	58321	58940
49419	53210	54380	56515	58322	58943
49491	53215	54385	56620	58323	58950
49492	53220	54390	56625	58340	58951
49495	53260	54450	56630	58345	58952
49496	53265	54550	56631	58346	58953
49500	53270	54560	56632	58350	58954
49501	53275	54620	56633	58353	58956
49580	53850	54650	56634	58356	58957
49582	53852	54692	56637	58540	58958
50060	54000	55150	56640	58545	58960
50065	54001	55200	56700	58546	58970
50070	54110	55250	56740	58548	58974
50075	54111	55300	56805	58560	58976

Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code
59030	61557	67218	77076	82160	83866
59100	61558	67221	77326	82172	83876
59866	61559	67225	77327	82261	83950
59870	61563	67229	77328	82308	83951
60000	61564	67415	77371	82331	84066
60210	61623	68040	77372	82384	84135
60212	61624	68540	77373	82387	84138
60220	61626	68550	77421	82397	84140
60225	61630	69090	77422	82485	84143
60240	61635	69150	77423	82651	84146
60252	61640	69155	77435	82666	84150
60254	61641	69300	78267	82757	84163
60260	61642	69320	78268	82759	84210
60270	61770	69535	78270	82760	84220
60271	61790	69540	78271	82775	84233
60280	61791	69550	78272	82776	84234
60281	61850	69552	78811	82953	84235
60500	61860	69554	78812	82955	84275
60502	61863	69970	78813	82960	84302
60505	61864	72291	78814	82979	84376
60512	61867	72292	78815	83009	84377
60600	61868	73592	78816	83030	84378
60605	61870	74710	80402	83033	84379
61000	61875	74740	80406	83080	84392
61001	61880	74742	80415	83150	84432
61510	61885	76140	80418	83497	84437
61512	61886	76873	80422	83498	84510
61517	61888	76885	80424	83499	84585
61518	62115	76886	80426	83500	84586
61519	62116	76940	80428	83505	84830
61520	62117	76948	80430	83528	85055
61521	62263	76950	80432	83570	85445
61526	62280	76965	80434	83695	85475
61530	63650	77021	80435	83698	86277
61545	63655	77022	80438	83700	86316
61546	63660	77051	80439	83701	86332
61548	63685	77052	80440	83704	86336
61550	63688	77053	82135	83727	86910
61552	64517	77054	82154	83775	86911
61556	65771	77072	82157	83864	87001

Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code	Non-Covered CPT® Code
87003	89342	90738	93532	97813	99460
88012	89343	90744	93533	97814	99461
88014	89344	90748	93580	98940	99462
88016	89346	90802	93581	98941	99463
88028	89352	90810	93740	98942	99464
88029	89353	90811	94772	98943	99465
88130	89354	90812	94774	99026	99466
88140	89356	90813	94775	99027	99467
88355	90378	90814	94776	99075	99468
88356	90379	90815	94777	99143	99469
88358	90393	90823	95251	99148	99471
88360	90396	90824	95970	99170	99472
88361	90465	90826	95971	99174	99475
88367	90466	90827	95972	99381	99476
88368	90467	90828	95973	99382	99477
88720	90468	90829	95974	99383	99478
88740	90473	90845	95975	99384	99479
88741	90474	90846	95978	99385	99480
89049	90586	90849	95979	99386	99500
89230	90633	90857	95980	99387	99501
89250	90634	90951	95981	99391	99502
89251	90649	90952	95982	99392	99503
89253	90650	90953	96002	99393	99504
89254	90655	90954	96040	99394	99505
89255	90657	90955	96103	99395	99506
89257	90665	90956	96120	99396	99507
89258	90680	90963	96522	99397	99509
89259	90681	90964	96567	99401	99510
89260	90690	90967	96570	99402	99511
89261	90691	90968	96571	99403	99512
89268	90692	92582	96902	99404	99600
89272	90693	92601	96904	99406	99605
89280	90696	92602	96920	99407	99606
89281	90700	92630	96921	99411	99607
89290	90702	92640	96922	99412	
89291	90712	92974	97005	99420	
89325	90720	92992	97006	99429	
89329	90721	92993	97033	99450	
89330	90723	93530	97810	99455	
89335	90736	93531	97811	99456	

Non-Covered HCPCS Codes	
Code	Brief Description
A0432	PI volunteer ambulance co
A0888	Noncovered ambulance mileage
A0998	Ambulance resp/treatment
A4261	Cervical cap contraceptive
A4266	Diaphragm
A4267	Male condom
A4268	Female condom
A4269	Spermicide
A4281	Replacement breast pump tube
A4282	Replacement breast pump adpt
A4283	Replacement breast pump cap
A4284	Replcmnt breast pump shield
A4285	Replcmnt breast pump bottle
A4286	Replcmnt breast pump lok ring
A4561	Pessary rubber, any type
A4562	Pessary, non rubber, any type
A4570	Splint
A4580	Cast supplies (plaster)
A4590	Special casting material
A4633	Uvl replacement bulb
A4634	Replacement bulb th lightbox
A4638	Repl batt pulse gen sys
A4639	Infrared ht sys replcmnt pad
A4931	Reusable oral thermometer
A4932	Reusable rectal thermometer
A7025	Replace chest compress vest
A7026	Replace chst cmprss sys hose
A7044	PAP oral interface
A9152	Single vitamin nos
A9153	Multi-vitamin nos
A9180	Lice treatment, topical
A9270	Non-covered item or service
A9282	Wig any type
A9300	Exercise equipment
B4103	EF ped fluid and electrolyte
B4158	EF ped complete intact nut
B4159	EF ped complete soy based
B4160	EF ped caloric dense>/=0.7kc
B4161	EF ped hydrolyzed/amino acid
B4162	EF ped specmetabolic inherit
C1821	Interspinous implant
C2614	Probe, perc lumb disc

Non-Covered HCPCS Codes	
Code	Brief Description
C2634	Brachytx source, HA, I-125
C2635	Brachytx source, HA, P-103
C2636	Brachytx linear source, P-103
C2637	Brachytx, Ytterbium-169
C8921	Comp transtho echo w/contr
C8922	Limit transtho echo w/contr
C8926	Cong TEE w/contr, int/rept
C9725	Place endorectal app
C9726	Rxt breast appl place/remov
C9899	Inpt implant pros dev,no cov
D0145	Oral evaluation, pt < 3yrs
D0180	Comp periodontal evaluation
D0417	Collect & prep saliva sample
D0418	Analysis of saliva sample
D0421	Gen tst suscept oral disease
D0431	Diag tst detect mucos abnorm
D1206	Topical fluoride varnish
D1320	Tobacco counseling
D3222	Part pulp for apexogenesis
D4241	Gngvl flap w rootplan 1-3 th
D4261	Osseous surgl-3teethperquad
D4342	Periodontal scaling 1-3teeth
D5991	Topical medicament carrier
D6985	Pediatric partial denture fx
D7283	Place device impacted tooth
D7411	Excision benign lesion>1.25c
D7412	Excision benign lesion compl
D7413	Excision malig lesion<=1.25c
D7414	Excision malig lesion>1.25cm
D7415	Excision malig les complicat
D7472	Removal of torus palatinus
D7473	Remove torus mandibularis
D7485	Surg reduct osseoustuberosit
D7963	Frenuloplasty
D7972	Surg redct fibrous tuberosit
D9999	Adjunctive procedure
E0190	Positioning cushion
E0200	Heat lamp without stand
E0202	Phototherapy light w/ photom
E0203	Therapeutic lightbox tabletp
E0205	Heat lamp with stand
E0210	Electric heat pad standard
E0215	Electric heat pad moist

Non-Covered HCPCS Codes	
Code	Brief Description
E0217	Water circ heat pad w pump
E0218	Water circ cold pad w pump
E0220	Hot water bottle
E0221	Infrared heating pad system
E0225	Hydrocollator unit
E0235	Paraffin bath unit, portable
E0236	Pump for water circulating p
E0238	Heat pad non-electric moist
E0239	Hydrocollator unit portable
E0249	Pad water circulating heat u
E0300	Enclosed ped crib hosp grade
E0328	Ped hospital bed, manual
E0329	Ped hospital bed semi/elect
E0425	Gas system stationary compre
E0430	Oxygen system gas portable
E0435	Oxygen system liquid portabl
E0440	Oxygen system liquid station
E0487	Electronic spirometer
E0500	Ippb all types
E0602	Breast pump
E0603	Electric breast pump
E0604	Hosp grade elec breast pump
E0618	Apnea monitor
E0619	Apnea monitor w recorder
E0691	Uvl pnl 2 sq ft or less
E0692	Uvl sys panel 4 ft
E0693	Uvl sys panel 6 ft
E0694	Uvl md cabinet sys 6 ft
E0720	TENS two lead
E0731	Conductive garment for tens
E0740	Incontinence treatment systm
E0744	Neuromuscular stim for scoli
E0755	Electronic salivary reflex s
E0762	Trans elec jt stim dev sys
E0765	Nerve stimulator for tx n&v
E0769	Electric wound treatment dev
E0941	Gravity assisted traction de
E1011	Ped wc modify width adjustm
E1014	Reclining back add ped w/c
E1037	Transport chair, ped size
E1229	Pediatric wheelchair NOS
E1231	Rigid ped w/c tilt-in-space
E1232	Folding ped wc tilt-in-space

Non-Covered HCPCS Codes	
Code	Brief Description
E1233	Rig ped wc tltnspc w/o seat
E1234	Fld ped wc tltnspc w/o seat
E1235	Rigid ped wc adjustable
E1236	Folding ped wc adjustable
E1237	Rgd ped wc adjstabl w/o seat
E1238	Fld ped wc adjstabl w/o seat
E1239	Ped power wheelchair NOS
E1300	Whirlpool, protable
E1310	Whirlpool, non-portable
E2120	Pulse gen sys tx endolymph fl
E2291	Planar back for ped size wc
E2292	Planar seat for ped size wc
E2293	Contour back for ped size wc
E2294	Contour seat for ped size wc
E2295	Ped dynamic seating frame
E8000	Posterior gait trainer
E8001	Upright gait trainer
E8002	Anterior gait trainer
G0128	CORF skilled nursing service
G0129	Occ therapy, partial hosp
G0155	Svcs of clin soc wkr under hm hlth, ea 15 min
G0176	OPPS/PHP;activity therapy
G0179	MD recert HHA patient
G0180	MD certification HHA patient
G0181	Home health care supervision
G0182	Hospice care supervision
G0219	PET img wholbod melano non-co
G0235	PET not otherwise specified
G0246	Followup eval of foot pt lop
G0247	Routine footcare pt w lops
G0251	Stereotactic radiosurgery
G0252	PET imaging
G0255	Current percep threshold tst
G0268	Removal of impacted wax md
G0270	MNT subs tx for change dx
G0271	Group MNT 2 or more 30 mins
G0290	Drug-eluting stents, single
G0291	Drug-eluting stents,each add
G0293	Non-cov surg proc,clin trial
G0294	Non-cov proc, clinical trial
G0295	Electromagnetic therapy onc
G0328	Fecal blood screening immunoassay.

Non-Covered HCPCS Codes	
Code	Brief Description
G0329	Electromagnetic tx for ulcers
G0333	Dispense fee initial 30 day
G0341	Percutaneous Islet cell trans
G0342	Laparoscopy Islet cell trans
G0343	Laparotomy Islet cell trans
G0377	Administra Part D vaccine
G0396	Alcohol/subs interv 15-30mn
G0397	Alcohol/subs interv >30 min
G0402	Initial preventive exam
G0403	EKG for initial prevent exam
G0404	EKG tracing for initial prev
G0405	EKG interpret & report preve
G0406	Telhealth inpt consult 15min
G0407	Telheath inpt consult 25min
G0408	Telhealth inpt consult 35min
G0409	CORF related serv 15 mins ea
G0416	Sat biopsy prostate 1-20 spc
G0417	Sat biopsy prostate 21-40
G0418	Sat biopsy prostate 41-60
G0419	Sat biopsy prostate: >60
G3001	Admin + supply, tositumomab
G8006	AMI pt recd aspirin at arriv
G8007	AMI pt did not receiv aspiri
G8008	AMI pt ineligible for aspiri
G8009	AMI pt recd Bblock at arr
G8010	AMI pt did not rec bblock
G8011	AMI pt inelig Bbloc at arriv
G8012	Pneum pt recv antibiotic 4 h
G8013	Pneum pt w/o antibiotic 4 hr
G8014	Pneum pt not elig antibiotic
G8015	Diabetic pt w/ HBA1c>9%
G8016	Diabetic pt w/ HBA1c<or=9%
G8017	DM pt inelig for HBA1c measu
G8018	Care not provided for HbA1c
G8019	Diabetic pt w/LDL>= 100mg/dl
G8020	Diab pt w/LDL< 100mg/dl
G8021	Diab pt inelig for LDL meas
G8022	Care not provided for LDL
G8023	DM pt w BP>=140/80
G8024	Diabetic pt wBP<140/80
G8025	Diabetic pt inelig for BP me
G8026	Diabet pt w no care re BP me

Non-Covered HCPCS Codes	
Code	Brief Description
G8027	HF p w/LVSD on ACE-I/ARB
G8028	HF pt w/LVSD not on ACE-I/AR
G8029	HF pt not elig for ACE-I/ARB
G8030	HF pt w/LVSD on Bblocker
G8031	HF pt w/LVSD not on Bblocker
G8032	HF pt not elig for Bblocker
G8033	PMI-CAD pt on Bblocker
G8034	PMI-CAD pt not on Bblocker
G8035	PMI-CAD pt inelig Bblocker
G8036	AMI-CAD pt doc on antiplatelet
G8037	AMI-CAD pt not docu on antipl
G8038	AMI-CAD inelig antiplate mea
G8039	CAD pt w/LDL>100mg/dl
G8040	CAD pt w/LDL<or=100mg/dl
G8041	CAD pt not eligible for LDL
G8051	Osteoporosis assess
G8052	Osteopor pt not assess
G8053	Pt inelig for osteopor meas
G8054	Falls assess not docum 12 mo
G8055	Falls assess w/ 12 mon
G8056	Not elig for falls assessmen
G8057	Hearing assess receive
G8058	Pt w/o hearing assess
G8059	Pt inelig for hearing assess
G8060	Urinary incont pt assess
G8061	Pt not assess for urinary in
G8062	Pt not elig for urinary inco
G8075	ESRD pt w/ dialy of URR>=65%
G8076	ESRD pt w/ dialy of URR<65%
G8077	ESRD pt not elig for URR/KtV
G8078	ESRD pt w/Hct>or=33
G8079	ESRD pt w/Hct<33
G8080	ESRD pt inelig for HCT/Hgb
G8081	ESRD pt w/ auto AV fistula
G8082	ESRD pt w other fistula
G8093	COPD pt rec smoking cessat
G8094	COPD pt w/o smoke cessat int
G8099	Osteopo pt given Ca+VitD sup
G8100	Osteop pt inelig for Ca+VitD
G8103	New dx osteo pt w/antiresorp
G8104	Osteo pt inelig for antireso
G8106	Bone dens meas test perf

Non-Covered HCPCS Codes	
Code	Brief Description
G8107	Bone dens meas test inelig
G8108	Pt receiv influenza vacc
G8109	Pt w/o influenza vacc
G8110	Pt inelig for influenza vacc
G8111	Pt receiv mammogram
G8112	Pt not doc mammogram
G8113	Pt ineligible mammography
G8114	Care not provided for mamogr
G8115	Pt receiv pneumo vacc
G8116	Pt did not rec pneumo vacc
G8117	Pt was inelig for pneumo vac
G8126	Pt treat w/antidepress12wks
G8127	Pt not treat w/antidepress12w
G8128	Pt inelig for antidepress med
G8129	Pt treat w/antidepress for 6m
G8130	Pt not treat w/antidepress 6m
G8131	Pt inelig for antidepress med
G8152	Pt w/AB 1 hr prior to incisi
G8153	Pt not doc for AB 1 hr prior
G8154	Pt ineligi for AB therapy
G8155	Pt recd thromboemb prophylax
G8156	Pt did not rec thromboembo
G8157	Pt ineligi for thrombolism
G8159	Pt w/CABG w/o IMA
G8162	Iso CABG pt w/o preop Bblock
G8164	Iso CABG pt w/prolng intub
G8165	Iso CABG pt w/o prolng intub
G8166	Iso CABG req surg rexp
G8167	Iso CABG w/o surg explo
G8170	CEA/ext bypass pt on aspirin
G8171	Pt w/carot endarct/ext bypas
G8172	CEA/ext bypass pt not on asp
G8182	CAD pt care not prov LDL
G8183	HF/atrial fib pt on warfarin
G8184	HF/atrial fib pt inelig warf
G8185	Osteoarth pt w/ assess pain
G8186	Osteoarth pt inelig assess
G8193	Antibio not doc prior surg
G8196	Antibio not docum prior surg
G8200	Cefazolin not docum prophy
G8204	MD not doc order to d/c anti
G8209	Clinician did not doc

Non-Covered HCPCS Codes	
Code	Brief Description
G8214	Clini not doc order VTE
G8217	Pt not received DVT proph
G8219	Received DVT proph day 2
G8220	Pt not rec DVT proph day 2
G8221	Pt inelig for DVT proph
G8223	Pt not doc for presc antipla
G8226	Pt no prescr anticoa at D/C
G8231	Pt not doc for admin t-PA
G8234	Pt not doc dysphagia screen
G8238	Pt not doc to rec rehab serv
G8240	Inter carotid stenosis30-99%
G8243	Pt not doc MRI/CT w/o lesion
G8246	Pt inelig hx w new/chg mole
G8248	Pt w/one alarm symp not doc
G8251	Pt not doc w/Barretts, endo
G8254	Pt w/no doc order for barium
G8257	Pt not doc rev meds D/C
G8260	Pt not doc to have dec maker
G8263	Pt not doc assess urinary in
G8266	Pt not doc charc urin incon
G8268	Pt not doc rec care urin inc
G8271	Pt no doc screen fall
G8274	Clini not doc pres/abs alarm
G8276	Pt not doc mole change
G8279	Pt not doc rec PE
G8282	Pt not doc to rec couns
G8285	Pt did not rec pres osteo
G8289	Pt not doc rec Ca/Vit D
G8293	COPD pt w/o spir results
G8296	COPD pt not doc bronch ther
G8298	Pt doc optic nerve eval
G8299	Pt not doc optic nerv eval
G8302	Pt doc w/ target IOP
G8303	Pt not doc w/ IOP
G8304	Clin doc pt inelig IOP
G8305	Clin not prov care POAG
G8306	POAG w/ IOP rec care plan
G8307	POAG w/ IOP no care plan
G8308	POAG w/ IOP not doc plan
G8310	Pt not doc rec antiox
G8314	Pt not doc to rec mac exam
G8318	Pt doc not have visual func

Non-Covered HCPCS Codes	
Code	Brief Description
G8322	Pt not doc pre axial leng
G8326	Pt not doc rec fundus exam
G8330	Pt not doc rec dilated mac
G8334	Doc of macular not giv MD
G8338	Clin not doc pt test osteo
G8341	Pt not doc for DEXA
G8345	Pt not doc have DEXA
G8351	Pt not doc ECG
G8354	Pt not rec aspirin prior ER
G8357	Pt not doc to have ECG
G8360	Pt not doc vital signs recor
G8362	Pt not doc 02 SAT assess
G8365	Pt not doc mental status
G8367	Pt not doc have empiric AB
G8370	Asthma pt w survey not docum
G8371	Chemother not rec stg3 colon
G8372	Chemother rec stg 3 colon ca
G8373	Chemo plan docum prior chemo
G8374	Chemo plan not doc prior che
G8375	CLL pt w/o doc flow cytometr
G8376	Brst ca pt inelig tamoxifen
G8377	MD doc colon ca pt inelig ch
G8378	MD doc pt inelig rad therapy
G8379	Radiat tx recom doc12mo ov
G8380	Pt w stgIC-3Brst ca w/o tam
G8381	Pt w stgIC-3Brst ca rec tam
G8382	MM pt w/o doc IV bisphophon
G8383	Radiation rec not doc 12mo o
G8384	MDS pt w/o base cytogen test
G8385	Diab pt w nodoc Hgb A1c 12m
G8386	Diab pt w nodoc LDL 12m
G8387	ESRD pt w Hct/Hgb not docume
G8388	ESRD pt w URR/Ktv not doc el
G8389	MDS pt no doc Fe prior EPO
G8390	Diabetic w/o document BP 12m
G8391	Pt w asthma no doc med or tx
G8395	LVEF \geq 40% doc normal or mild
G8396	LVEF not performed
G8397	Dil macula/fundus exam/w doc
G8398	Dil macular/fundus not perfo
G8399	Pt w/DXA document or order
G8400	Pt w/DXA no document or orde

Non-Covered HCPCS Codes	
Code	Brief Description
G8401	Pt inelig osteo screen measu
G8402	Smoke preven interven counse
G8403	Smoke preven nocounsel
G8404	Low extemity neur exam docum
G8405	Low extemity neur not perfor
G8406	Pt inelig lower extrem neuro
G8407	ABI documented
G8408	ABI not documented
G8409	Pt inelig for ABI measure
G8410	Eval on foot documented
G8415	Eval on foot not performed
G8416	Pt inelig footwear evaluatio
G8417	BMI \geq 30 calcuate w/followup
G8418	BMI < 22 calcuate w/followup
G8419	BMI \geq 30or<22 cal no followup
G8420	BMI<30 and \geq 22 calc & docu
G8421	BMI not calculated
G8422	Pt inelig BMI calculation
G8423	Pt screen flu vac & counsel
G8424	Flu vaccine not screen
G8425	Flu vaccine screen not curre
G8426	Pt not approp screen & counc
G8427	Doc meds verified w/pt or re
G8428	Meds document w/o verifica
G8429	Incomplete doc pt on meds
G8430	Pt inelig med check
G8431	Clin depression screen doc
G8432	Clin depression screen not d
G8433	Pt inelig for depression scr
G8434	Cognitive impairment screen
G8435	Cognitive screen not documen
G8436	Pt inelig for cognitive impa
G8437	Tx plan develop & document
G8438	Tx plan develop & not docum
G8439	Pt inelig for co-develp tx p
G8440	Pain assessment document
G8441	No document of pain assess
G8442	Pt inelig pain assessment
G8443	Prescription by E-Prescrib s
G8445	Prescrip not gen at encounte
G8446	Some prescrib handwritten or
G8447	Pt visit doc using CCHIT cer

Non-Covered HCPCS Codes	
Code	Brief Description
G8448	Pt visit docum w/non-CCHIT c
G8449	Pt not doc w/EMR due to syst
G8450	Beta-bloc rx pt w/abn lvef
G8451	Pt w/abn lvef inelig b-bloc
G8452	Pt w/abn lvef b-bloc no rx
G8453	Tob use cess int counsel
G8454	Tob use cess int no counsel
G8455	Current tobacco smoker
G8456	Smokeless tobacco user
G8457	Tobacco non-user
G8458	Pt inelig geno no antivir tx
G8459	Doc pt rec antivir treat
G8460	Pt inelig RNA no antivir tx
G8461	Pt rec antivir treat hep c
G8462	Pt inelig couns no antivir tx
G8463	Pt rec antiviral treat doc
G8464	Pt inelig; lo to no dter rsk
G8465	High risk recurrence pro ca
G8466	Pt inelig suic; MDD remis
G8467	New dx init/rec episode MDD
G8468	ACE/ARB rx pt w/abn lvef
G8469	Pt w/abn lvef inelig ACE/ARB
G8470	Pt w/ normal lvef
G8471	LVEF not performed/doc
G8472	ACE/ARB no rx pt w/abn lvef
G8473	ACE/ARB thxpy rx'd
G8474	ACE/ARB not rx'd; doc reas
G8475	ACE/ARB thxpy not rx'd
G8476	BP sys <130 and dias <80
G8477	BP sys >=130 and/or dias >=80
G8478	BP not performed/doc
G8479	MD rx'd ACE/ARB thxpy
G8480	Pt inelig ACE/ARB thxpy
G8481	MD not rx'd ACE/ARB thxpy
G8482	Flu immunize order/admin
G8483	Flu imm no ord/admin doc rea
G8484	Flu immunize no order/admin
G8489	CAD measures grp
G8490	RA measures grp
G8491	HIV/AIDS measures grp
G8492	Prev Care measures grp
G8493	Back pain measures grp

Non-Covered HCPCS Codes	
Code	Brief Description
G8494	DM meas qual act perform
G8495	CKD meas qual act perform
G8496	PC meas qual act perform
G8497	CABG meas qual act perform
G8498	CAD meas qual act perform
G8499	RA meas qual act perform
G8500	HIV meas qual act perform
G8501	Perio meas qual act perform
G8502	BP meas qual act perform
G8503	Doc proph antibx w/in 1 hr
G8504	Doc ord pro antibx w/in 1 hr
G8505	No doc proph antibx w/in 1hr
G8506	Pt rec ACE/ARB
G8507	Pt inelig pt verif meds
G8508	Pt inelig; pain asses no f/u
G8509	Pain assess no f/u pln doc
G8510	Pt inelig neg scrn depres
G8511	Clin depres scrn no f/u doc
G8512	Pain sev quant present
G8513	ABI meas & doc
G8514	PT inelig; ABI measure
G8515	No ABI measurement
G8516	Scrn fal rsk >2 fal or w/inj
G8517	Scrn fall rsk; <2 falls
G8518	Clin stg b/f lun/eso ca surg
G8519	Pt in; clin ca stg b/f surg
G8520	Clin stg b/f surg not doc
G8521	Antplt recd 48 hrs & disch
G8522	Pt inelig; antiplt therapy
G8523	Antplt not recd reas no spec
G8524	Patch closure conv CEA
G8525	No patch closure CEA
G8526	No patch closure conv CEA
G8527	Doc ord antimic prophy
G8528	Pt inelig; proph antibiot
G8529	No doc ord antimic prophy
G8530	Auto AV fistula recd
G8531	Pt inelig; auto AV fistula
G8532	No auto AV fistula; no reas
G8533	Partic in clin data base reg
G8534	Doc elder mal scrn f/u plan
G8535	Pt inelig no eld mal scrn

Non-Covered HCPCS Codes	
Code	Brief Description
G8536	No doc elder mal scrn
G8537	Pt inelig eldmal scrn no f/u
G8538	Eld mal scrn no f/u pln
G8539	Cur funct assess & care pln
G8540	Pt inelig funct assess
G8541	No doc cur funct assess
G8542	Pt inelig func asses no pln
G8543	Cur funct asses; no care pln
G8544	CABG measures grp
G9002	MCCD,maintenance rate
G9003	MCCD, risk adj hi, initial
G9004	MCCD, risk adj lo, initial
G9013	ESRD demo bundle level I
G9014	ESRD demo bundle-level II
G9016	Demo-smoking cessation coun
G9017	Amantadine HCL, oral
G9018	Zanamivir, inh pwdr
G9019	Oseltamivir phosp
G9020	Rimantadine HCL
G9035	Oseltamivir phosp, brand
G9036	Rimantadine HCL, brand
G9041	Low vision serv occupational
G9042	Low vision orient/mobility
G9043	Low vision rehab therapist
G9044	Low vision rehab teacher
G9050	Oncology work-up evaluation
G9051	Oncology treatment decision
G9052	Onc surveillance for disease
G9053	Onc expectant management pt
G9054	Onc supervision palliative
G9055	Onc visit unspecified NOS
G9056	Onc prac mgmt adheres guide
G9057	Onc pract mgmt differs guide
G9058	Onc prac mgmt disagree w/gui
G9059	Onc prac mgmt pt opt alterna
G9060	Onc prac mgmt dif pt comorb
G9061	Onc prac cond noadd by guide
G9062	Onc prac guide differs nos
G9063	Onc dx nsclc stg1 no dx prog
G9064	Onc dx nsclc stg2 no dx prog
G9065	Onc dx nsclc stg3A nodx prog
G9066	Onc dx nsclc stg3B-4 metasta

Non-Covered HCPCS Codes	
Code	Brief Description
G9067	Onc dx nsclc dx unknown nos
G9068	Onc dx nsclc/sclc limited
G9069	Onc dx sclc/nsclc ext at dx
G9070	Onc dx sclc/nsclc ext unknwn
G9071	Onc dx brst stg1 2B no dx pr
G9072	Onc dx brst stg1-2 noprogres
G9073	Onc dx brst stg3-w/progres
G9074	Onc dx brst stg3-noprogress
G9075	Onc dx brst metastatic/ recur
G9077	Onc dx prostate T1no progres
G9078	Onc dx prostate T2no progres
G9079	Onc dx prostate T3b-T4noprog
G9080	Onc dx prostate w/rise PSA
G9083	Onc dx prostate unknown NOS
G9084	Onc dx colon t1-3,n1-2,no pr
G9085	Onc dx colon T4, N0 w/o prog
G9086	Onc dx colon T1-4 no dx prog
G9087	Onc dx colon radiolg evid dx
G9088	Onc dx colon m1/mets w/o rad
G9089	Onc dx colon extent unknown
G9090	Onc dx rectal T1-2 no progr
G9091	Onc dx rectal T3 N0 no prog
G9092	Onc dx rectal T1-3,N1-2noprg
G9093	Onc dx rectal T4,N,M0 no prg
G9094	Onc dx rectal M1 w/mets prog
G9095	Onc dx rectal extent unknwn
G9096	Onc dx esophag T1-T3 noprog
G9097	Onc dx esophageal T4 no prog
G9098	Onc dx esophageal mets recur
G9099	Onc dx esophageal unknown
G9100	Onc dx gastric no recurrence
G9101	Onc dx gastric p R1-R2noprog
G9102	Onc dx gastric unresectable
G9103	Onc dx gastric recurrent
G9104	Onc dx gastric unknown NOS
G9105	Onc dx pancreatc p R0 res no
G9106	Onc dx pancreatc p R1/R2 no
G9107	Onc dx pancreatic unresectab
G9108	Onc dx pancreatic unknwn NOS
G9109	Onc dx head/neck T1-T2no prg
G9110	Onc dx head/neck T3-4 noprog
G9111	Onc dx head/neck M1 mets rec

Non-Covered HCPCS Codes	
Code	Brief Description
G9112	Onc dx head/neck ext unknown
G9113	Onc dx ovarian stg1A-B no pr
G9114	Onc dx ovarian stg1A-B or 2
G9115	Onc dx ovarian stg3/4 noprog
G9116	Onc dx ovarian recurrence
G9117	Onc dx ovarian unknown NOS
G9123	Onc dx NHL lge Bcell relap
G9124	Onc dx NHL relapse/refractor
G9125	Onc dx NHL stg unknown
G9126	Onc dx ovarian stg IA/B
G9128	Onc dx mult myeloma stg2 hig
G9129	Onc dx mult myeloma unkwn op
G9130	Onc dx multi myeloma unknown
G9131	Onc dx brst unknown NOS
G9132	Onc dx prostate mets no cast
G9133	Onc dx prostate clinical met
G9134	Onc NHLstg 1-2 no relap no
G9135	Onc dx NHL stg 3-4 not relap
G9136	Onc dx NHL trans to lg Bcell
G9137	Onc dx NHL relapse/refractor
G9138	Onc dx NHL stg unknown
G9139	Onc dx CML dx status unknown
G9140	Frontier extended stay demo
H0016	Alcohol and/or drug services
H0021	Alcohol and/or drug training
H0022	Alcohol and/or drug interven
H0023	Alcohol and/or drug outreach
H0024	Alcohol and/or drug preventi
H0025	Alcohol and/or drug preventi
H0026	Alcohol and/or drug preventi
H0027	Alcohol and/or drug preventi
H0028	Alcohol and/or drug preventi
H0029	Alcohol and/or drug preventi
H0030	Alcohol and/or drug hotline
H0031	MH health assess by non-md
H0032	MH svc plan dev by non-md
H0033	Oral med adm direct observe
H0034	Med trng & support per 15min
H0035	MH partial hosp tx under 24h
H0036	Comm psy face-face per 15min
H0037	Comm psy sup tx pgm per diem
H0038	Self-help/peer svc per 15min

Non-Covered HCPCS Codes	
Code	Brief Description
H0039	Asser com tx face-face/15min
H0040	Assert comm tx pgm per diem
H0041	Fos c chld non-ther per diem
H0042	Fos c chld non-ther per mon
H0043	Supported housing, per diem
H0044	Supported housing, per month
H0045	Respite not-in-home per diem
H0046	Mental health service, nos
H1010	Nonmed family planning ed
H1011	Family assessment
H2000	Comp multidisipln evaluation
H2001	Rehabilitation program 1/2 d
H2010	Comprehensive med svc 15 min
H2011	Crisis interven svc, 15 min
H2012	Behav Hlth Day Treat, per hr
H2013	Psych hlth fac svc, per diem
H2014	Skills Train and Dev, 15 min
H2015	Comp Comm Supp Svc, 15 min
H2016	Comp Comm Supp Svc, per diem
H2017	PsySoc Rehab Svc, per 15 min
H2018	PsySoc Rehab Svc, per diem
H2019	Ther Behav Svc, per 15 min
H2020	Ther Behav Svc, per diem
H2021	Com Wrap-Around Sv, 15 min
H2022	Com Wrap-Around Sv, per diem
H2023	Supported Employ, per 15 min
H2024	Supported Employ, per diem
H2025	Supp Maint Employ, 15 min
H2026	Supp Maint Employ, per diem
H2027	Psychoed Svc, per 15 min
H2028	Sex Offend Tx Svc, 15 min
H2029	Sex Offend Tx Svc, per diem
H2030	MH Clubhouse Svc, per 15
H2031	MH Clubhouse Svc, per diem
H2032	Activity Therapy, per 15 min
H2033	Multisys Ther/Juvenile 15min
H2034	A/D Halfway House, per diem
H2035	A/D Tx Program, per hour
H2036	A/D Tx Program, per diem
H2037	Dev Delay Prev Dp Ch, 15 min
J0128	Abarelix injection
J0135	Adalimumab injection

Non-Covered HCPCS Codes	
Code	Brief Description
J0190	Injection, biperiden, 2 mg
J0215	Alefacept
J0220	Aglucosidase alfa injection
J0278	Amikacin sulfate injection
J0390	Chloroquine injection
J0395	Arbutamine HCl injection
J0520	Bethanechol chloride inject
J0583	Bivalirudin
J0636	Inj calcitriol per 0.1 mcg
J0706	Caffeine citrate injection
J0710	Cephapirin sodium injection
J0760	Colchicine injection
J0795	Corticotropin ovine triflural
J0970	Estradiol valerate injection
J1000	Depo-estradiol cypionate inj
J1051	Medroxyprogesterone inj
J1055	Medroxyprogesterone acetate inj
J1056	MA/EC contraceptive injection
J1270	Injection, doxercalciferol
J1300	Eculizumab injection
J1330	Ergonovine maleate injection
J1380	Estradiol valerate 10 MG inj
J1390	Estradiol valerate 20 MG inj
J1410	Inj estrogen conjugate 25 MG
J1430	Ethanolamine oleate 100 mg
J1435	Injection estrone per 1 MG
J1457	Gallium nitrate injection
J1458	Galsulfase injection
J1565	RSV-ivig
J1595	Injection glatiramer acetate
J1700	Hydrocortisone acetate inj
J1710	Hydrocortisone sodium ph inj
J1743	Idursulfase injection
J1810	Droperidol/fentanyl inj
J1890	Cephalothin sodium injection
J1930	Lanreotide injection
J1953	Levetiracetam injection
J2170	Mecasermin injection
J2180	Meperidine/promethazine inj
J2210	Methylergonovine maleate inj
J2271	Morphine sulfate injection 100mg
J2278	Ziconotide injection

Non-Covered HCPCS Codes	
Code	Brief Description
J2323	Natalizumab injection
J2425	Palifermin injection
J2501	Paricalcitol
J2503	Pegaptanib sodium injection
J2504	Pegademase bovine, 25 iu
J2505	Injection, pegfilgrastim 6mg
J2590	Oxytocin injection
J2670	Totazoline hcl injection
J2675	Progesterone Injection
J2765	Injection, metoclopramide hcl
J2778	Ranibizumab injection
J2783	Rasburicase
J2805	Sincalide injection
J2850	Inj secretin synthetic human
J2940	Somatrem injection
J2941	Somatropin injection
J2950	Promazine hcl injection
J3110	Teriparatide injection
J3140	Testosterone suspension inj
J3150	Testosterone propionate inj
J3285	Treprostinil injection
J3310	Perphenazine injection
J3315	Triptorelin pamoate
J3350	Urea injection
J3355	Urofollitropin, 75 iu
J3364	Urokinase 5000 IU injection
J3396	Verteporfin injection
J3400	Triflupromazine hcl inj
J3530	Nasal vaccine inhalation
J3570	Laetrile amygdalin vit B17
J7300	Intrauterine copper contraceptive
J7302	Levonorgestrel iu contraceptive
J7303	Contraceptive vaginal ring
J7304	Contraceptive hormone patch
J7306	Levonorgestrel implant sys
J7307	Etonogestrel implant system
J7308	Aminolevulinic acid hcl top
J7518	Mycophenolic acid
J7628	Bitolterol mes inhal sol con
J7629	Bitolterol mes inh sol u d
J7635	Atropine inhal sol con
J7636	Atropine inhal sol unit dose

Non-Covered HCPCS Codes	
Code	Brief Description
J7637	Dexamethasone inhal sol con
J7638	Dexamethasone inhal sol u d
J7642	Glycopyrrolate inhal sol con
J7643	Glycopyrrolate inhal sol u d
J7647	Isoetharine comp con
J7648	Isoetharine hcl inh sol con
J7649	Isoetharine hcl inh sol u d
J7650	Isoetharine comp unit
J7658	Isoproterenolhcl inh sol con
J7659	Isoproterenol hcl inh sol ud
J7680	Terbutaline so4 inh sol con
J7681	Terbutaline so4 inh sol u d
J8501	Oral aprepitant
J8515	Cabergoline, oral 0.25mg
J8565	Gefitinib oral
J9010	Alemtuzumab injection
J9025	Azacididine injection
J9027	Clofarabine injection
J9035	Bevacizumab injection
J9055	Cetuximab injection
J9070	Cyclophosphamide 100 MG inj
J9080	Cyclophosphamide 200 MG inj
J9093	Cyclophosphamide lyophilized
J9094	Cyclophosphamide lyophilized
J9165	Diethylstilbestrol injection
J9175	Elliotts b solution per ml
J9219	Leuprolide acetate implant
J9225	Histrelin implant
J9226	Supprelin LA implant
J9303	Panitumumab injection
J9357	Valrubicin, 200 mg
J9395	Injection, Fulvestrant
K0606	AED garment w elec analysis
K0607	Repl batt for AED
K0608	Repl garment for AED
K0609	Repl electrode for AED
K0730	Ctrl dose inh drug deliv sys
L1001	CTLISO infant immobilizer
L5856	Elec knee-shin swing/stance
L5857	Elec knee-shin swing only
L5858	Stance phase only
L6711	Ped term dev, hook, vol open

Non-Covered HCPCS Codes	
Code	Brief Description
L6712	Ped term dev, hook, vol clos
L6713	Ped term dev, hand, vol open
L6714	Ped term dev, hand, vol clos
L7008	Pediatric electric hand
L8609	Artificial cornea
L8680	Implt neurostim elctr each
L8681	Pt prgrm for implt neurostim
L8682	Implt neurostim radiofq rec
L8683	Radiofq trsmtr for implt neu
L8684	Radiofq trsmtr implt sclr neu
L8685	Implt nrostm pls gen sng rec
L8686	Implt nrostm pls gen sng non
L8687	Implt nrostm pls gen dua rec
L8688	Implt nrostm pls gen dua non
L8689	External recharging system
M0075	Cellular therapy
M0076	Prolotherapy
M0100	Intragastric hypothermia
M0300	IV chelationtherapy
M0301	Fabric wrapping of aneurysm
P2031	Hair analysis
P7001	Culture bacterial urine
P9604	One-way allow prorated trip
Q0035	Cardiokymography
Q0144	Azithromycin dihydrate, oral
Q0482	microprcsr cu combo vad, rep
Q0483	monitor elec vad, rep
Q0484	monitor elec or comb vad rep
Q0485	monitor cable elec vad, rep
Q0486	mon cable elec/pneum vad rep
Q0487	leads any type vad, rep only
Q0488	pwr pack base elec vad, rep
Q0489	pwr pck base combo vad, rep
Q0490	emr pwr source elec vad, rep
Q0491	emr pwr source combo vad rep
Q0492	emr pwr cbl elec vad, rep
Q0493	emr pwr cbl combo vad, rep
Q0494	emr hd pmp elec/combo, rep
Q0495	charger elec/combo vad, rep
Q0496	battery elec/combo vad, rep
Q0497	bat clips elec/comb vad, rep
Q0498	holster elec/combo vad, rep

Non-Covered HCPCS Codes	
Code	Brief Description
Q0499	belt/vest elec/combo vad rep
Q0500	filters elec/combo vad, rep
Q0501	shwr cov elec/combo vad, rep
Q0502	mobility cart pneum vad, rep
Q0503	battery pneum vad replacemnt
Q0504	pwr adpt pneum vad, rep veh
Q0505	miscl supply/accessory vad
Q0510	Dispens fee immunosuppressive
Q0511	Sup fee antiem,antica,immuno
Q0512	Px sup fee anti-can sub pres
Q0513	Disp fee inhal drugs/30 days
Q0514	Disp fee inhal drugs/90 days
Q0515	Sermorelin acetate injection
Q3025	IM inj interferon beta 1-a
Q3026	Subc inj interferon beta-1a
Q4007	Cast sup long arm ped, pl
Q4008	Cast sup, long arm ped, fib
Q4011	Cast sup sh arm ped, pl
Q4012	Cast sup sh arm ped, fib
Q4015	Cast sup gauntlet ped,
Q4016	Cast sup gauntlet ped, fib
Q4019	Cast sup l arm splint ped, pl
Q4020	Cast sup l arm splint ped, fib
Q4023	Cast sup sh arm splint ped, pl
Q4024	Cast sup sh arm splint ped, fib
Q4027	Cast sup hip spica, pl
Q4028	Cast sup, hip spica, fib
Q4031	Cast sup, long leg ped, pl
Q4032	Cast sup, long leg ped, fib
Q4035	Cast sup, leg cylinder ped, pl
Q4036	Cast sup, leg cylinder ped, fib
Q4039	Cast sup, sh leg ped, pl
Q4040	Cast sup, sh leg ped, fib
Q4043	Cast sup, l leg splintped, pl
Q4044	Cast sup, l leg splint ped, fib
Q4047	Cast sup, sh leg splint ped, pl
Q4048	Cast sup, sh leg splint ped, fib
Q4082	Drug/bio NOC part B drug CAP
Q5002	Hospice in assisted living
S0012	Butorphanol tartrate, nasal
S0014	Tacrine hydrochloride, 10 mg
S0017	Injection, aminocaproic acid

Non-Covered HCPCS Codes	
Code	Brief Description
S0020	Injection, bupivacaine hydro
S0021	Injection, ceftoperazone sod
S0023	Injection, cimetidine hydroc
S0028	Injection, famotidine, 20 mg
S0030	Injection, metronidazole
S0032	Injection, nafcillin sodium
S0034	Injection, ofloxacin, 400 mg
S0039	Injection, sulfamethoxazole
S0040	Injection, ticarcillin disod
S0073	Injection, aztreonam, 500 mg
S0074	Injection, cefotetan disodiu
S0077	Injection, clindamycin phosph
S0078	Injection, fosphenytoin sodi
S0080	Injection, pentamidine iseth
S0081	Injection, piperacillin sodi
S0090	Sildenafil citrate, 25 mg
S0104	Zidovudine, oral, 100 mg
S0106	Bupropion hcl sr 60 tablets
S0108	Mercaptopurine 50 mg
S0109	Methadone oral 5 mg
S0117	Tretinoin topical, 5g
S0122	Inj menotropins 75 iu
S0126	Inj follitropin alfa 75 iu
S0128	Inj follitropin beta 75 iu
S0132	Inj ganirelix acetat 250 mcg
S0136	Clozapine, 25 mg
S0137	Didanosine, 25 mg
S0138	Finasteride, 5 mg
S0139	Minoxidil, 10 mg
S0140	Saquinavir, 200 mg
S0156	Exemestane, 25 mg
S0157	Becaplermin gel 1%, 0.5 gm
S0160	Dextroamphetamine
S0161	Calcitriol
S0162	Injection efalizumab
S0166	Inj olanzapine 2.5mg
S0177	Levamisole 50 mg
S0194	Vitamin suppl 100 caps
S0195	Pneumococcal conjugate vac
S0196	Poly-l-lactic acid 1ml face
S0197	Prenatal vitamins 30 day
S0201	Prt hosp svcs, less than 24 hrs, per diem

Non-Covered HCPCS Codes	
Code	Brief Description
S0207	Parmedic intercept, non-hosp based
S0208	Paramed intrcept nonvol
S0209	WC van mileage per mi
S0215	Nonemerg transp mileage
S0220	Medical conference by physic
S0221	Medical conference, 60 min
S0250	Comp geriatr assmt team
S0255	Hospice refer visit nonmd
S0257	End of life counseling
S0260	H&P for surgery
S0265	Genetic counsel 15 mins
S0270	Home std case rate 30 days
S0271	Home hospice case 30 days
S0272	Home episodic case 30 days
S0273	MD home visit outside cap
S0274	Nurse practr visit outs cap
S0302	Completed EPSDT
S0310	Hospitalist visit
S0315	Disease mgmt prgrm, init
S0316	Disease mgmt prgrm, flw up
S0317	Disease mgmt per diem
S0320	Phone call by RN to dis mgmt prgrm
S0340	Lifestyle mod 1st stage
S0341	Lifestyle mod 2 or 3 stage
S0342	Lifestyle mod 4th stage
S0345	Home ECG monitrng global 24h
S0346	Home ECG monitrng tech 24h
S0347	Home ECG monitrng prof 24hr
S0390	Rout foot care per visit
S0400	Global eswl kidney
S0500	Dispos cont lens
S0504	Singl prscrip lens
S0506	Bifoc prscrip lens
S0508	Trifoc prscrip lens
S0510	Non-prscrip lens
S0512	Daily cont lens
S0514	Color cont lens
S0515	Scleral lens liquid bandage
S0516	Safety frames
S0518	Sunglass frames
S0580	Polycarb lens
S0581	Nonstd lens

Non-Covered HCPCS Codes	
Code	Brief Description
S0590	Misc integral lens serv
S0592	Comp cont lens eval
S0595	New lenses in pts old frame
S0601	Screening proctoscopy
S0605	Digital rectal examination,
S0610	Annual gynecological examina
S0612	Annual gynecological examina
S0613	Ann breast exam
S0618	Audiometry for hearing aid
S0620	Routine ophthalmological exa
S0621	Routine ophthalmological exa
S0622	Phys exam for college
S0625	Digital screening retinal
S0630	Removal of sutures
S0800	Laser in situ keratomileusis
S0810	Photorefractive keratectomy
S0812	Phototherap keratect
S1001	Deluxe item
S1002	Custom item
S1015	IV tubing extension set
S1016	Non-pvc intravenous administ
S1030	Gluc monitor purchase
S1031	Gluc monitor rental
S1040	Cranial remold orth, rigid
S2053	Transplantation of small int
S2054	Transplantation of multivisc
S2055	Harvesting of donor multivis
S2060	Lobar lung transplantation
S2061	Donor lobectomy (lung)
S2065	Simult panc kidn trans
S2068	Breast DIEP flap reconstruct
S2070	Cysto laser tx ureteral calc
S2080	Laup
S2083	Adjustment gastric band
S2095	Transcath emboliz microspher
S2102	Islet cell tissue transplant
S2103	Adrenal tissue transplant
S2107	Adoptive immunotherapy
S2115	Periacetabular osteotomy
S2117	Arthroereisis, subtalar
S2120	Low density lipoprotein (LDL)
S2140	Cord blood harvesting

Non-Covered HCPCS Codes	
Code	Brief Description
S2142	Cord blood-derived stem-cell
S2150	BMT harv/transpl 28d pkg
S2152	Solid organ transpl pkg
S2202	Echosclerotherapy
S2205	Minimally invasive direct co
S2206	Minimally invasive direct co
S2207	Minimally invasive direct co
S2208	Minimally invasive direct co
S2209	Minimally invasive direct co
S2225	Myringotomy laser-assist
S2230	Implant semi-imp hear
S2235	Implant auditory brain imp
S2260	Induced abortion 17-24 weeks
S2265	Abortion for fetal ind, 25 – 28 wks
S2266	Abortion for fetal ind, 29 – 31 wks
S2267	Abortion for fetal ind, 32 wks or grtr
S2300	Arthroscopy, shoulder, surgi
S2340	Chemodenervation of abductor
S2341	Chemodenerv adduct vocal
S2342	Nasal endoscop po debrid
S2344	Endosc balloon sinuplasty
S2348	Decompress disc RF lumbar
S2350	Discectomy, anterior, with d
S2351	Discectomy, anterior, with d
S2360	Vertebroplast cerv 1st
S2361	Vertebroplast cerv addl
S2400	Fetal surg congen hernia
S2401	Fetal surg urin trac obstr
S2402	Fetal surg cong cyst malf
S2403	Fetal surg pulmon sequest
S2404	Fetal surg myelomeningo
S2405	Fetal surg sacrococ teratoma
S2409	Fetal surg noc
S2411	Fetoscop laser ther TTTS
S2900	Robotic surgical system
S3000	Bilat dil retinal exam
S3005	Eval self-assess depression
S3620	Newborn metabolic screening
S3625	Maternal triple screen test
S3626	Maternal serum quad screen
S3628	PAMG-1 rapid assay for ROM
S3630	Eosinophil blood count

Non-Covered HCPCS Codes	
Code	Brief Description
S3645	HIV-1 antibody testing of or
S3650	Saliva test, hormone level;
S3652	Saliva test, hormone level;
S3655	Antisperm antibody test
S3708	Gastrointestinal fat absorpt
S3711	Circulating tumor cell test
S3818	BRCA1 gene anal
S3819	BRCA2 gene anal
S3820	Comp BRCA1/BRCA2
S3822	Sing mutation brst/ovar
S3823	3 mutation brst/ovar
S3828	Comp MLH1 gene
S3829	Comp MSH2 gene
S3830	Gene test HNPCC comp
S3831	Gene test HNPCC single
S3833	Comp APC sequence
S3834	Sing mutation APC
S3835	Gene test cystic fibrosis
S3837	Gene test hemochromato
S3840	DNA analysis RET-oncogene
S3841	Gene test retinoblastoma
S3842	Gene test Hippel-Lindau
S3843	DNA analysis Factor V
S3844	DNA analysis deafness
S3845	Gene test alpha-thalassemia
S3846	Gene test beta-thalassemia
S3847	Gene test Tay-Sachs
S3848	Gene test Gaucher
S3849	Gene test Niemann-Pick
S3850	Gene test sickle cell
S3851	Gene test Canavan
S3852	DNA analysis APOE Alzheimer
S3853	Gene test myo musclr dyst
S3854	Gene profile panel breast
S3855	Gene test presenilin-1 gene
S3865	Comp genet test hyp cardiomy
S3866	Spec gene test hyp cardiomy
S3870	CGH test developmental delay
S3890	Fecal DNA analysis
S3900	Surface EMG
S3902	Ballistocardiogram
S3904	Masters two step

Non-Covered HCPCS Codes	
Code	Brief Description
S4005	Interim labor facility global
S4011	IVF package
S4013	Compl gift case rate
S4014	Compl zift case rate
S4015	Complete IVF case rate
S4016	Frozen IVF case rate
S4017	INV canc a stim case rate
S4018	F EMB trns canc case rate
S4020	IVF canc a aspir case rate
S4021	IVF canc p aspir case rate
S4022	Asst oocyte fert case rate
S4023	Incompl donor egg case rate
S4025	Donor serv IVF case rate
S4026	Procure donor sperm
S4027	Store prev froz embryos
S4028	Microsurg epi sperm asp
S4030	Sperm procure init visit
S4031	Sperm procure subs visit
S4035	Stimulated iui case rate
S4037	Cryo embryo transf case rate
S4040	Monit store cryo embryo 30 d
S4042	Ovulation mgmt per cycle
S4981	Insert levonorgestrel ius
S4989	Contracept IUD
S4990	Nicotine patch legend
S4991	Nicotine patch nonlegend
S4993	Contraceptive pills for bc
S4995	Smoking cessation gum
S5000	Prescription drug, generic
S5001	Prescription drug,brand name
S5010	5% dextrose and 45% saline
S5011	5% dextrose in lactated ring
S5012	5% dextrose with potassium
S5013	5% dextrose/45%saline,1000ml
S5014	5% dextrose/45%saline,1500ml
S5035	HIT routine device maint
S5036	HIT device repair
S5100	Adult daycare services 15 min
S5101	Adult day care per half day
S5102	Adult day care per diem
S5105	Centerbased daycare perdiem
S5108	Homecare train pt 15 min

Non-Covered HCPCS Codes	
Code	Brief Description
S5109	Homecare train pt session
S5110	Family homecare training 15m
S5111	Family homecare train/sessio
S5115	Nonfamily homecare train/15m
S5116	Nonfamily HC train/session
S5120	Chore services per 15 min
S5121	Chore services per diem
S5125	Attendant care service /15m
S5126	Attendant care service /diem
S5130	Homaker service nos per 15m
S5131	Homemaker service nos /diem
S5135	Adult companioncare per 15m
S5136	Adult companioncare per diem
S5140	Adult foster care per diem
S5141	Adult foster care per month
S5145	Child fostercare th per diem
S5146	Ther fostercare child /month
S5150	Unskilled respite care /15m
S5151	Unskilled respitecare /diem
S5165	Home modifications per serv
S5170	Homedelivered prepared meal
S5175	Laundry serv,ext,prof,/order
S5180	HH respiratory thrpy in eval
S5181	HH respiratory thrpy nos/day
S5185	Med reminder serv per month
S5190	Wellness assessment by nonph
S5199	Personal care item nos each
S5497	HIT cath care noc
S5498	HIT simple cath care
S5501	HIT complex cath care
S5502	HIT interim cath care
S5517	HIT declotting kit
S5518	HIT cath repair kit
S5520	HIT picc insert kit
S5521	HIT midline cath insert kit
S5522	HIT picc insert no supp
S5523	HIP midline cath insert kit
S5550	Insulin rapid 5 u
S5551	Insulin most rapid 5 u
S5552	Insulin intermed 5 u
S5553	Insulin long acting 5 u
S5560	Insulin reuse pen 1.5 ml

Non-Covered HCPCS Codes	
Code	Brief Description
S5561	Insulin reuse pen 3 ml
S5565	Insulin cartridge 150 u
S5566	Insulin cartridge 300 u
S5570	Insulin dispos pen 1.5 ml
S5571	Insulin dispos pen 3 ml
S8030	Tantalum ring application
S8035	Magnetic source imaging
S8037	mrcp
S8040	Topographic brain mapping
S8042	MRI low field
S8049	Intraoperative radiation the
S8055	Us guidance fetal reduct
S8080	Scintimammography
S8085	Fluorine-18 fluorodeoxygluco
S8092	Electron beam computed tomog
S8096	Portable peak flow meter
S8097	Asthma kit
S8100	Spacer without mask
S8101	Spacer with mask
S8110	Peak expiratory flow rate (p
S8120	O2 contents gas cubic ft
S8121	O2 contents liquid lb
S8185	Flutter device
S8186	Swivel adaptor
S8189	Trach supply noc
S8190	Electronic spirometer
S8210	Mucus trap
S8262	Mandib ortho repos device
S8265	Haberman feeder
S8270	Enuresis alarm
S8301	Infect control supplies NOS
S8415	Supplies for home delivery
S8450	Splint digit
S8451	Splint wrist or ankle
S8452	Splint elbow
S8460	Camisole post-mast
S8490	100 insulin syringes
S8940	Hippotherapy per session
S8948	Low-level laser trmt 15 min
S8950	Complex lymphedema therapy,
S8990	PT or manip for maint
S8999	Resuscitation bag

Non-Covered HCPCS Codes	
Code	Brief Description
S9001	Home uterine monitor with or
S9007	Ultrafiltration monitor
S9015	Automated EEG monitoring
S9024	Paranasal sinus ultrasound
S9025	Omnicardiogram/cardiointegra
S9034	ESWL for gallstones
S9055	Procuren or other growth fac
S9056	Coma stimulation per diem
S9061	Medical supplies and equipme
S9075	Smoking cessation treatment
S9083	Urgent care center global
S9088	Services provided in urgent
S9090	Vertebral axial decompressio
S9097	Home visit wound care
S9098	Home phototherapy visit
S9109	CHF telemonitoring month
S9117	Back school visit
S9125	Respite care, in the home, p
S9127	Social work visit, in the ho
S9128	Speech therapy, in the home,
S9129	Occupational therapy, in the
S9131	PT in the home per diem
S9140	Diabetic Management Program,
S9141	Diabetic Management Program,
S9145	Insulin pump initiation
S9150	Evaluation by Ocularist
S9208	Home mgmt preterm labor
S9209	Home mgmt PPRM
S9211	Home mgmt gest hypertension
S9212	Hm postpar hyper per diem
S9213	Hm preeclamp per diem
S9214	Hm gest dm per diem
S9325	HIT pain mgmt per diem
S9326	HIT cont pain per diem
S9327	HIT int pain per diem
S9328	HIT pain imp pump diem
S9329	HIT chemo per diem
S9330	HIT cont chem diem
S9331	HIT intermit chemo diem
S9335	HT hemodialysis diem
S9336	HIT cont anticoag diem
S9338	HIT immunotherapy diem

Non-Covered HCPCS Codes	
Code	Brief Description
S9339	HIT periton dialysis diem
S9340	HIT enteral per diem
S9341	HIT enteral grav diem
S9342	HIT enteral pump diem
S9343	HIT enteral bolus nurs
S9345	HIT anti-hemophil diem
S9346	HIT alpha-1-protein diem
S9347	HIT longterm infusion diem
S9348	HIT sympathomim diem
S9349	HIT tocolysis diem
S9351	HIT cont antiemetic diem
S9353	HIT cont insulin diem
S9355	HIT chelation diem
S9357	HIT enzyme replace diem
S9359	HIT anti-tnf per diem
S9361	HIT diuretic infus diem
S9363	HIT anti-spasmodic diem
S9364	HIT tpn total diem
S9365	HIT tpn 1 liter diem
S9366	HIT tpn 2 liter diem
S9367	HIT tpn 3 liter diem
S9368	HIT tpn over 3l diem
S9370	HT inj antiemetic diem
S9372	HT inj anticoag diem
S9373	HIT hydra total diem
S9374	HIT hydra 1 liter diem
S9375	HIT hydra 2 liter diem
S9376	HIT hydra 3 liter diem
S9377	HIT hydra over 3l diem
S9379	HIT noc per diem
S9381	HIT high risk/escort
S9401	Anticoag clinic per session
S9430	Pharmacy comp/disp serv
S9433	Medical food oral 100% nutr
S9434	Mod solid food suppl
S9435	Medical foods for inborn err
S9436	Lamaze class
S9437	Childbirth refresher class
S9438	Cesarean birth class
S9439	VBAC class
S9441	Asthma education
S9442	Birthing class

Non-Covered HCPCS Codes	
Code	Brief Description
S9443	Lactation class
S9444	Parenting class
S9446	PT education noc group
S9447	Infant safety class
S9449	Weight mgt class
S9451	Exercise class
S9452	Nutrition class
S9453	Smoking cessation class
S9454	Stress mgmt class
S9455	Diabetic Management Program,
S9460	Diabetic Management Program,
S9465	Diabetic Management Program,
S9470	Nutritional counseling, diet
S9472	Cardiac rehabilitation progr
S9473	Pulmonary rehabilitation pro
S9474	Enterostomal therapy by a re
S9475	Ambulatory setting substance
S9476	Vestibular rehab per diem
S9480	Intensive outpatient psychia
S9482	Family stabilization 15 min
S9484	Crisis intervention per hour
S9485	Crisis intervention mental h
S9490	HIT corticosteroid diem
S9494	HIT antibiotic total diem
S9497	HIT antibiotic q3h diem
S9500	HIT antibiotic q24h diem
S9501	HIT antibiotic q12h diem
S9502	HIT antibiotic q8h diem
S9503	HIT antibiotic q6h diem
S9504	HIT antibiotic q4h diem
S9529	Venipuncture home/snf
S9537	HT hem horm inj diem
S9538	HIT blood products diem
S9542	HT inj noc per diem
S9558	HT inj growth horm diem
S9559	HIT inj interferon diem
S9560	HT inj hormone diem
S9562	Palivizumab home inj per diem
S9590	In home irrigation therapy
S9810	HT pharm per hour
S9900	Christian sci pract visit
S9970	Health club membership yr

Non-Covered HCPCS Codes	
Code	Brief Description
S9975	Transplant related per diem
S9976	Lodging per diem
S9977	Meals per diem
S9981	Med record copy admin
S9986	Not medically necessary svc
S9988	Serv part of phase I trial
S9989	Services outside US
S9990	Services provided as part of
S9991	Services provided as part of
S9992	Transportation costs to and
S9994	Lodging costs (e.g. hotel ch
S9996	Meals for clinical trial par
S9999	Sales tax
T1000	Priv duty/inde nurse, to 15 mi
T1001	Nursing assesment/eval
T1002	RN services, up to 15 min
T1003	LPN/LVN serv, up to 15 min
T1004	Nurs aide serv, up to 15 min
T1005	Respite care, up to 15 min
T1006	Family/couple counseling
T1007	Treatment plan development
T1009	Child sitting services
T1010	Meals when receive services
T1012	Alcohol/subs abs, skills dev
T1013	Sign lang or oral intrpr serv
T1014	Telehealth transmit, per min
T1016	Case management
T1017	Targeted case management
T1018	School-based IEP ser bundled
T1019	Personal care ser per 15 min
T1020	Personal care ser per diem
T1021	HH aide or CN aide per visit
T1022	Contracted services per day
T1023	Program intake assessment
T1024	Team evaluation & management
T1025	Ped compr care pkg, per diem
T1026	Ped compr care pkg, per hour
T1027	Family training & counseling
T1028	Home environment assesment
T1029	Dwelling lead investigation
T1030	RN home care per diem
T1031	LPN home care per diem

Non-Covered HCPCS Codes	
Code	Brief Description
T1502	Medication admin visit
T1503	Med admin other than oral
T1999	NOC retail items andsupplies
T2001	N-et; patient attend/escort
T2002	N-et; per diem
T2003	N-et; encounter/trip
T2004	N-et; commerc carrier, pass
T2005	N-et; stretcher van
T2007	Non-emer transport wait time
T2010	PASRR LEVEL I
T2011	PASRR LEVEL II
T2012	Habil ed waiver, per diem
T2013	Habil ed waiver per hour
T2014	Habil prevoc waiver, per d
T2015	Habil prevoc waiver per hr
T2016	Habil res waiver per diem
T2017	Habil res waiver 15 min
T2018	Habil sup empl waiver/diem
T2019	Habil sup empl waiver 15min
T2020	Day habil waiver per diem
T2021	Day habil waiver per 15 min
T2022	Case management, per month
T2023	Targeted case mgmt per month
T2024	Serv asmnt/care plan waiver
T2025	Waiver service, nos
T2026	Special childcare waiver/d
T2027	Spec childcare waiver 15 min
T2028	Special supply, nos waiver
T2029	Special med equip, noswaiver
T2030	Assist living waiver/month
T2031	Assist living waiver/diem
T2032	Res care, nos waiver/month
T2033	Res, nos waiver per diem
T2034	Crisis interven waiver/diem
T2035	Utility services waiver
T2036	Camp overnite waiver/session
T2037	Camp day waiver/session
T2038	Comm trans waiver/service
T2039	Vehicle mod waiver/service
T2040	Financial mgt waiver/15min
T2041	Support broker waiver/15 min
T2042	Hospice routine home care

Non-Covered HCPCS Codes	
Code	Brief Description
T2043	Hospice continuous home care
T2044	Hospice respite care
T2045	Hospice general care
T2046	Hospice long term care, r&b
T2048	Bh ltc res r&b, per diem
T2049	N-ET; stretcher van, mileage
T2101	Breast milk proc/store/dist
T4529	Ped size brief/diaper sm/med
T4530	Ped size brief/diaper lg
T4531	Ped size pull-on sm/med
T4532	Ped size pull-on lg
T4538	Diaper serv reusable diaper
T4543	Disp bariatric brief/diaper
T5001	Special position seat/vehicl
T5999	Supply, nos
V2788	Presbyopia-correct function
V5090	Hearing aid dispensing fee
V5095	Implant mid ear hearing pros
V5110	Hearing aid dispensing fee
V5262	Hearing aid, disp, monaural
V5263	Hearing aid, disp, binaural
V5265	Ear mold/insert, disp
V5268	ALD Telephone Amplifier
V5269	Alerting device, any type
V5270	ALD, TV amplifier, any type
V5271	ALD, TV caption decoder
V5272	Tdd
V5273	ALD for cochlear implant
V5274	ALD unspecified
V5275	Ear impression
V5298	Hearing aid noc
V5299	Hearing service

NON-COVERED MODIFIERS

All five-digit CPT[®] modifiers (e.g. 09951)

–**AJ** Clinical Social Worker

–**Q6** Locum Tenens

–**SU** Procedure Performed in Physician's Office (to denote use of facility and equipment)

APPENDIX E

MODIFIERS THAT AFFECT PAYMENT

Only modifiers that affect payment are listed in this section. Refer to current CPT[®] and HCPCS books for complete modifier descriptions and instructions.

CPT[®] MODIFIERS

-22 Unusual services

Procedures with this modifier may be individually reviewed prior to payment. A report is required for this review. Payment varies based on the report submitted.

-24 Unrelated evaluation and management (E/M) services by the same physician during a postoperative period

Used to indicate an evaluation and management service unrelated to the surgical procedure was performed during a postoperative period. *Documentation must be submitted with the billing form when this modifier is used.* Payment is made at one hundred percent of the fee schedule level or billed charge, whichever is less.

-25 Significant, separately identifiable evaluation and management (E/M) service by the same physician on the day of a procedure

Payment is made at one hundred percent of the fee schedule level or billed charge, whichever is less. Refer to the Professional Services section for information on the use of modifier -25.

-26 Professional component

Certain procedures are a combination of the professional (-26) and technical (-TC) components. This modifier should be used when only the professional component is performed. When a global service is performed, neither the -26 nor the -TC modifier should be used.

-50 Bilateral surgery

The bilateral modifier identifies cases where a procedure typically performed on one side of the body is, in fact, performed on both sides of the body. Payment is made at one hundred fifty percent of the global surgery fee for the procedure. Providers must bill using two line items on the bill form. The modifier -50 should be applied to the second line item.

-51 Multiple surgery

For procedure codes that represent multiple surgical procedures, payment is made based on the fee schedule allowance associated with that code. Refer to the global surgery rules for additional information.

-52 Reduced services

Payment is made at the fee schedule level or billed charge, whichever is less.

-53 Discontinued services

CMS has established reduced RVUs for CPT[®] code 45378 when billed with modifier -53. L&I prices this code-modifier combination according to those RVUs.

-54 Surgical care only ⁽¹⁾

When one physician performs a surgical procedure and another provides preoperative and/or postoperative management.

-55 Postoperative management only ⁽¹⁾

When one physician performs the postoperative management and another physician has performed the surgical procedure.

-56 Preoperative management only ⁽¹⁾

When one physician performs the preoperative care and evaluation and another physician performs the surgical procedure.

(1) **When providing less than the global surgical package providers should use modifiers -54, -55, and -56.** These modifiers are designed to ensure that the sum of all allowances for all providers does not exceed the total allowance for the global surgery period. These modifiers allow direct payment to the provider of each portion of the global surgery services.

-57 Decision for surgery

Used only when the decision for surgery was made during the preoperative period of a surgical procedure with a global surgery follow-up period. It should not be used with visits furnished during the global period of minor procedures (0-10 day global period) unless the purpose of the visit is a decision for major surgery. Separate payment should be made even if the visit falls within the global surgery period. No separate documentation is needed when submitting a billing form with this modifier.

-62 Two surgeons

For surgery requiring the skills of two surgeons (usually with a different specialty), each surgeon is paid at 62.5% of the global surgical fee. No payment is made for an assistant-at-surgery in these cases.

-66 Team surgery

Used when highly complex procedures are carried out by a surgical team. This may include the concomitant services of several physicians, often of different specialties, other highly skilled, specially trained personnel, and various types of complex equipment. Procedures with this modifier are reviewed and priced on an individual basis. Supporting documentation is required for this review.

-78 Return to the operating room for a related procedure during the postoperative period

Payment is made at one hundred percent of the fee schedule level or billed amount, whichever is less.

-79 Unrelated procedure or service by the same physician during the postoperative period

Use of this modifier allows separate payment for procedures not associated with the original surgery. Payment is made at one hundred percent of the fee schedule level or billed amount, whichever is less.

-80 Assistant surgeon ⁽²⁾

-81 Minimum assistant surgeon ⁽²⁾

-82 Assistant surgeon (when qualified resident surgeon not available) ⁽²⁾

(2) **Assistant Surgeon Modifiers.** Physicians who assist the primary physician in surgery should use modifiers -80, -81 or -82 depending on the medical necessity. Payment for procedures with these modifiers is made at the billed charge or twenty percent of the global surgery amount for the procedure, whichever is less. Refer to the assistant surgeon indicator in the Professional Services Fee Schedule to determine if assistant surgeon fees are payable.

-91 Repeat clinical diagnostic laboratory test performed on the same day to obtain subsequent reportable test values(s) (separate specimens taken in separate encounters)

Payment will be made for repeat test(s) performed for the same patient on the same day when specimen(s) have been taken from separate encounters. Test(s) normally performed as a series, e.g. glucose tolerance test do not qualify as separate

encounters. The medical necessity for repeating the test(s) must be documented in the patient record.

-99 Multiple modifiers

This modifier should only be used when two or more modifiers affect payment. Payment is based on the policy associated with each individual modifier that describes the services performed. For billing purposes, only modifier -99 should go in the modifier column, with the individual descriptive modifiers that affect payment listed elsewhere on the billing form.

HCPCS MODIFIERS

-GT Teleconsultations via interactive audio and video telecommunication systems

Payment policies for teleconsultations are located in the Professional Services section.

-LT Left side

Although this modifier does not affect payment, it should be used when billing for bilateral services. This will help reduce duplicate bills and minimize payment delays.

-NU New Purchased DME

Use the -NU modifier when a new DME item is to be purchased.

-RR Rented DME

Use the -RR modifier when DME is to be rented.

-RT Right side

Although this modifier does not affect payment, it should be used when billing for bilateral services. This will help reduce duplicate bills and minimize payment delays.

-SG Ambulatory surgical center (ASC) facility service

Bill the appropriate CPT® surgical code(s) adding this modifier -SG to each surgery code.

-TC Technical component

Certain procedures are a combination of the professional (-26) and technical (-TC) components. This modifier should be used when only the technical component is performed. When a global service is performed, neither the -26 nor -TC modifier should be used. Refer to the CPT® modifier section for the use of the -26 modifier.

LOCAL MODIFIER

-1S Surgical dressings for home use

Bill the appropriate HCPCS code for each dressing item using this modifier -1S for each item. Use this modifier to bill for surgical dressing supplies dispensed for home use.

APPENDIX F

OUTPATIENT DRUG FORMULARY

The following is a list of drugs and therapeutic classes (or class codes) and their status on L&I's outpatient formulary. The formulary may change from time to time to reflect the Washington State Pharmacy and Therapeutics (P&T) Committee's recommendations or administrative changes.

PLEASE NOTE:

- This is an outpatient drug formulary. Many of the drugs not included on the formulary may be appropriate in other settings, such as inpatient, outpatient surgery, emergency room, and clinics or offices, and are covered when billed appropriately.
- Drugs listed on the formulary do not guarantee coverage and may be subject to the department's policy and appropriateness for the accepted conditions.
- Status of the therapeutic classes depends on the drugs' approved indication and is as followed:
 - A = Allowed
 - PA = Prior Authorization required
 - D = Denied
- Drugs that are included in the Washington State's evidence-based Preferred Drug List (PDL) may be subject to the provisions of the Therapeutic Interchange Program (TIP).

State Preferred Drug List

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	D4J	Gastric Acid Secretion Reducer	
		Proton Pump Inhibitors	Lansoprazole (Prevacid/Solutab) Omeprazole Magnesium (Prilosec OTC) Omeprazole (generics only) Omeprazole sodium bicarbonate (Zegerid)
A	H2E	Non-Barbiturate, Sedative-Hypnotics***Acute use only***	
		Benzodiazepine Receptor Agonists	Zolpidem (generics only)
A	H2S	Serotonin Specific Reuptake Inhibitor (SSRI's)	Citalopram (generics only) Fluoxetine (generics only) Paroxetine (generics only) Sertraline (generics only)
A	H3A	Analgesics, Narcotics	
		Long Acting Opioids	Methadone (generics only) Morphine Sulfate ER/SA (generics only)
A	H6H	Skeletal Muscle Relaxants	Baclofen (generics only) Cyclobenzaprine (generics only) Methocarbamol (generics only) Tizanidine (generics only) **Carisoprodol products are non-covered**
A	H7B	Alpha-2 Receptor Antagonists	Mirtazapine (generics only)
A	H7C	Serotonin-Norepinephrine Reuptake Inhib (SNRIs)	Venlafaxine (generics only) Venlafaxine/XR (Effexor XR)

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	H7D	Norepinephrine And Dopamine Reuptake Inhib (NDRIs)	Bupropion/SR/XL (generics only)
A	H7T	Antipsychotic, Atypical Dopamine And Serotonin	Clozapine Clozapine oral disintegrating (FazaClo) Olanzapine (Zyprexa/Zydis) Paliperidone (Invega) Quetiapine (Seroquel/XR) Risperidone (generics only) Ziprasidone (Geodon)
A	H7X	Antipsychotics, Atypical, D2 Partial Agonist/5HT Mixed	Aripiprazole (Abilify/Discmelt)
A	J5D	Beta Adrenergic Agents (Inhalations)	
		Short Acting Beta Agonists	Albuterol sulfate MDI/nebulizer solution (generics only) Albuterol sulfate HFA (Ventolin) Levalbuterol HFA/nebulizer solution (Xopenex) Metaproterenol MDI/nebulizer solution (generics only)
		Long Acting Beta Agonists	Formoterol aerolizer (Foradil) Salmeterol diskus (Serevent)
A	P5A	Glucocorticoids	
		Inhaled Corticosteroids	Beclomethasone dipropionate MDI (Qvar) Budesonide DPI/nebulizer solution (Pulmicort Respules/Turbuhaler) Flunisolide MDI (Aerobid/Aerobid-M) Fluticasone propionate MDI/DPI (Flovent/Rotadisk/HFA) Mometasone furoate DPI (Asmanex) Triamcinolone acetonide MDI (Azmacort)
A	Q7P	Nose Preparations, Anti-inflammatory Steroids	Flunisolide (generics only) Fluticasone (generics only) Triamcinolone acetonide (Nasacort AQ)
A	R1A	Urinary Tract Antispasmodic Agents	Oxybutynin/ER (generics only) Oxybutynin transdermal (Oxytrol TD)
A	R1I	Urinary Tract Antispasmodic, M(3) Selective Antagonists	Solifenacin (Vesicare)

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	S2B	NSAIDs, Cyclooxygenase Inhibitors	Diclofenac Potassium/Sodium (generics only) Etodolac/XL (generics only) Fenoprofen (generics only) Flurbiprofen (generics only) Ibuprofen (generics only) Indomethacin (generics only) Ketoprofen (generics only) Ketorolac (generics only) Meclofenamate (generics only) Meloxicam (generics only) Nabumetone (generics only) Naproxen/Sodium (generics only) Piroxicam (generics only) Oxaprozin (generics only) Sulindac (generics only) Tolmetin (generics only)
A	W1D	Macrolides	Azithromycin (generics only) Clarithromycin/Suspension (generics only) Erythromycin (Ery-tab 333mg) Erythromycin EC (generics only) Erythromycin ethylsuccinate (generics only) Erythromycin Filmtab (generics only) Erythromycin stearate (generics only)
A	Z2Q	Antihistamines – 2nd Generation	Cetirizine (generics only) Fexofenadine (generics only) Loratadine OTC (generics only)

L&I Wrap-around Formulary

Compound Drugs

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	000	Compound Drugs	None

Cardiovascular System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	A1A	Digitalis Glycosides	None
A	A1B	Xanthines	Caffeine (generics only) Aminophylline (generics only) Theophylline/SA (generics only) Theophylline anhydrous/SR (generics only)
D	A1C	Inotropic Drugs	None
A	A1D	General Bronchodilator Agents	Ipratropium Bromide (generics only)
D	A1E	Xanthines & Dietary Supplement Combinations	None
PA	A2A	Antiarrhythmics	None
PA	A2C	Antianginal & Anti-ischemic Agents, Non-hemodynamic	None
PA	A4A	Hypotensives-Vasodilators	None
PA	A4B	Hypotensives-Sympatholytic	None
PA	A4D	Hypotensives-Angiotensin Converting Enzyme Blockers	None
PA	A4F	Hypotensives, Angiotensin Receptor Antagonist	None
PA	A4H	Angiotensin Receptor Antagonist & Calcium Channel Blockers	None
PA	A4I	ACE Inhibitor/Thiazide and Thiazide-like Diuretic Combination	None
PA	A4J	Angiotensin Receptor Antagonist/Thiazide and Thiazide-related Diuretic Combinations	None
PA	A4K	ACE Inhibitor/Calcium Channel Blocker Combination	None
PA	A4T	Renin Inhibitor, Direct	None
PA	A4Y	Hypotensives-Miscellaneous	None
D	A6U	Cardiovascular Diagnostics	None
D	A6V	Cardiovascular Diagnostics – Non Radiopaque	None
PA	A7B	Coronary Vasodilators	None
PA	A7C	Peripheral Vasodilators	None
PA	A7E	Vasodilators-Miscellaneous	None
PA	A7J	Vasodilators, Combination	None
D	A8O	Venosclerosing Agents	None
PA	A9A	Calcium Channel Blocking Agents	None

Respiratory System

Status	TCC	Description	Preferred Drug(s)
A	B0A	Miscellaneous Respiratory Inhalants	Sodium Chloride (generics only)
D	B1A	Lung Surfactants	None
D	B1B	Pulm Antihypertensive, Endothelin Receptor Antagonist-Type	None
PA	B1C	Pulmonary Antihypertensives, Prostaglandin Type	None
PA	B1D	Pulmonary Antihypertensives, Selective C-GMP Phosphodiesterase T5 Inh.	None
PA	B1E	Pulmonary Antihypertensives, CGMP Pathway, Gases	None
A	B3A	Mucolytics	Acetylcysteine (generics only)
A	B3J	Expectorants	Guaifenesin (generics only)
PA	B3K	Cough and Cold Preparations	None
PA	B3N	Decongestant-Analgesic-Expectorant Combination	None
PA	B3O	1st Generation Antihistamine-Decongestant-Analgesic Combination	None
PA	B3P	Non-narcotic Antitussive-1 st Generation Antihistamine-Decongestant-Analgesic Combination	None
PA	B3Q	Narcotic Antitussive-1 st Generation Antihistamine-Decongestant Combination	None
PA	B3R	Non-narcotic Antitussive-1 st Generation Antihistamine-Decongestant Combination	None
PA	B3S	Non-narcotic Antitussive-1 st Generation Antihistamine-Decongestant Expectorant Combination	None
PA	B3T	Non-narcotic Antitussive and Expectorant Combination	None
PA	B3V	1 st Generation Antihistamine-Decongestant-Analgesic-Expectorant Combination	None
PA	B3X	1 st Generation Antihistamine-Decongestant-Anticholinergic Combination	None
PA	B3Y	1 st Generation Antihistamine-Decongestant-Analgesic-Expectorant Combination	None
PA	B4A	Non-narcotic Antitussive-Analgesic Combination	None
PA	B4C	Narcotic Antitussive-Anticholinergic Combination	None
PA	B4D	Narcotic Antitussive-1 st Generation Antihistamine Combination	None
A	B4E	Non-narcotic Antitussive-1 st Generation Antihistamine Combination	Promethazine/Dextromethorphan (generics only)
PA	B4G	Non-narcotic Antitussive-1 st Generation Antihistamine-Analgesic Combination	None
PA	B4H	Narcotic Antitussive-1 st Generation Antihistamine-Expectorant Combination	None
PA	B4I	Non-narcotic Antitussive-1 st Generation Antihistamine-Expectorant Combination	None
PA	B4J	Narcotic Antitussive-1 st Generation Antihistamine-Decongestant-Expectorant Combination	None
PA	B4K	Narcotic Antitussive-Decongestant Combination	None

Status	TCC	Description	Preferred Drug(s)
PA	B4L	Non-narcotic Antitussive-Decongestant	None
PA	B4M	Non-narcotic Antitussive-Decongestant-Analgesic Combination	None
PA	B4N	Narcotic Antitussive-1 st Generation Antihistamine-Decongestant-Analgesic Combination	None
PA	B4P	Non-narcotic Antitussive-1 st Generation Antihistamine-Analgesic-Expectorant Combination	None
PA	B4Q	Narcotic Antitussive-Decongestant-Expectorant Combination	None
PA	B4R	Non-narcotic Antitussive-Decongestant-Expectorant Combination	None
PA	B4S	Narcotic Antitussive-Expectorant Combination	None
PA	B4T	Decongestant-Analgesic, Non-salicylate Combination	None
PA	B4U	Decongestant-Anticholinergic Combination	None
A	B4W	Decongestant-Expectorant Combination	Guaifenesin/Pseudoephedrine (generics only) Guaifenesin/Phenylpropanolamine (generics only)
PA	B4X	Expectorant Combination, Other	None
PA	B5E	Decongestant-Analgesic, Mixed-Xanthine Combination	None
PA	B5F	Decongestant-Analgesics, Salicylate Combination	None
PA	B5G	Decongestant-NSAID, COX Non-specific Combination	None
PA	B5H	1 st Generation Antihistamine-Decongestant-NSAID, COX Non-specific Combination	None
PA	B5K	Decongestant-Analgesic, Salicylate-Xanthine Combination	None
PA	B5J	Decongestant-Analgesic, Non-salicylate-Xanthine Combination	None
PA	B5M	1 st Generation Antihistamine-Decongestant-Analgesic, Mixed	None
PA	B5N	1 st Generation Antihistamine-Decongestant-Analgesic, Salicylate	None
PA	B5P	Decongestant-Analgesic, Salicylate-Expectorant Combination	None
PA	B5Q	Non-narcotic Antitussive-1 st Generation Antihistamine-Decongestant-Analgesic, Salicylate Combination	None
PA	B5S	1 st Generation Antihistamine-Analgesic, Non-salicylate Combination	None
PA	B5T	1 st Generation Antihistamine-Anticholinergic Combination	None
PA	B5Y	Analgesic, Non-Salicylate – 1 st Generation Antihistamine - Xanthine	None
D	B6D	Decongestant-Expectorant with Zinc Combination	None

Electrolyte Balancing Sys/Metabolic Sys/Nutrition

Status	TCC	Description	Preferred Drug(s)
PA	C0B	Water	None
D	C0C	Drugs Used To Treat Acidosis	None
PA	C0D	Antialcoholic Preparations	None
PA	C0K	Bicarbonate Producing/Containing Agents	None
PA	C1A	Electrolyte Depleters	None
PA	C1B	Sodium Replacement	None
PA	C1D	Potassium Replacement	None
PA	C1F	Calcium Replacement	None
PA	C1H	Magnesium Replacement	None
D	C1K	Cardioplegic Solutions	None
PA	C1P	Phosphate Replacement	None
PA	C1W	Electrolyte Replacement	None
D	C2H	Respiratory Gases	None
PA	C3B	Iron Replacement	None
PA	C3C	Zinc Replacement	None
PA	C3H	Iodine Replacement	None
PA	C3M	Miscellaneous Mineral Replacement	None
PA	C4F	Antihyperglycemic, (DPP-4) Enzyme Inhibitor & Biguanide Type (N-S) Combination	None
PA	C4G	Insulins	None
PA	C4J	Antihyperglycemic, DPP-4 Inhibitors	None
PA	C4K	Hypoglycemics, Insulin-Release Stim. Type	None
PA	C4L	Hypoglycemics, Biguanide Type (N-S)	None
PA	C4M	Hypoglycemics, Alpha-Glucosidase Inhibitor Type (N-S)	None
PA	C4N	Hypoglycemics, Insulin-Response Enhancer (N-S)	None
PA	C4Q	Hypoglycemics, Combination	None
PA	C4R	Hypoglycemics, Insulin-Response & Insulin Release Combinations	None
PA	C4S	Hypoglycemics, Insulin-Release Stimulant & Biguanide (N-S) Combinations	None
PA	C4T	Hypoglycemics, Insulin-Response Enhancer & Biguanide Type (N-S) Combinations	None
D	C4U	Hypoglycemics, Biguanide Type & Dietary Supplement Combinations	None
PA	C5A	Carbohydrates	None
PA	C5B	Protein Replacement	None
D	C5C	Infant Formulas	None
D	C5D	Diet Foods	None
D	C5F	Miscellaneous Food Supplements	None
D	C5G	Food Oils	None
PA	C5J	IV Solutions: Dextrose/Water	None
PA	C5K	IV Solutions: Dextrose/Saline	None
PA	C5L	IV Solutions: Dextrose/Ringers	None
PA	C5M	IV Solutions: Dextrose/Lactated Ringers	None
PA	C5O	Solutions, Miscellaneous	None
D	C5X	Nutritional Therapy, Phenylketonuria (PKU) Formulation	None

Status	TCC	Description	Preferred Drug(s)
D	C5U	Nutritional Therapy, Glucose Intolerance Formulation	None
D	C6A	Vitamin A Preparations	None
D	C6B	Vitamin B Preparations	None
PA	C6C	Vitamin C Preparations	None
D	C6D	Vitamin D Preparations	None
D	C6E	Vitamin E Preparations	None
D	C6F	Prenatal Vitamin Preparations	None
D	C6G	Geriatric Vitamin Preparations	None
D	C6H	Pediatric Vitamin Preparations	None
D	C6I	Antioxidant Multivitamin Combinations	None
D	C6J	Bioflavonoids	None
PA	C6K	Vitamin K Preparations	None
PA	C6L	Vitamin B12 Preparations	None
PA	C6M	Folic Acid Preparations	None
D	C6N	Niacin Preparations	None
D	C6P	Panthenol Preparations	None
D	C6Q	Vitamin B6 Preparations	None
D	C6R	Vitamin B2 Preparations	None
D	C6T	Vitamin B1 Preparations	None
D	C6Z	Miscellaneous Multivitamin Preparations	None
D	C7A	Purine Inhibitors	None
D	C7D	Metabolic Deficiency Agents	None
PA	C7F	Appetite Stimulants for Anorexia, Cachexia, Wasting Syndrome	None
D	C7G	Hyperuricemia Treatments – Urate-Oxidase Enzyme-Type	None
A	C8A	Metallic Poison Antidotes	All
A	C8B	Acid And Alkali Poison Antidotes	All
A	C8E	Miscellaneous Antidotes	All

Biliary System/Gastro-Intestinal System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	D0U	Gastrointestinal Radiopaque Diagnostics	None
PA	D1D	Dental Aids & Preparations	None
PA	D1E	Periodontal Tetracycline Anti-infective, Local	None
D	D2A	Fluoride Preparations	None
D	D2D	Tooth Ache Preparations	None
A	D4A	Acid Replacement	All
A	D4B	Antacids	Sodium Bicarbonate (generics only) Aluminum Hydroxide (generics only) Antacid/Simethicone (generics only) Calcium Carbonate (generics only)
A	D4D	Antidiarrheal Microorganisms Agents	All
A	D4E	Antiulcer Preparations	Misoprostol (generics only) Sucralfate (generics only)
D	D4F	Antiulcer -- H. Pylori Agents	None
PA	D4G	Gastric Enzymes	None
PA	D4H	Oral Mucositis/Stomatitis Agents	None

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	D4I	Oral Mucositis/Stomatitis Antiinflammatory Agents	None
PA	D4N	Antiflatulents	None
D	D4O	Gastrointestinal Ultrasound Image Enhancing Adjunct, Diag	None
PA	D4Q	Digestive Agents, Other	None
A	D5P	Intestinal Adsorbents And Protectives	All
PA	D6A	Drugs To Treat Chronic Inflammatory Diseases Of The Colon	None
D	D6C	Irritable Bowel Syndrome Agent, 5HT-3 Antagonist-Type	None
PA	D6D	Antidiarrheals	None
D	D6E	Irritable Bowel Syndrome Agents, 5HT-4 Partial Agonist	None
PA	D6F	Drugs To Treat Chronic Inflammatory Colon Dx 5 – Aminosalicyl	None
A	D6H	Hemorrhoidal Agents	All
A	D6S	Laxatives And Cathartics	Docusate (generics only) Lactulose (generics only) Polyethylene glycol (generics only) Psyllium (generics only)
PA	D7A	Bile Salts	None
PA	D7B	Choleretics	None
D	D7C	Hepatic Diagnostics	None
D	D7D	Drugs To Treat Hereditary Tyrosinemia	None
PA	D7J	Hepatic Dysfunction Preventive/Therapy Agents	None
A	D7L	Bile Salt Inhibitors	None
D	D7T	Biliary Diagnostics	None
D	D7U	Biliary Diagnostics, Radiopaque	None
PA	D8A	Pancreatic Enzymes	None
PA	D9A	Ammonia Inhibitors	None

Male Genital System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	F1A	Androgenic Agents	None
PA	F2A	Drugs To Treat Impotency	None

Female Genital System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	G0U	Uterine Radiopaque Diagnostic Agents	None
D	G1A	Estrogenic Agents	None
D	G1B	Estrogen/Androgen Combination Preparations	None
D	G2A	Progestational Agents	None
D	G3A	Oxytocics	None
D	G8A	Contraceptives, Oral	None
D	G8B	Contraceptives, Implantable	None
D	G8C	Contraceptives, Injectable	None
PA	G8D	Abortifacient, Progesterone Receptor Antagonist Type	None
D	G8F	Contraceptives, Transdermal	None

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	G9A	Contraceptives, Intravaginal	None
D	G9B	Contraceptives, Intravaginal, Systemic	None

Nervous System (Except Autonomic)

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	H0A	Local Anesthetics	Cepacol
D	H0E	Agents To Treat Multiple Sclerosis	None
D	H0F	Agents To Treat Neuromusc Transmission Dis, Potassium Channel Blocker Type	None
D	H1A	Alzheimer's Tx, N-Methyl-D-Aspart (NMDA) Recept Antags	None
D	H1U	Cerebral Spinal Radiopaque Diagnostics	None
PA	H2A	Central Nervous System Stimulants	None
D	H2B	General Anesthetics, Inhalant	None
D	H2C	General Anesthetics, Injectable	None
A	H2D	Barbiturates (Phenobarbital Only)	Phenobarbital (generics only)
A	H2E	Non-Barbiturate, Sedative-Hypnotics ***Acute use only***	Chloral Hydrate (generics only) Estazolam (generics only) Diphenhydramine (generics only) Flurazepam (generics only) Temazepam (generics only) Triazolam (generics only)
		Benzodiazepines & Others	
A	H2F	Antianxiety Drugs	Alprazolam/ER (generics only) Buspirone (generics only) Chlordiazepoxide Clorazepate Dipotassium (generics only) Diazepam (generics only) Lorazepam (generics only) Oxazepam (generics only)
A	H2G	Anti-Psychotics, Phenothiazines	Chlorpromazine (generics only) Fluphenazine (generics only) Perphenazine (generics only) Thioridazine (generics only) Trifluoperazine (generics only)
A	H2H	Monoamine Oxidase (MAO) Inhibitors	Phenelzine (generics only) Tranylcypromine (generics only) Isocarboxazid (generics only)
A	H2M	Anti-Mania Drugs	Lithium Carbonate/CR (generics only) Lithium Citrate (generics only)
D	H2T	Alcohol-Systemic Use	None
A	H2U	Tricyclic Antidepressants & Related Non-SRI	Amitriptyline (generics only) Desipramine (generics only) Doxepin (generics only) Imipramine (generics only) Maprotiline (generics only) Nortriptyline (generics only)
PA	H2V	Anti-Narcolepsy/Anti-Hyperkinesia Agents	None
A	H2W	Tricyclic Antidepressant/Phenothiazine Combinations	Amitriptyline/Perphenazine (generics only)
PA	H2X	Tricyclic Antidepressant/Benzodiazepine Combination	None

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	H3A	Analgesics, Narcotics	
		Short Acting Opioids	Codeine Sulfate/Phosphate (generics only) Hydrocodone/Acetaminophen (generics only) Hydromorphone (generics only) Meperidine (generics only) Morphine Sulfate (generics only) Oxycodone (generics only) Oxycodone/Acetaminophen (generics only) Oxycodone/Aspirin (generics only) Propoxyphene HCL (generics only) Propoxyphene/Acetaminophen (generics only) Pentazocine/Naloxone (generics only) Pentazocine/Acetaminophen (generics only) Tramadol IR (generics only) Tramadol/Acetaminophen (generics only)
A	H3C	Analgesics, Non-Narcotics	Baclofen (Duraclon)
A	H3D	Salicylate Analgesics	Aspirin (generics only) Aspirin Buffered (generics only) Choline Mag Trisalicylate (generics only) Diflunisal (generics only) Salsalate (generics only)
A	H3E	Analgesic/Antipyretics, Non-Salicylate	Acetaminophen (generics only)
PA	H3F	Antimigraine Preparations	None
D	H3H	Analgesics Narcotic, Anesthetic Adjunct	None
D	H3I	Analgesics, Neuronal-type Calcium Channel Blocker	None
D	H3J	Analgesics Narcotic/Dietary Supplement Combinations	None
A	H3K	Analgesics, Non-salicylate and Barbiturate Combination	Acetaminophen/Butalbital (generics only)
A	H3L	Analgesics, Non-salicylate, Barbiturate and Xanthine Combination	Acetaminophen/Caffeine/Butalbital (generics only)
PA	H3M	Narcotic Analgesic, Non-salicylate Analgesic, Barbiturate and Xanthine Combination	None
A	H3N	Analgesics, Narcotics Agonist and NSAIDs, COX Inhibitor-type Combination	Hydrocodone/Ibuprofen (generics only)
A	H3O	Analgesics, Salicylate, Barbiturate and Xanthine Combination	Aspirin/Caffeine/Butalbital (generics only)
PA	H3R	Narcotic and Salicylate Analgesics, Barbiturate and Xanthine Combination	None
A	H3T	Narcotic Antagonists	Naloxone (generics only)
A	H3U	Narcotic Analgesic and Non-salicylate Analgesic Combination	Codeine/Acetaminophen (generics only)
A	H3V	Analgesics, Salicylate & Non-salicylate Combination	All

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	H4B	Anticonvulsants **Please see PB 05-10 Antiepileptic Drugs Guideline for Chronic Pain**	Carbamazepine/XR (generics only) Clonazepam (generics only) Depakote (generics only) Diazepam (generics only) Mephobarbital (generics only) Gabapentin (generics only) Phenytoin Sodium ER (generics only) Primidone (generics only) Valproic Acid (generics only)
D	H4D	Anticonvulsant/Dietary Supplement Combinations	None
PA	H6A	Antiparkinsonism Drugs, Other	None
PA	H6B	Antiparkinsonism Drugs, Anticholinergic	None
A	H6C	Antitussive, Non-Narcotic	Benzonatate (generics only) Dextromethorphan (generics only)
A	H6E	Emetics	Ipecac (generics only)
A	H6J	Anti-Emetics	
		Others	Dimenhydrinate (generics only) Emetrol Meclizine (generics only) Prochlorperazine (generics only) Promethazine (generics only) Thiethylperazine (generics only) Trimethobenzamide (generics only)
A	H7E	Serotonin-2 Antagonist/Reuptake Inhib (SARIs)	Trazodone (generics only)
A	H7J	MAOIs - Non-Selective & Irreversible	All
A	H7O	Antipsychotic, Dopamine Antagonist, Butyrophenones	All
A	H7P	Antipsychotic, Dopamine Antagonist, Thioxanthenes	Thiothixene (generics only)
A	H7R	Antipsychotic, Dopamine Antagonist, Diphenylbutylpiperidines	Pimozide (Orap)
A	H7S	Antipsychotic, Dopamine And Serotonin Antagonist	Molidone (Moban)
A	H7U	Antipsychotic, Dopamine And Serotonin Antagonist	Loxapine Succinate
D	H7W	Anti-Narcolepsy/Anti-Cataplexy, Sedative-Type Agent	None
PA	H7Y	Tx For Attn Deficit-Hyperactivity Disorder (ADHD), NRI-Type	None
PA	H7Z	SSRI & Antipsych, Atyp, Dopamine & Serotonin Antagonist Combination	None
PA	H8A	Antianxiety, Antispasmodic Combination	None
A	H8B	Hypnotic, Melatonin MT1/MT2 Receptor Agonists	Ramelteon (Rozerem)
D	H8I	Selective Serotonin Reuptake Inhibitor (SSRI)/Dietary Supplement Combinations	None
D	H8J	Norepinephrine and Dopamine Reuptake Inhibitor (NDRI)/Dietary Supplement Combinations	None
D	H8K	Antianxiety Drug/Dietary Supplement Combinations	None

Autonomic Nervous System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	J1A	Parasympathetic Agents	Bethanechol Chloride (generics only)
PA	J1B	Cholinesterase Inhibitors	None
PA	J2A	Belladonna Alkaloids	None
PA	J2B	Anticholinergics, Quaternary	None
A	J2D	Anticholinergics/Antispasmodics	Dicyclomine
PA	J3A	Smoking Deterrent Agents-Ganglionic Stimulant	None
PA	J3C	Smoking Deterrent-Nicotinic Receptor Partial Agonist	None
D	J5A	Adrenergic Agents, Catecholamines	None
D	J5B	Adrenergics, Aromatic Non-Catecholamines (Amphetamine)	None
A	J5C	Adrenergic Agents, Non-Aromatic	All
A	J5D	Beta-Adrenergic Agents	
		Oral Beta Agonist	Albuterol sulfate/SA (generics only) Metaproterenol (generics only)
A	J5E	Sympathomimetic Nasal Decongestants	Oxymetazoline/Methol (Afrin) Ephedrine Sulfate (generics only) Pseudoephedrine (generics only)
A	J5F	Anaphylaxis Therapy Agents	Ana-Kit Epipen
A	J5G	Beta-Adrenergics and Glucocorticoids Combination	Fluticasone/Salmeterol (Advair Diskus/HFA)
A	J5H	Adrenergic Vasopressor Agents	Midodrine HCl
A	J5J	Beta Adrenergic and Anticholinergic Combination	Albuterol/Ipratropium MDI/Nebulizer Solution
PA	J7A	Alpha/Beta Adrenergic Blocking Agents	None
A	J7B	Alpha-Adrenergic Blocking Agents	Doxazosin Mesylate Prazosin Terazosin
PA	J7C	Beta-Adrenergic Blocking Agents	None
PA	J7E	Alpha-Adrenergic Blocking Agent/Thiazide Combination	None
D	J7G	Beta Adrenergic Agent/Dietary Supplement Combinations	None
D	J8A	Anorexic Agents	None
D	J8B	Cannabinoid-1 Receptor (CB1) Antagonist	None
A	J9A	Intestinal Motility Stimulants	Metoclopramide
PA	J9B	Antispasmodic Agents	None

Skin/Subcutaneous Tissue

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	L0B	Topical/Mucous Membrane/Sub-Q Enzyme Preps	Collagenase (Santyl)
PA	L1A	Antipsoriatic Agents, Systemic	None
D	L1B	Acne Agents, Systemic	None
A	L2A	Emollients	All

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	L3A	Protectives	All
A	L3P	Antipruritics, Topical	Calamine/Pamoxine (Caladryl) Diphenhydramine (generics only)
A	L4A	Astringents	All
D	L5A	Keratolytics	None
D	L5B	Sunscreens	None
D	L5C	Abrasives	None
D	L5E	Antiseborrheic Agents	None
PA	L5F	Antipsoriatic Agents, Topical	None
D	L5G	Rosacea Agents, Topical	None
D	L5H	Acne Agents, Topical	None
A	L5I	Wound Healing Agents, Local	Hyalofill-F Peviderm Wound Care Solution
A	L6A	Irritants/Counter-Irritants	All
D	L7A	Shampoos	None
D	L8A	Deodorants	None
D	L8B	Antiperspirants	None
A	L9A	Miscellaneous Topical Agents	All
D	L9B	Vitamin A Derivatives	None
D	L9C	Hypopigmentation Agents	None
D	L9D	Topical Hyperpigmentation Agents	None
D	L9F	Cosmetic/Skin Coloring/Dye Agents, Topical	None
D	L9G	Skin Tissue Replacement	None
D	L9I	Vitamin A Derivatives, Topical Cosmetic Agents	None

Blood

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	M0B	Plasma Proteins	None
PA	M0D	Plasma Expanders	None
PA	M0E	Antihemophilic Factors	None
PA	M0F	Factor IX Preparations	None
D	M0L	Human Monoclonal Antibody Complement (C5) Inhibitors	None
PA	M0M	Protein C Preparations	None
A	M3A	Occult Blood Tests	All
PA	M4A	Blood Sugar Diagnostics	None
PA	M4B	IV Fat Emulsions	None
D	M4E	Lipotropics	None
D	M4G	Hyperglycemics	None
D	M4I	Antihyperlipid (HMG CoA) & Calcium Channel Blocker	None
PA	M9A	Topical Hemostatics	None
PA	M9D	Antifibrinolytic Agents	None
PA	M9E	Thrombin Inhibitors, Hirudin Type Agents	None
PA	M9F	Thrombolytic Enzymes	None
PA	M9J	Citrates As Anticoagulants	None
PA	M9K	Heparin Preparations	None
A	M9L	Oral Anticoagulants, Coumarin Type	Warfarin sodium (generics only)
PA	M9P	Platelet Aggregation Inhibitors	None

Bone Marrow

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	N1B	Hematinics, Other	None
D	N1C	Leukocyte (WBC) Stimulants	None
PA	N1D	Platelet Reducing Agents	None
PA	N1E	Platelet Proliferation Stimulants	None

Endocrine System (Except Gonads)

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	P0B	Follicle Stimulating Hormones	None
D	P1A	Growth Hormones	None
D	P1B	Somatostatic Agents	None
D	P1E	Adrenocorticotrophic Hormones	None
D	P1F	Pituitary Suppressive Agents	None
D	P1H	Growth Hormone Releasing Hormone	None
D	P1L	Luteinizing Hormone Releasing-Hormone	None
D	P1M	LHRH/GNRH Agonist Analog Pituitary Suppressants	None
D	P1N	LHRH Antagonist Pituitary Suppressant Agents	None
D	P1P	LHRH/GNRH Agonist Pituitary Suppressants-C Prec Puberty	None
D	P1Q	Growth Hormone Receptor Antagonists	None
D	P1U	Metabolic Function Diagnostics	None
D	P2B	Antidiuretic And Vasopressor Hormones	None
D	P3A	Thyroid Hormones	None
D	P3B	Thyroid Function Diagnostic Agents	None
D	P3L	Antithyroid Preparations	None
D	P4B	Bone Formation Stimulating Agents – Parathyroid Hormone	None
D	P4D	Hyperparathyroid Treatment Agents – Vitamin D Analog-Type	None
PA	P4E	Bone Morphogenic Agents	None
PA	P4L	Bone Resorption Suppression Agents	None
D	P4M	Calcimimetic, Parathyroid Calcium Enhancer	None
A	P5A	Glucocorticoids	
		Oral Corticosteroids	Betamethasone (generics only) Cortisone Acetate (generics only) Dexamethasone (generics only) Hydrocortisone (generics only) Methylprednisolone (generics only) Prednisolone (generics only) Prednisone (generics only)
A	P5S	Mineralocorticoids	Fludrocortisone Acetate (generics only)
D	P6A	Pineal Hormone Agents	None

Ear, Eye, Nose, Rectum, Topical, Vagina, Spec Senses

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	Q2D	Ophth Vascular Endothelial Growth Factor Antagonist	None
D	Q2U	Eye Diagnostic Agents	None
A	Q3A	Rectal Preparations	Hydrocortisone acetate (generics only) Hydrocortisone/Pramoxine (Proctofoam-HC)
A	Q3B	Rectal/Lower Bowel Prep, Glucocorticoid, Non-Hemorrhoidal	All
A	Q3D	Hemorrhoidal Preparations	Benzocaine/Benzethonium (Americaine Hemorrhoidal) Hydrocortisone/Pamoxine (Analpram-HC) Phenylephrine (generics only) Hydrocortisone acetate (Anusol HC) Pramoxine (Tronolane)
PA	Q3E	Chronic Inflm Colon Dx 5 - Aminosalicylates	None
A	Q3H	Hemorrhoidal Preparations, Local Anesthetics	Dibucaine (generics only)
A	Q3S	Laxatives, Local/Rectal	All
PA	Q4A	Vaginal Preparations	None
PA	Q4B	Vaginal Antiseptics	None
PA	Q4F	Vaginal Antifungals	None
PA	Q4H	Vaginal/Cervical Care and Treatment Agents	None
D	Q4K	Vaginal Estrogen Preparations	None
PA	Q4S	Vaginal Sulfonamides	None
PA	Q4W	Vaginal Antibiotics	None
D	Q5A	Topical Preparations, Miscellaneous	None
A	Q5B	Topical Preparations, Antibacterials	Betadine (generics only) Boric Acid (generics only) Cetaphil Chlorhexidine Gluconate (generics only) Clioquinol/Hydrocortisone (generics only) Iodochlorhydroxyquin/HC (generics only) Povidone-Iodine (generics only) Silver Nitrate (generics only) Zephiran Chloride (generics only)
D	Q5C	Topical Preparations, Hypertrichotic Agents	None
PA	Q5E	Topical Antiinflammatory, Non-Steroidal	None
PA	Q5F	Topical Antifungals	None

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	Q5H	Topical Local Anesthetics	Benzocaine (generics only) Cetacaine (generics only) Dibucaine (generics only) Ethyl Chloride (generics only) Lidocaine (NOT Lidoderm) Pramoxine (generics only) Benzocaine/Triclosan (generics only) Benzocaine/Resorcinal (generics only)
PA	Q5K	Topical Immunosuppressive Agents	None
PA	Q5N	Topical Antineoplastics	None
A	Q5P	Topical Antiinflammatory Preparations	Amcinonide (generics only) Betamethasone dipropionate (generics only) Betamethasone valerate (generics only) Clobetasol propionate (generics only) Desonide (generics only) Desoximetasone (generics only) Diflorasone diacetate (generics only) Triamcinolone acetonide (generics only) Embeline Fluocinolone acetonide (generics only) Fluocinonide (generics only) Hydrocortisone (generics only) Mometasone furoate (generics only)
A	Q5R	Topical Antiparasitics	Cromtamiton (Eurax) Permethrin (generics only)
A	Q5S	Topical Sulfonamides	Silver sulfadiazine (generics only) Sodium sulfacetamide/Sulfur (generics only)
PA	Q5V	Topical Antivirals	None
A	Q5W	Topical Antibiotics	All
A	Q5X	Topical Antibiotics/Antiinflammatory, Steroidal	Neomycin/Hydrocortisone (generics only)
A	Q6A	Eye Preparations, Miscellaneous	All
A	Q6C	Eye Vasoconstrictors (Rx Only)	All
A	Q6D	Eye Vasoconstrictors (OTC Only)	All
A	Q6E	Eye Irrigations	All

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	Q6G	Miotics And Other Intraocular Pressure Reducers	Brinzolamide (Azopt) Betaxolol (generics only) Brimonidine tartrate (generics only) Carteolol (generics only) Timolol/Dorzolamide (Cosopt) Carbachol (generics only) Levobunolol (generics only) Metipranolol (generics only) P1E1 P2E1 P4E1 P6E1 Phospholine iodide (generics only) Pilocarpine (generics only) Timolol maleate (generics only) Dorzolamide (Trusopt) Latanoprost (Xalatan)
A	Q6H	Eye Local Anesthetics	None
A	Q6I	Eye Antibiotic-Corticoid Combinations	All
PA	Q6J	Mydriatics	None
A	Q6P	Eye Antiinflammatory Agents	Dexamethasone sod phosphate (generics only) Diclofenac sodium (generics only) Fluorometholone (generics only) Flurbiprofen sodium (generics only) HMS Loteprednol (Lotemax) Prednisolone acetate (generics only)
A	Q6R	Eye Antihistamines	Levocarbastine (Livostin) Olopatadine (Patanol) Ketotifen (Zaditor)
A	Q6S	Eye Sulfonamides	Sulfacetamide sodium (generics only) Sulfacetamide/Prednisolone (generics only)
A	Q6T	Artificial Tears	All
PA	Q6U	Ophthalmic Mast Cell Stabilizers	None
PA	Q6V	Eye Antivirals	None
A	Q6W	Eye Antibiotics	Bacitracin (generics only) Bacitracin/Polymyxin (generics only) Chloramphenicol (generics only) Ciprofloxacin (generics only) Erythromycin (generics only) Gentamicin sulfate (generics only) Neomycin/Bacitracin/Polymyxin (generics only) Ofloxacin (generics only) Polymyxin B sulfate/Trimethoprim (generics only) Tobramycin sulfate (generics only) Gatifloxacin (Zymar)
A	Q6Y	Eye Preparations, Miscellaneous (OTC Only)	All

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	Q7A	Nose Preparations, Miscellaneous (Rx Only)	Ipratropium bromide (generics only)
A	Q7C	Nose Preparations, Vasoconstrictors (Rx Only)	All
A	Q7D	Nose Preparations, Vasoconstrictors (OTC Only)	All
A	Q7E	Nasal Antihistamine	Azelastine (Astelin)
A	Q7W	Nose Preparations, Antibiotics	Mupirocine (Bactroban Nasal)
A	Q7Y	Nose Preparations, Miscellaneous (Otc Only)	All
A	Q8B	Ear Preparations, Miscellaneous Antiinfectives	Acetasol (generics only) Acetic acid (generics only) Acetic acid/Hydrocortisone (generics only)
PA	Q8C	Otic, Antiinfective-Local Anesthetic Combinations	None
A	Q8F	Ear Preparations, Anti-Inflammatory-Antibiotics	Ciprofloxacin/Hydrocortisone (Cipro HC)
A	Q8H	Ear Preparations, Local Anesthetics	Antipyrine/Benzocaine (generics only)
D	Q8R	Ear Preparations, Ear Wax Removers	None
A	Q8W	Ear Preparations, Antibiotics **Effective January 1, 2007**	Neomycin/Polymyxin/HC (generics only)
A	Q8Y	Ear Preparations, Miscellaneous (OTC Only)	All
D	Q9B	Benign Prostatic Hypertrophy/Micturition Agents	None

Kidney/Urinary Tract

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	R1B	Osmotic Diuretics	None
PA	R1E	Carbonic Anhydrase Inhibitors	None
PA	R1F	Thiazide Diuretics And Related Agents	None
PA	R1H	Potassium Sparing Diuretics	None
PA	R1K	Miscellaneous Diuretics	None
PA	R1L	Potassium Sparing Diuretics In Combination	None
PA	R1M	Loop Diuretics	None
PA	R1N	Arginine Vasopressin (AVP) Receptor Antagonists	None
D	R1R	Uricosuric Agents	None
A	R1S	Urinary Ph Modifiers	Potassium citrate/Sodium citrate (Citrolith) Potassium phosphate monobasic (K-Phos Original) Potassium citrate/Citric acid (generics only) Renacidin Sodium citrate & Citric acid (generics only) Potassium citrate (Urocit-K)
D	R1U	Renal Function Diagnostic Agents	None
D	R2U	Urinary Tract Radiopaque Diagnostics	None
PA	R3D	Drug Detection Tests, Urine	None
PA	R3U	Urine Glucose Test Aids	None

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	R3V	Miscellaneous Urine Test Aids	None
PA	R3W	Urine Acetone Test Aids	None
PA	R3Y	Urine Multiple Test Aids	None
PA	R4A	Kidney Stone Agents	None
PA	R5A	Urinary Tract Anesthetic/Analgesic Agents	None

Locomotor System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	S2A	Colchicine	None
PA	S2C	Gold Salts	None
PA	S2H	Anti-Inflammatory/Antiarthritic Agents, Miscellaneous	None
PA	S2I	Anti-Inflammatory, Pyrimidine Synthesis Inhibitor	None
PA	S2J	Anti-Inflammatory, Tumor Necrosis Factor Inhibitor	None
PA	S2P	NSAIDs, Cyclooxygenase 2 Inhibitor-Type & Proton Pump Inhib Comb	None
PA	S2Q	Anti-inflammatory, Selective Costim. Mod., T-Cell Inhibitors	None
D	S2R	NSAIDs (Nonsteroidal Anti-inflammatory Drugs) Cyclooxygenase Inhibitor/Dietary Supplement Combination	None
D	S2S	Analgesic, NSAID COX Type-1 st Generation Antihistamine, Sedative Combination	None
D	S7A	Neuromuscular Blocking Agents	None

Ear, Eye, Nose, Rectum, Topical, Vagina, Spec Senses (CONT.)

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	T0A	Topical Vit D Analog/Anti-inflammatory Steroidal	None
PA	T0B	Topical Pleuromutilin Derivatives	None
D	T0C	Topical Genital Wart-HPV Treatment Agent	None

Miscellaneous Drugs and Pharmaceutical Adjuvants

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	U5A	Homeopathic Drugs	None
D	U5B	Herbal Drugs	None
D	U5F	Animal/Human Derived Agents	None
A	U6A	Pharmaceutical Adjuvants, Tableting Agents	All
A	U6B	Pharmaceutical Adjuvants, Coating Agents	All
A	U6C	Thickening Agents	All
A	U6F	Hydrophilic Cream/Ointment Bases	All
A	U6H	Solvents	All
A	U6N	Vehicles	All
A	U6S	Propellants	All
PA	U6W	Bulk Chemicals, O.U.	None
A	U7A	Suspending Agents	All
A	U7D	Surfactants	All
A	U7H	Antioxidants	All

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	U7K	Flavoring Agents	All
A	U7N	Sweeteners	All
A	U7P	Perfumes	All
A	U7Q	Coloring Agents	All

Neoplasms

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	V1A	Alkylating Agents	None
PA	V1B	Antimetabolites	None
PA	V1C	Vinca Alkaloids	None
PA	V1D	Antibiotic Antineoplastics	None
PA	V1E	Steroid Antineoplastics	None
PA	V1F	Miscellaneous Antineoplastics	None
PA	V1I	Chemotherapy Antidotes	None
PA	V1J	Antiandrogenic Agents	None
PA	V1K	Antineoplastics Antibody/Antibody-Drug Complexes	None
PA	V1M	Antineoplastics Immunomodulator Agents	None
D	V1O	Antineoplastic Lhrh Agonists, Pituitary Suppressant	None
PA	V1Q	Antineoplastic Systemic Enzyme Inhibitor	None
PA	V1R	Photoactivated, Antineoplastic Agents, Systemic	None
PA	V1T	Selective Estrogen Receptor Modulators (Serm)	None
D	V1V	Antineoplastic LHRH (GNRH) Antagonist, Pituitary Suppressors	None
PA	V1W	Antineoplastic EGF Receptor Blocker RCMB MC Antibody	None
PA	V1X	Antineoplastic Hum VEGF Inhibitor RCMB MC Antibody	None
PA	V3A	Antineoplastic Histone Deacetylase Inhibitors (HDIs, HDACIs)	None
PA	V3C	Antineoplastic – MTOR Kinase Inhibitors	None
PA	V3D	Antineoplastic – Epothilones and Analogs	None
PA	V3E	Antineoplastic – Topoisomerase 1 Inhibitors	None

Anti-Infecting Agents

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	W1A	Penicillins	Amoxicillin trihydrate/Potassium clauanate (generics only) Amoxicillin (generics only) Ampicillin (generics only) Dicloxacillin sodium (generics only) Penicillin V potassium (generics only)
A	W1C	Tetracyclines	Doxycycline (generics only) Minocycline (generics only) Tetracycline (generics only)
A	W1E	Chloramphenicol and Derivatives	All
A	W1F	Aminoglycosides	All
A	W1G	Antitubercular Antibiotics	Rifampin (generics only)

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	W1J	Vancomycin And Derivatives	Vancomycin oral
A	W1K	Lincosamides	Clindamycin (generics only) Lincomycin (generics only)
A	W1L	Topical Antibiotics	All
A	W1M	Streptogramins	All
A	W1N	Polymyxin And Derivatives	Colistimethate sodium (generics only) Polymyxin B sulfate (generics only)
A	W1O	Oxazolidones	Linezolid (Zyvox)
A	W1P	Oxabeta-Lactams	All
A	W1Q	Quinolones	Moxifloxacin (Avelox) Ciprofloxacin (generics only) Levofloxacin (Levaquin) Ofloxacin (generics only) Gatifloxacin (Tequin)
A	W1S	Carbapenems (Thienamycins)	All
A	W1W	Cephalosporins-1st Generation	Cefadroxil (generics only) Cephalexin (generics only)
A	W1X	Cephalosporins-2nd Generation	Cefaclor (generics only) Cefuroxime axetil (generics only) Cefprozil (Cefzil)
A	W1Y	Cephalosporins-3rd Generation	Cefixime (Suprax) Cefditoren (Spectracef)
A	W1Z	Cephalosporins-4th Generation	All
A	W2A	Absorbable Sulfonamides	Sulfadiazine (generics only) Sulfamethoxazole/Trimethoprim (generics only) Sulfisoxazole (generics only)
A	W2E	Antitubercular Agents	Ethambutol (generics only) Isoniazid (generics only) Pyrazinamide (generics only)
A	W2F	Nitrofurantoin Derivatives	Nitrofurantoin macrocrystal (generics only) Nitrofurantoin (generics only)
A	W2G	Antibacterial Chemotherapeutic Agents, Misc.	Methenamine mandelate (generics only) Trimethoprim (generics only) Urinary antiseptic (generics only)
A	W2Y	Miscellaneous Antiinfectives	All
A	W3A	Antifungal Antibiotics	Griseofluvin ultramicroside (generics only) Nystatin (generics only)
A	W3B	Antifungal Agents	Ketoconazole (generics only) Clotrimazole (generics only) Fluconazole (generics only) Terbinafine (Lamisil) Itraconazole (generics only) Voriconazole (Vfend)

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	W4A	Antimalarial Drugs	Chloroquine phosphate (generics only) Pyrimethamine (Daraprim) Pyrimethamine/Sulfadoxine (Fansidar) Halofantrine (Halfan) Hydroxychloroquine sulfate (generics only) Atovaquone/Proguanil (Malarone) Mefloquine (generics only) Primaquine (generics only) Quinine sulfate (generics only)
D	W4C	Amebicides	None
A	W4E	Trichomonacides	Metronidazole (generics only)
D	W4K	Miscellaneous Antiprotozoal Drugs	None
D	W4L	Anthelmintics	None
D	W4M	Topical Antiparasitics	None
D	W4P	Antileprotics	None
D	W4Q	Insecticides	None
PA	W5A	Antivirals	None
A	W5C	Antivirals, HIV-Specific, Protease Inhibitors	All
PA	W5D	Antiviral Monoclonal Antibodies	None
PA	W5E	Hepatitis A Treatment Agents	None
PA	W5F	Hepatitis B Treatment Agents	None
PA	W5G	Hepatitis C Treatment Agents	None
A	W5I	Antivirals, HIV-Spec, Nucleotide Analog, RTIs	All
A	W5J	Antivirals, HIV-Spec, Nucleoside Analog, RTIs	All
A	W5K	Antivirals, HIV-Spec, Non-Nucleoside RTIs	All
A	W5L	Antivirals, HIV-Spec, Nucleoside Analog, RTI Combinations	All
A	W5M	Antivirals, HIV-Specific, Protease Inhibitor Combinations	All
A	W5O	Antivirals, HIV-Specific, Nucleoside-Nucleotide Analog	All
A	W5Q	ARTV Comb – Nucleoside-Nucleotide Analog & Non-nucleoside RTIS	All
D	W5S	Antivirals, General/Dietary Supplement Combinations	None
A	W5U	Antivirals, HIV-1 Integrase Strand Transfer Inhibitor	All
D	W6A	Drugs To Treat Sepsis Syndrome, Non-Antibiotic	None
D	W7B	Viral/Tumorigenic Vaccines	None
D	W7C	Influenza Virus Vaccines	None
D	W7J	Arthropod-Borne And Other Neurotoxic Virus Vaccines	None
A	W7K	Antisera	All
D	W7L	Gram Positive Cocci Vaccines	None
D	W7M	Gram Negative Bacilli (Non-Enteric) Vaccines	None

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	W7N	Toxin Producing Bacteria Vaccines And Toxoids	None
A	W7S	Antivenins	All
D	W7T	Antigenic Skin Tests	None
D	W7U	Hymenoptera Extracts	None
D	W7W	Miscellaneous Therapeutic Allergenic Extracts	None
D	W7Z	Combination Vaccine And Toxoid Preparations	None
A	W8A	Heavy Metal Antiseptics	All
A	W8B	Surface Active Agents	All
A	W8D	Oxidizing Agents	All
A	W8E	Antiseptics, General	All
A	W8F	Irrigants	All
D	W8G	Miscellaneous Antiseptics	None
D	W8H	Mouthwashes	None
A	W8J	Miscellaneous Antibacterial Agents	All
D	W8T	Preservatives	None
PA	W9A	Ketolides	None
PA	W9C	Rifamycins and Related Derivative Antibiotics	None
PA	W9D	Glycylcyclines	None

Body As A Whole

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	Z1D	Enzyme Replacements (Ubiquitous Enzymes)	None
D	Z1E	Antioxidant Agents	None
D	Z1J	Metabolic Dx Enzyme Replacement, Mucopolysaccharidosis	None
A	Z2D	Histamine H2 Receptor Inhibitors	Cimetidine (generics only) Famotidine (generics only) Nizatidine (generics only) Ranitidine (generics only)
PA	Z2E	Immunosuppressives	None
A	Z2F	Mast Cell Stabilizers	Cromolyn sodium (generics only)
PA	Z2G	Immunomodulators	None
D	Z2H	Systemic Enzyme Inhibitors	None
D	Z2M	Immunosupp - Monoclon Antibody Inhibiting T Lymph Function	None
A	Z2N	1st Generation Antihistamine-Decongestant Combinations	Brompheniramine/Pseudoephedrine (generics only) Chlorpheniramine/Pseudoephedrine (generics only) Triprolidine/Pseudoephedrine (generics only)
A	Z2O	2nd Generation Antihistamine-Decongestant Combinations	Loratadine/Pseudoephedrine (generics only)

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	Z2P	Antihistamine – 1 st Generation	Hydroxyzine HCl (generics only) Hydroxyzine Pamoate (generics only) Cyproheptadine (generics only) Diphenhydramine (generics only) Chlorpheniramine Maleate (generics only) Promethazine (generics only)
D	Z2R	Leukocyte Adhesion Inhibitors, Alpha 4 Mediated, IGG4K MC AB Type	None
D	Z2T	Histamine H2-Receptor Inhibitor/Dietary Supplement Combinations	None
A	Z4B	Leukotriene Receptor Antagonists	Montelukast (Singulair)
A	Z4E	5-Lipoxygenase Inhibitor	All
D	Z9D	Diagnostic Preparations, OU	None

APPENDIX G

DOCUMENTATION REQUIREMENTS⁽¹⁾

In addition to the documentation requirements published by the American Medical Association in the Physicians' Current Procedural Terminology book, L&I or Self-Insurer has additional reporting and documentation requirements to adequately manage industrial insurance claims.

L&I or self-insurer may request the following reports. No additional amount is payable for these reports as they are required to support billing. L&I's Report of Accident or the self-insurer's Physician's Initial Report are payable separately. "Narrative report" as used in the table below merely signifies the absence of a specific form. Office/chart notes are expected to be legible and in the SOAP-ER format as specified under **CHARTING FORMAT**. Level of service is based on the documentation of services and the medical/clinical complexity as defined in the CPT Evaluation & Management (E/M) coding requirements.

Service	Code(s)	Requirements
Case Management, Telephone Calls and Online Communications	CPT [®] 99366-99368 CPT [®] 99441-99444 CPT [®] 98966-98969	Documentation in the medical record should include: <ul style="list-style-type: none"> • the date, • the participants and their titles, • the length of the call or visit, • the nature of the call or visit, and • any decisions made during the call.
Chiropractic Care Visit	Local 2050A & 2051A	Office/chart notes
	Local 2052A	Narrative report <u>or</u> office/chart notes showing the increased clinical complexity
Consultation	CPT [®] 99241-99255	Narrative consultation report (WAC 296-20-051) <ul style="list-style-type: none"> • due to the insurer within 15 days of consult
Critical Care	CPT [®] 99291 & 99292	Narrative report <u>or</u> daily chart notes
Emergency Room	CPT [®] 99281 & 99282	Report of accident <u>and</u> ER report/notes in the hospital medical record.
	CPT [®] 99283-99285	Report of accident <u>and</u> ER report
Hospital	CPT [®] 99221-99223	Report of accident <u>and</u> H&P
	CPT [®] 99231-99238	Narrative report <u>or</u> an interval progress note
Nursing Facility	CPT [®] 99301-99303	Narrative report <u>or</u> facility notes and orders
	CPT [®] 99311	Narrative <u>or</u> an interval progress note
	CPT [®] 99312 & 99313	Narrative report <u>or</u> facility notes and orders
Office Visit	CPT [®] 99201 & 99202	Report of accident <u>and</u> office/chart notes due to the insurer in 5 days
	CPT [®] 99203-99205	Report of accident <u>and</u> office/chart notes due to the insurer in 5 days
	CPT [®] 99211 & 99212	Office/chart notes
	CPT [®] 99213-99215	Narrative report <u>or</u> office/chart notes showing the increased level of complexity
Prolonged Services	CPT [®] 99354-99359	Narrative <u>or</u> office/chart notes showing dates and times
Psychiatric Services	CPT [®] 90804-90853	Narrative report
Standby	CPT [®] 99360	Narrative <u>or</u> office/chart notes showing dates and times
Miscellaneous	CPT [®] 99288 & 99499	Narrative report <u>or</u> emergency transport notes

(1) See WAC 296-20-06101 for any additional information