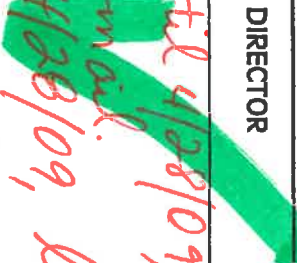


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Burton</i>	DATE <i>4-6-09</i>
---------------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>000560</b> <b>.104560</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-15-09</i>
<i>Extend until 4/28/09, re attached email. Cleared 4/28/09, letter attached.</i>	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



*Committed...  
Caring...  
Compassionate...*

A Division Of ASSOCIATED MEDICAL SPECIALISTS, P.A.

LAWRENCE B. HOLT, JR., MD, FACP	CAROL A. BOGDAN, MD
RENWICK N. GOLDBERG, MD	SANDRA BREMNER, RN, MSN, FNP-C
VJAY PAUDEL, MD	ANGIE BRINEGAR, MSN, ANP-C, OCN
REBECCA D. CODY, MD	RENAE VAUGHN, RN, MSN, AOCNP
AUCE PICKERING, CHIEF EXECUTIVE OFFICER	

**RECEIVED**

April 3, 2009

APR 06 2009

Dr. Marion Burton  
Director of Medical Services

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Health and Human Services

1801 Main St.

Columbia, SC 29201

Dear Dr. Burton :

In response to your letter dated March 16, 2009, we appreciate your review and determination that 96360 and 96361 will be paid if billed under the Nurse Practitioner. While I do not have specific examples to send, I have a document that was sent to us via email by Shyrie Joyner at South Carolina Medicaid indicating which codes would be covered or not covered by South Carolina Medicaid for Nurse Practitioners. I have enclosed a copy for your review. Perhaps, the list will need to be updated by Shyrie Joyner.

Regarding 96401 and 96402, we look forward to you further reviewing these codes for payment. However, for procedure code J2505 (Neulasta), your decision to only pay Neupogen (J1440 or J1441) would suggest or appear that Medicaid of South Carolina following a least costly alternative method of payment when this drug is billed under nurse practitioners. We were not aware that South Carolina Medicaid was paying claims in this manner since Neulasta (J2505) is covered whenever the claims are billed under our physicians. We are requesting that you review this again for payment when administered under Nurse Practitioners.

Two other additional codes that we would like for you to review are procedure codes 96523 (Port Maintenance) and 99195 (Phlebotomy). We do not understand why Medicaid of South Carolina would not cover these services when billed under Nurse Practitioner.

I urge you to reconsider payment for Neulasta, Port Maintenance, and Phlebotomies to allow Nurse Practitioners to supervise and/or perform and receive payment for these services billed under Nurse Practitioners. I believe that Port Maintenance and Phlebotomies were also an oversight.

*In collaboration with the Research and Educational Programs of Duke University Health System*

8121 ROURK STREET  
MYRTLE BEACH, SC 29572-4128  
(843) 692-5000

817 FARRAR DRIVE  
CONWAY, SC 29526-8747  
(843) 234-1660

3008 BAYBORO STREET  
LORIS, SC 29569-2714  
(843) 756-0932

4620 HIGHWAY 17 • PO. Box 2867  
MURRELLS INLET, SC 29576-5016  
(843) 357-7357

7 MEDICAL CENTER DRIVE  
SUPPLY, NC 28462-3350  
(910) 755-7509

WEBSITE: [www.coastalcancercenter.com](http://www.coastalcancercenter.com)

As we continue to work together and get these issues resolved, Medicaid recipients will continue to have greater access to care.

Respectfully,

A handwritten signature in black ink, appearing to read 'Vijay Paudel', written in a cursive style.

Vijay Paudel, MD  
Business Physician  
Coastal Cancer Center

**Belcastro-Fritz, Kimberley**

---

**From:** Zimmerer, Chris  
**Sent:** Wednesday, December 31, 2008 11:53 AM  
**To:** Belcastro-Fritz, Kimberley  
**Subject:** FW: FW: Nurse Practitioner Billable Codes  
**Attachments:** SC Medicaid NP Billable Procedures.xls

Kim - Here is the list from Shyrie L. Joyner @ SC Medicaid of what is billable by the Nurse Practitioners.

Yours truly,

Chris Zimmerer, C.P.C.  
A/R Assistant Manager  
Associated Medical Specialist, PA  
d/b/a Coastal Cancer Center  
8121 Rourke St.  
Myrtle Beach, SC 29572  
843-692-5000  
843-692-5010 Fax

[arasstmgr@coastalcancercenter.com](mailto:arasstmgr@coastalcancercenter.com)

"Instead of worrying about what people say of you, why not spend time trying to accomplish something they will admire." Dale Carnegie

This email and/or attachments may contain confidential information, which is privileged and protected from disclosure by Federal and State law. This email and/or attachments are intended for the designated addressee only. If you are not the designated addressee, you are hereby notified that any disclosure, copying, or distribution of this email and/or attachments may be unlawful and subject you to legal consequences. If you have received this email in error, please contact the sender by reply email and destroy all copies of the original message.

-----Original Message-----  
**From:** Shyrie Joyner [mailto:JOYNEERS@scdhhs.gov]  
**Sent:** Tuesday, December 30, 2008 1:10 PM  
**To:** Zimmerer, Chris  
**Subject:** Re: FW: Nurse Practitioner Billable Codes

Chris,

Attached is the spreadsheet for the billable Nurse Practitioner codes.

Shyrie L. Joyner  
Program Coordinator I  
South Carolina Department of Health and Human Services  
1801 Main Street  
Columbia, SC 29202  
(803)898-2660  
(803)898-4538

>>> "Zimmerer, Chris" <[arasstmgr@coastalcancercenter.com](mailto:arasstmgr@coastalcancercenter.com)> 12/19/2008  
11:27 AM >>>

Dear Shayrie:

Our Provider ID is PA8189/1881614170 and we have some Nurse Practitioners working for us now. At least one of them already has a provider ID with SC Medicaid (20078532). Earlier this week you and I spoke because we are concerned that although the provider manual says CNPs can bill for services performed with their state license and under their protocols, we are finding that there are few codes that SC Medicaid will not allow them to bill for under their own provider number.

You were kind enough to agree to review a list of CPT codes and let us know what codes are or are not billable by a CNP under her own provider ID. Please find attached a list of the most commonly billed codes for our practice, if you would just indicate yes/no under billable by Nurse Practitioner and e-mail it back to me I would greatly appreciate it.

Please feel free to call me if you have any questions. Thank you so much and I hope you have a Happy Holiday.

Yours truly,

Chris Zimmerer, C.P.C.

A/R Assistant Manager

Associated Medical Specialist, PA

d/b/a Coastal Cancer Center

8121 Rourk St.

Myrtle Beach, SC 29572

843-692-5000

843-692-5010 Fax

[arasstmgr@coastalcancercenter.com](mailto:arasstmgr@coastalcancercenter.com)

"Instead of worrying about what people say of you, why not spend time

trying to accomplish something they will admire." Dale Carnegie

This email and/or attachments may contain confidential information, which is privileged and protected from disclosure by Federal and State law. This email and/or attachments are intended for the designated addressee only. If you are not the designated addressee, you are hereby notified that any disclosure, copying, or distribution of this email and/or attachments may be unlawful and subject you to legal consequences. If you have received this email in error, please contact the sender by reply email and destroy all copies of the original message.

#### Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.

If you have received this in error, please notify us immediately and destroy the related message.

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N
36415		Routine venipuncture for collection of specimen(s)	Y
36416		Collection of capillary blood specimen (eg, finger, heel, ear stick)	n
36591		Collection of blood specimen from a completely implantable venous access device	Y
38220		Bone marrow aspiration	n
38221		Bone marrow biopsy, needle or trocar	n
70210	TC	Radiologic examination, sinuses, paranasal, less than three views	n
70450	TC	Computerized axial tomography, head or brain; without contrast material	n
70460	TC	Computerized axial tomography, head or brain; with contrast material(s)	n
70470	TC	Computerized axial tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	n
70486	TC	Computerized axial tomography, maxillofacial area; without contrast material	n
70487	TC	Computerized axial tomography, maxillofacial area; with contrast material(s)	n
70490	TC	Computerized axial tomography, soft tissue neck; without contrast material	n
70491	TC	Computerized axial tomography, soft tissue neck; with contrast material(s)	n
71010	TC	Radiologic examination, chest; single view, frontal	n
71020	TC	Radiologic examination, chest, two views, frontal and lateral;	Y
71035	TC	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)	n
71100	TC	Radiologic examination, ribs, unilateral; two views	n
71110	TC	Radiologic examination, ribs, bilateral; three views	n
71120	TC	Radiologic examination; sternum, minimum of two views	n
71250	TC	Computerized axial tomography, thorax; without contrast material	n
71260	TC	Computerized axial tomography, thorax; with contrast material(s)	n
71270	TC	Computerized axial tomography, thorax; without contrast material, followed by contrast material(s) and further sections	n

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N
		Computed tomographic angiography, chest, (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	
71275	TC		n
72020	TC	Radiologic examination, spine, single view, specify level	n
72040	TC	Radiologic examination, spine, cervical; two or three views	n
72050	TC	Radiologic examination, spine, cervical; minimum of four views	n
72070	TC	Radiologic examination, spine; thoracic, two views	n
72100	TC	Radiologic examination, spine, lumbosacral; two or three views	y
72126	TC	Computerized axial tomography, cervical spine; with contrast material	n
72131	TC	Computerized axial tomography, lumbar spine; without contrast material	n
72170	TC	Radiologic examination, pelvis; one or two views	n
72192	TC	Computerized axial tomography, pelvis; without contrast material	n
72193	TC	Computerized axial tomography, pelvis; with contrast material(s)	n
		Computerized axial tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	n
72194	TC		
72220	TC	Radiologic examination, sacrum and coccyx, minimum of two views	n
73000	TC	Radiologic examination; clavicle, complete	n
73010	TC	Radiologic examination; scapula, complete	n
		Radiologic examination, shoulder, complete, minimum of two views	
73030	TC		n
73060	TC	Radiologic examination; humerus, minimum of two views	n
73090	TC	Radiologic examination; forearm, two views	n
73120	TC	Radiologic examination, hand; two views	n
73130	TC	Radiologic examination, hand; minimum of three views	n
73140	TC	Radiologic examination, finger(s), minimum of two views	n
		Computerized axial tomography, upper extremity; without contrast material	
73200	TC		n
		Computerized axial tomography, upper extremity; with contrast material(s)	
73201	TC		n
73500	TC	Radiologic examination, hip, unilateral; one view	n



CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N
73510	TC	Radiologic examination, hip, unilateral; complete, minimum of two views	n
73550	TC	Radiologic examination, femur, two views	n
73560	TC	Radiologic examination, knee; one or two views	n
73562	TC	Radiologic examination, knee; three views	n
73564	TC	Radiologic examination, knee; complete, four or more views	n
73590	TC	Radiologic examination, tibia and fibula, two views	n
73600	TC	Radiologic examination, ankle; two views	n
73610	TC	Radiologic examination, ankle; complete, minimum of three views	n
73620	TC	Radiologic examination, foot; two views	n
73630	TC	Radiologic examination, foot; complete, minimum of three views	n
73700	TC	Computerized axial tomography, lower extremity; without contrast material	n
73701	TC	Computerized axial tomography, lower extremity; with contrast material(s)	n
74000	TC	Radiologic examination, abdomen; single anteroposterior view	n
74020	TC	Radiologic examination, abdomen; complete, including decubitus and/or erect views	n
74022	TC	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest	n
74150	TC	Computerized axial tomography, abdomen; without contrast material	n
74160	TC	Computerized axial tomography, abdomen; with contrast material(s)	n
74170	TC	Computerized axial tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	n
77075	TC	Radiologic examination, osseous survey; complete (axial and appendicular skeleton) bone survey	n
77080	TC	Dual Energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (eg. hips, pelvis, spine)	n
77082	TC	Dual energy X-ray absorptiometry (DXA), bone density, one or more sites; vertebral fracture assessment	n

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N
78814	TC	PET/CT limited area (eg, chest, head/neck); Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) limited area (eg, chest, head/neck) for attenuation correction and anatomical localization	n
78815	TC	PET/CT skull base to mid-thigh; Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) skull base to mid-thigh for attenuation correction and anatomical localization	n
78816	TC	PET/CT whole body; Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) whole body for attenuation correction and anatomical localization	n
80061		Lipid panel	y
80076		Hepatic function panel	y
80185		Phenyletoin; total	y
81000		Urinalysis	y
81002		Urinalysis,without microscopy	y
82040		Albumin; serum	y
82105		Alpha-fetoprotein; serum	y
82150		Amylase	y
82164		Angiotensin I - converting enzyme (ACE)	y
82232		Beta-2 microglobulin	y
82247		Bilirubin; total	y
82248		Bilirubin; direct	y
82270		Blood, occult (hemoculture)	y
82272		Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	y
82306		Calcifediol (25-OH Vitamin D-3)	y
82310		Calcium; total	y
82378		Carcinoembryonic antigen (CEA)	y
82435		Chloride; blood	y
82465		Cholesterol, serum or whole blood, total	y
82533		Cortisol; total	y
82550		Creatine kinase (CK), (CPK); total	y
82552		Creatine kinase (CK), (CPK); isoenzymes	y
82565		Creatinine; blood	y
82575		Creatinine; clearance	y
82607		Cyanocobalamin (Vitamin B-12);	y
82668		Erythropoietin	y

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N
82670		Estradiol	Y
82672		Estrogens; total	Y
82728		Ferritin	Y
82746		Folic acid; serum	Y
82784		Gammaglobulin; IgA, IgD, IgG, IgM, each	Y
82785		Gammaglobulin; IgE	Y
82947		Glucose; quantitative, blood (except reagent strip)	Y
82950		Glucose; post glucose dose (includes glucose)	Y
83001		Gonadotropin; follicle stimulating hormone (FSH)	Y
83002		Gonadotropin; luteinizing hormone (LH)	Y
83010		Haptoglobin; quantitative	Y
83021		Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	Y
83036		Hemoglobin; glycated	Y
83090		Homocystine	Y
83497		Hydroxyindolacetic acid, 5-(HIAA)	Y
83540		Iron	Y
83550		Iron binding capacity	Y
83615		Lactate dehydrogenase (LD), (LDH);	Y
83690		Lipase	Y
83735		Magnesium	Y
83921		Organic acid, single, quantitative	Y
84075		Phosphatase, alkaline;	Y
84100		Phosphorus inorganic (phosphate);	Y
84132		Potassium; serum	Y
84146		Prolactin	Y
84153		Prostate specific antigen (PSA); total	Y
84155		Protein; total, except refractometry	Y
84165		Protein; electrophoretic fractionation and quantitation	Y
84166		Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	Y
84295		Sodium; serum	Y
84402		Testosterone; free	Y
84403		Testosterone; total	Y
84436		Thyroxine; total	Y
84439		Thyroxine; free	Y
84443		Thyroid stimulating hormone (TSH)	Y
84450		Transferase; aspartate amino (AST) (SGOT)	Y
84460		Transferase; alanine amino (ALT) (SGPT)	Y
84479		Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	Y

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N
84520		Urea nitrogen; quantitative	Y
84550		Uric acid; blood	Y
84702		Gonadotropin, chorionic (hCG); quantitative	Y
84703		Gonadotropin, chorionic (hCG); qualitative	Y
85025		Blood count; hemogram and platelet count, automated,	Y
85045		Blood count; reticulocyte count, flow cytometry	Y
85305		Clotting inhibitors or anticoagulants; protein S, total	Y
85306		Clotting inhibitors or anticoagulants; protein S, free	Y
85362		Fibrin(ogen) degradation (split) products (FDP)(FSP); agglutination slide, semiquantitative	Y
85384		Fibrinogen; activity	Y
85610		Prothrombin time;	Y
85611		Prothrombin time; substitution, plasma fractions, each	Y
85651		Sedimentation rate, erythrocyte; non-automated	Y
85730		Thromboplastin time, partial (PTT); plasma or whole blood	Y
85732		Thromboplastin time, partial (PTT); substitution, plasma fractions, each	Y
86038		Antinuclear antibodies (ANA);	Y
86140		C-reactive protein;	Y
86300		Immunoassay for tumor antigen, quantitative; CA 27.29 (15.3)	Y
86301		Immunoassay for tumor antigen, quantitative; CA 19-9	Y
86304		Immunoassay for tumor antigen, quantitative; CA 125	Y
86334		Immunofixation electrophoresis	Y
86335		Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	n
86376		Microsomal antibodies (eg, thyroid or liver-kidney), each	Y
86431		Rheumatoid factor; quantitative	Y
86592		Syphilis test; qualitative (eg, VDRL, RPR, ART)	Y
86618		Antibody; Borrelia burgdorferi (Lyme disease)	Y
86644		Antibody; cytomegalovirus (CMV)	Y
86677		Antibody; Helicobacter pylori	Y
86701		Antibody; HIV-1	Y
86703		Antibody; HIV-1 and HIV-2, single assay	Y
86706		Hepatitis B surface antibody (HBsAb)	Y
86708		Hepatitis A antibody (HAAb); total	Y
86762		Antibody; rubella	Y
86800		Thyroglobulin antibody	Y
86803		Hepatitis C antibody;	Y

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N
86880		Antihuman globulin test (Coombs test); direct, each antiserum	Y
87086		Culture, bacterial; quantitative colony count, urine	Y
90471		Administration of Vaccine SubQ, Intramuscular	Y
		Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)	
90472			Y
90658		Influenza virus vaccine 3 years and above dosage	Y
90732		Pneumococcal vaccine	Y
90746		Hepatitis B vaccine, adult dosage, for intramuscular use	Y
90760	(96360)	Intravenous infusion, hydration; initial, up to 1 hour	n
90761	(96361)	Intravenous infusion, hydration; each additional hour, (list separately in addition to code for primary procedure)	n
90765	(96365)	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	n
90766	(96366)	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour, (list separately in addition to code for primary procedure)	n
90767	(96367)	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (list separately in addition to code for primary procedure)	n
90768	(96368)	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for primary procedure)	n
90772	(96372)	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	n
90774	(96374)	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	n
90775	(96375)	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure)	n
94760		Measure Blood Oxygen Level	Y

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N
96401		Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	n
96402		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	n
96409		Chemotherapy administration; intravenous, push technique, single or initial substance/drug	y
96411		Chemotherapy administration; intravenous, push technique, each additional substance/drug (list separately in addition to code for primary procedure)	y
96413		Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	y
96415		Chemotherapy administration, intravenous infusion technique; each additional hour, (list separately in addition to code for primary procedure)	y
96416		Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	y
96417		Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (list separately in addition to code for primary procedure)	y
96521		Refilling and maintenance of portable pump	y
96523		Irrigation of implanted venous access device for drug delivery systems	n
990708		Blood Pak Unit	y
99195		Phlebotomy, therapeutic (separate procedure)	n
99203		Office Visit- Level 3 New Patient	y
99204		Office Visit- Level 4 New Patient	y
99205		Office Visit- Level 5 New Patient	y
99211		Office Visit- Level 1 Established Patient	y
99212		Office Visit- Level 2 Established Patient	y
99213		Office Visit- Level 3 Established Patient	y
99214		Office Visit- Level 4 Established Patient	y
99215		Office Visit- Level 5 Established Patient	y
99217		Observation Care Discharge	y
99219		Observation Care - Moderate Complexity	y
99220		Observation Care - High Complexity	y
99222		Initial Hospital Care Level 2	y
99223		Initial Hospital Care Level 3	y
99231		Subsequent Hospital Care Level 1	y

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N
99232		Subsequent Hospital Care Level 2	Y
99233		Subsequent Hospital Care Level 3	Y
99234		Observation/Hospital Care Admit/Discharge Same Day	Y
99235		Observation/Hospital Care Admit/Discharge Same Day	Y
99236		Observation/Hospital Care Admit/Discharge Same Day	Y
99238		Hospital Discharge Day Management 30 minutes or less	Y
99239		Hospital Discharge Day Management more than 30 minutes	Y
99241		Office Consultation- Level 1	Y
99242		Office Consultation- Level 2	Y
99243		Office Consultation- Level 3	Y
99244		Office Consultation- Level 4	Y
99245		Office Consultation- Level 5	Y
99251		Hospital Consultation- Level 1	Y
99252		Hospital Consultation- Level 2	Y
99253		Hospital Consultation- Level 3	Y
99254		Hospital Consultation- Level 4	Y
99255		Hospital Consultation- Level 5	Y
99406		Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	n
99407		Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	n
A4550		Surgical trays	Y
A9552		Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries	n
J0460		atropine sulfate, up to 0.3 mg	Y
J0640		leucovorin calcium, per 50 mg	Y
J0696		ceftioxone sodium, per 250 mg	Y
J0881		darbepoetin alfa, 1 mcg (non-ESRD use)	Y
J0885		epoetin alfa, (for non-ESRD use), 1000 units	Y
J0894		Decitabine, 1 mg (Dacogen)	Y
J1100		dexamethasone sodium phosphate, 1mg	Y
J1200		diphenhydramine hcl, up to 50 mg	Y
J1260		dolasetron mesylate, 10 mg	Y
J1440		filgrastim (g-CSF, Neupogen), 300 mcg	Y
J1441		filgrastim (g-CSF, Neupogen), 480 mcg	Y
J1566		immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Y
J1568		immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Y

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N
J1572		Injection, immune globulin, (Flebogamma), intravenous, nonlyophilized (e.g., liquid), 500 mg	Y
J1626		granisetron hydrochloride, 100 mcg	Y
J1645		dalteparin sodium, per 2500 iu	Y
J1652		fondaparinux sodium, 0.5 mg	n
J1745		Infliximab, 10 mg (Remicade)	Y
J1751		iron dextran 165, 50 mg	n
J2060		lorazepam, 2 mg	Y
J2353		octreotide, depot form for intramuscular injection, 1 mg, (Sandostatin)	n
J2405		ondansetron hydrochloride, per 1 mg	Y
J2430		pamidronate disodium, per 30 mg	Y
J2469		palonosetron HCl, 25 mcg	Y
J2505		pegfilgrastim, 6 mg, Neulasta	n
J2550		promethazine hcl, up to 50 mg	n
J2765		metoclopramide hcl, up to 10 mg	Y
J2916		sodium ferric gluconate complex in sucrose injection, 12.5 mg	Y
J2930		methyprednisolone sodium succinate, up to 125 mg	Y
J3420		vitamin b-12 cyanocobalamin, up to 1000 mcg	Y
J3430		phytonadione (vitamin k), per 1 mg	Y
J3487		Injection, zoledronic acid (Zometa), 1mg	Y
J3490E		Fosaprepitant Dimeglumine 115 mg, (Emerge)	N
J3490F		Fosaprepitant Dimeglumine 1 mg, (Emerge)	N
J3490T		Cimetidine 150mg	N
J7030		Infusion, normal saline solution , 1000 cc	Y
J7040		Infusion, normal saline solution, sterile (500 ml=1 unit)	Y
J7042		5% dextrose/normal saline (500 ml = 1 unit)	Y
J7060		5% dextrose/water (500 ml = 1 unit)	Y
J9000		Doxorubicin hcl, 10 mg (Adriamycin)	Y
J9001		Doxorubicin hydrochloride, all lipid formulations, 10 mg (Doxil)	Y
J9010		Campath, 10mg.	N
J9025		azactidine, 1 mg	N
J9035		bevacizumab, 10 mg (Avastin)	Y
J9040		Bleomycin sulfate, 15 units	Y
J9041		bortezomib, 0.1 mg	Y
J9045		Carboplatin, 50 mg	Y
J9055		cetuximab, 10 mg	Y
J9060		Cisplatin, powder or solution, per 10 mg	Y
J9065		cladribine, per 1 mg	Y



CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N
J9095		Cyclophosphamide, lyophilized, 500 mg	Y
J9096		Cyclophosphamide, lyophilized, 1.0 gram	Y
J9097		Cyclophosphamide, lyophilized, 2.0 gram	N
J9130		Dacarbazine, 100 mg	Y
J9140		Dacarbazine, 200 mg	Y
J9170		Docetaxel, 20 mg	Y
J9178		Epirubicin hydrochloride, 2 mg	Y
J9181		Etoposide, 10 mg	Y
J9182		Etoposide, 100 mg	N
J9185		Fludarabine phosphate, 50 mg	Y
J9190		Fluorouracil, 500 mg	Y
J9201		Gemcitabine hcl, 200 mg	Y
J9206		Irinotecan, 20 mg (CPT11) (camptosar)	Y
J9208		Ifosfamide, 1 gm	Y
J9209		Mesna, 200 mg	Y
J9214		Interferon, alfa-2b, recombinant, 1 million units	Y
J9217		Leuprolide acetate (for depot suspension), 7.5 mg (Lupron)	Y
J9260		Methotrexate sodium, 50 mg	Y
J9263		Oxaliplatin, .5mg.	N
J9264		paclitaxel protein-bound particles, 1 mg, (Abraxane)	N
J9265		Paclitaxel, 30 mg, (Onxyl, Taxol)	Y
J9280		Mitomycin, 5 mg	Y
J9290		Mitomycin, 20 mg	Y
J9293		mitoxantrone hydrochloride, per 5 mg	Y
J9303		Injection, panitumumab, (Vectibix), 10mg	Y
J9305		pemetrexed, 10 mg	Y
J9310		Rituximab, 100 mg (Rituxan)	Y
J9350		Topotecan, 4 mg	Y
J9355		Trastuzumab, 10 mg (Herceptin)	Y
J9360		Vinblastine sulfate, 1 mg	Y
J9370		Vincristine sulfate, 1 mg	Y
J9375		Vincristine sulfate, 2 mg	Y
J9390		Vinorelbine tartrate, per 10 mg	Y
J9395		Fastodex, 25mg.	N
J9999e		Temsirolimus 25 mg (Torisel)	N
Q9967		Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	N

**From:** Nancy Rabert  
**To:** Margarete Keller  
**Date:** 4/22/2009 9:22 am  
**Subject:** Fwd: Re: Log 000560 - Late

**CC:** Brenda James; Jamelle Smith

Please extend the due date to Tuesday - 4/28/09.  
Thanks

>>> Melanie Giese 4/22/2009 9:10 AM >>>  
yes thanks

M. Melanie "Bz" Giese, RN  
Bureau Director, Health Services  
SC DHHS  
PO Box 8206  
1801 Main Street, J-1224  
Columbia, SC 29202  
803-898-2868  
803-255-8353 (fax)

>>> Nancy Rabert 4/21/2009 2:49 PM >>>  
Val wants Dr. Burton to review the "drafted" letter - which will probably not happen till Friday. Due date was 4/15/09. Should we ask for an extension till Tuesday, April 28?

Thanks  
Nancy

Log #560



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Portner  
Director

April 28, 2009

Vijay Paudel, M.D.  
Business Physician  
Coastal Cancer Center  
8121 Rourk Street  
Myrtle Beach, South Carolina 29572-4128

Dear Dr. Paudel:

Thank you for the recent letter regarding Nurse Practitioner billing. We appreciate your taking the time to express these concerns.

The South Carolina Department of Health and Human Services (SCDHHS) annually updates our system in regards to additions, deletions, and modifications to Current Procedural Terminology (CPT) code changes as outlined in the Health Insurance Portability Act of 1996 (HIPAA). We have revisited the codes you provided and have determined that some of them should be billable by Nurse Practitioners. The attached spreadsheet denotes which codes are now billable directly by Nurse Practitioners and its effective date.

As addressed in our letter to you dated March 16, 2009, procedure code J2505 (Neulasta) is not covered for Nurse Practitioners at this time. However, this code continues to be covered and billable when prescribed by a physician.

We appreciate your continued support of the South Carolina Medicaid program. If you have additional questions, please do not hesitate to contact Ms. Erica Dimes, Team Leader in Physician Services, at (803) 898-2660.

Sincerely,

A handwritten signature in dark ink, appearing to read "BZ Giese".

Melanie "BZ" Giese, RN  
Bureau Director

MG/WS

Attachment

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
36415		Routine venipuncture for collection of specimen(s)	Y	
36416		<b>Collection of capillary blood specimen (eg, finger, heel, ear stick)</b>	Y	04/27/09
36591		Collection of blood specimen from a completely implantable venous access device	Y	
38220		Bone marrow aspiration	n	
38221		Bone marrow biopsy, needle or trocar	n	
70210	TC	Radiologic examination, sinuses, paranasal, less than three views	n	
70450	TC	Computerized axial tomography, head or brain; without contrast material	n	
70460	TC	Computerized axial tomography, head or brain; with contrast material(s)	n	
70470	TC	Computerized axial tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	n	
70486	TC	Computerized axial tomography, maxillofacial area; without contrast material	n	
70487	TC	Computerized axial tomography, maxillofacial area; with contrast material(s)	n	
70490	TC	Computerized axial tomography, soft tissue neck; without contrast material	n	
70491	TC	Computerized axial tomography, soft tissue neck; with contrast material(s)	n	
71010	TC	Radiologic examination, chest; single view, frontal	n	
71020	TC	Radiologic examination, chest, two views, frontal and lateral;	Y	
71035	TC	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)	n	
71100	TC	Radiologic examination, ribs, unilateral; two views	n	

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
71110	TC	Radiologic examination, ribs, bilateral; three views	n	
71120	TC	Radiologic examination; sternum, minimum of two views	n	
71250	TC	Computerized axial tomography, thorax; without contrast material	n	
71260	TC	Computerized axial tomography, thorax; with contrast material(s)	n	
71270	TC	Computerized axial tomography, thorax; without contrast material, followed by contrast material(s) and further sections	n	
71275	TC	Computed tomographic angiography, chest, (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	n	
72020	TC	Radiologic examination, spine, single view, specify level	n	
72040	TC	Radiologic examination, spine, cervical; two or three views	n	
72050	TC	Radiologic examination, spine, cervical; minimum of four views	n	
72070	TC	Radiologic examination, spine; thoracic, two views	n	
72100	TC	Radiologic examination, spine, lumbosacral; two or three views	Y	
72126	TC	Computerized axial tomography, cervical spine; with contrast material	n	
72131	TC	Computerized axial tomography, lumbar spine; without contrast material	n	
72170	TC	Radiologic examination, pelvis; one or two views	n	
72192	TC	Computerized axial tomography, pelvis; without contrast material	n	
72193	TC	Computerized axial tomography, pelvis; with contrast material(s)	n	
72194	TC	Computerized axial tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	n	
72220	TC	Radiologic examination, sacrum and coccyx, minimum of two views	n	

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
73000	TC	Radiologic examination; clavicle, complete	n	
73010	TC	Radiologic examination; scapula, complete	n	
73030	TC	Radiologic examination, shoulder; complete, minimum of two views	n	
73060	TC	Radiologic examination; humerus, minimum of two views	n	
73090	TC	Radiologic examination; forearm, two views	n	
73120	TC	Radiologic examination, hand; two views	n	
73130	TC	Radiologic examination, hand; minimum of three views	n	
73140	TC	Radiologic examination, finger(s), minimum of two views	n	
73200	TC	Computerized axial tomography, upper extremity; without contrast material	n	
73201	TC	Computerized axial tomography, upper extremity; with contrast material(s)	n	
73500	TC	Radiologic examination, hip, unilateral; one view	n	
73510	TC	Radiologic examination, hip, unilateral; complete, minimum of two views	n	
73550	TC	Radiologic examination, femur, two views	n	
73560	TC	Radiologic examination, knee; one or two views	n	
73562	TC	Radiologic examination, knee; three views	n	
73564	TC	Radiologic examination, knee; complete, four or more views	n	
73590	TC	Radiologic examination; tibia and fibula, two views	n	
73600	TC	Radiologic examination, ankle; two views	n	
73610	TC	Radiologic examination, ankle; complete, minimum of three views	n	
73620	TC	Radiologic examination, foot; two views	n	
73630	TC	Radiologic examination, foot; complete, minimum of three views	n	
73700	TC	Computerized axial tomography, lower extremity; without contrast material	n	

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
73701	TC	Computerized axial tomography, lower extremity; with contrast material(s)	n	
74000	TC	Radiologic examination, abdomen; single anteroposterior view	n	
74020	TC	Radiologic examination, abdomen; complete, including decubitus and/or erect views	n	
74022	TC	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest	n	
74150	TC	Computerized axial tomography, abdomen; without contrast material	n	
74160	TC	Computerized axial tomography, abdomen; with contrast material(s)	n	
74170	TC	Computerized axial tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	n	
77075	TC	Radiologic examination, osseous survey; complete (axial and appendicular skeleton) bone survey	n	
77080	TC	Dual Energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (eg. hips, pelvis, spine)	n	
77082	TC	Dual energy X-ray absorptiometry (DXA), bone density, one or more sites; vertebral fracture assessment	n	
78814	TC	PET/CT Limited area (eg, chest, head/neck); Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) limited area (eg, chest, head/neck) for attenuation correction and anatomical localization	n	
78815	TC	PET/CT skull base to mid-thigh; Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) skull base to mid-thigh for attenuation correction and anatomical localization	n	

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
78816	TC	PET/CT whole body; Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) whole body for attenuation correction and anatomical localization	n	
80061		Lipid panel	Y	
80076		Hepatic function panel	Y	
80185		Phenytoin; total	Y	
81000		Urinalysis	Y	
81002		Urinalysis, without microscopy	Y	
82040		Albumin; serum	Y	
82105		Alpha-fetoprotein; serum	Y	
82150		Amylase	Y	
82164		Angiotensin I - converting enzyme (ACE)	Y	
82232		Beta-2 microglobulin	Y	
82247		Bilirubin; total	Y	
82248		Bilirubin; direct	Y	
82270		Blood, occult (hemoculture)	Y	
82272		Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	Y	
82306		Calcifediol (25-OH Vitamin D-3)	Y	
82310		Calcium; total	Y	
82378		Carcinoembryonic antigen (CEA)	Y	
82435		Chloride; blood	Y	
82465		Cholesterol, serum or whole blood, total	Y	
82533		Cortisol; total	Y	
82550		Creatine kinase (CK), (CPK); total	Y	
82552		Creatine kinase (CK), (CPK); isoenzymes	Y	
82565		Creatinine; blood	Y	



CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
82575		Creatinine; clearance	Y	
82607		Cyanocobalamin (Vitamin B-12);	Y	
82668		Erythropoietin	Y	
82670		Estradiol	Y	
82672		Estrogens; total	Y	
82728		Ferritin	Y	
82746		Folic acid; serum	Y	
82784		Gammaglobulin; IgA, IgD, IgG, IgM, each	Y	
82785		Gammaglobulin; IgE	Y	
82947		Glucose; quantitative, blood (except reagent strip)	Y	
82950		Glucose; post glucose dose (includes glucose)	Y	
83001		Gonadotropin; follicle stimulating hormone (FSH)	Y	
83002		Gonadotropin; luteinizing hormone (LH)	Y	
83010		Haptoglobin; quantitative	Y	
83021		Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	Y	
83036		Hemoglobin; glycated	Y	
83090		Homocystine	Y	
83497		Hydroxyindolacetic acid, 5-(HIAA)	Y	
83540		Iron	Y	
83550		Iron binding capacity	Y	
83615		Lactate dehydrogenase (LD), (LDH);	Y	
83690		Lipase	Y	
83735		Magnesium	Y	
83921		Organic acid, single, quantitative	Y	
84075		Phosphatase, alkaline;	Y	
84100		Phosphorus inorganic (phosphate);	Y	
84132		Potassium; serum	Y	
84146		Prolactin	Y	

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
84153		Prostate specific antigen (PSA); total	Y	
84155		Protein; total, except refractometry	Y	
84165		Protein; electrophoretic fractionation and quantitation	Y	
84166		Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	Y	
84295		Sodium; serum	Y	
84402		Testosterone; free	Y	
84403		Testosterone; total	Y	
84436		Thyroxine; total	Y	
84439		Thyroxine; free	Y	
84443		Thyroid stimulating hormone (TSH)	Y	
84450		Transferase; aspartate amino (AST) (SGOT)	Y	
84460		Transferase; alanine amino (ALT) (SGPT)	Y	
84479		Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	Y	
84520		Urea nitrogen; quantitative	Y	
84550		Uric acid; blood	Y	
84702		Gonadotropin, chorionic (hCG); quantitative	Y	
84703		Gonadotropin, chorionic (hCG); qualitative	Y	
85025		Blood count; hemogram and platelet count, automated,	Y	
85045		Blood count; reticulocyte count, flow cytometry	Y	
85305		Clotting inhibitors or anticoagulants; protein S, total	Y	
85306		Clotting inhibitors or anticoagulants; protein S, free	Y	
85362		Fibrin(ogen) degradation (split) products (FDP)(FSP); agglutination slide, semiquantitative	Y	
85384		Fibrinogen; activity	Y	
85610		Prothrombin time;	Y	
85611		Prothrombin time; substitution, plasma fractions, each	Y	
85651		Sedimentation rate, erythrocyte; non-automated	Y	

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
85730		Thromboplastin time, partial (PTT); plasma or whole blood	Y	
85732		Thromboplastin time, partial (PTT); substitution, plasma fractions, each	Y	
86038		Antinuclear antibodies (ANA);	Y	
86140		C-reactive protein;	Y	
86300		Immunoassay for tumor antigen, quantitative; CA 27.29 (15.3)	Y	
86301		Immunoassay for tumor antigen, quantitative; CA 19-9	Y	
86304		Immunoassay for tumor antigen, quantitative; CA 125	Y	
86334		Immunofixation electrophoresis	Y	
86335		<b>Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)</b>	Y	04/27/09
86376		Microsomal antibodies (eg, thyroid or liver-kidney), each	Y	
86431		Rheumatoid factor; quantitative	Y	
86592		Syphilis test; qualitative (eg, VDRL, RPR, ART)	Y	
86618		Antibody; Borrelia burgdorferi (Lyme disease)	Y	
86644		Antibody; cytomegalovirus (CMV)	Y	
86677		Antibody; Helicobacter pylori	Y	
86701		Antibody; HIV-1	Y	
86703		Antibody; HIV-1 and HIV-2, single assay	Y	
86706		Hepatitis B surface antibody (HBsAb)	Y	
86708		Hepatitis A antibody (HAAb); total	Y	
86762		Antibody; rubella	Y	
86800		Thyroglobulin antibody	Y	
86803		Hepatitis C antibody;	Y	
86880		Antihuman globulin test (Coombs test); direct, each antiserum	Y	
87086		Culture, bacterial; quantitative colony count, urine	Y	
90471		Administration of Vaccine SubQ, Intramuscular	Y	

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
90472		Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	Y	
90658		Influenza virus vaccine 3 years and above dosage	Y	
90732		Pneumococcal vaccine	Y	
90746		Hepatitis B vaccine, adult dosage, for intramuscular use	Y	
<b>NEW CODE: 96360 90760</b>		<b>Intravenous infusion, hydration; initial, up to 1 hour</b>	<b>Y</b>	<b>04/27/09</b>
<b>NEW CODE: 96361 90761</b>		<b>Intravenous infusion, hydration; each additional hour, (List separately in addition to code for primary procedure)</b>	<b>Y</b>	<b>04/27/09</b>
<b>NEW CODE: 96365 90765</b>		<b>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour</b>	<b>Y</b>	<b>04/27/09</b>
<b>NEW CODE: 96366 90766</b>		<b>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour, (List separately in addition to code for primary procedure)</b>	<b>Y</b>	<b>04/27/09</b>
<b>NEW CODE: 96367 90767</b>		<b>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)</b>	<b>Y</b>	<b>04/27/09</b>

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
<b>NEW CODE: 96368 90768</b>		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	Y	04/27/09
<b>NEW CODE: 96372 90772</b>		Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Y	04/27/09
<b>NEW CODE: 96374 90774</b>		Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	Y	04/27/09
<b>NEW CODE: 96375 90775</b>		Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	Y	04/27/09
94760		Measure Blood Oxygen Level	Y	
<b>96401</b>		<b>Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic</b>	Y	04/27/09
<b>96402</b>		<b>Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic</b>	Y	04/27/09
96409		Chemotherapy administration; intravenous, push technique, single or initial substance/drug	Y	
96411		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	Y	
96413		Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	Y	

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
96415		Chemotherapy administration, intravenous infusion technique; each additional hour, (List separately in addition to code for primary procedure)	Y	
96416		Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	Y	
96417		Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	Y	
96521		Refilling and maintenance of portable pump	Y	
96523		<b>Irrigation of implanted venous access device for drug delivery systems</b>	Y	04/27/09
99070B		Blood Pak Unit	Y	
99195		<b>Phlebotomy, therapeutic (separate procedure)</b>	Y	04/27/09
99203		Office Visit- Level 3 New Patient	Y	
99204		Office Visit- Level 4 New Patient	Y	
99205		Office Visit- Level 5 New Patient	Y	
99211		Office Visit- Level 1 Established Patient	Y	
99212		Office Visit- Level 2 Established Patient	Y	
99213		Office Visit- Level 3 Established Patient	Y	
99214		Office Visit- Level 4 Established Patient	Y	
99215		Office Visit- Level 5 Established Patient	Y	
99217		Observation Care Discharge	Y	
99219		Observation Care - Moderate Complexity	Y	
99220		Observation Care - High Complexity	Y	
99222		Initial Hospital Care Level 2	Y	
99223		Initial Hospital Care Level 3	Y	
99231		Subsequent Hospital Care Level 1	Y	

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
99232		Subsequent Hospital Care Level 2	Y	
99233		Subsequent Hospital Care Level 3	Y	
99234		Observation/Hospital Care Admit/Discharge Same Day	Y	
99235		Observation/Hospital Care Admit/Discharge Same Day	Y	
99236		Observation/Hospital Care Admit/Discharge Same Day	Y	
99238		Hospital Discharge Day Management 30 minutes or less	Y	
99239		Hospital Discharge Day Management more than 30 minutes	Y	
99241		Office Consultation- Level 1	Y	
99242		Office Consultation- Level 2	Y	
99243		Office Consultation- Level 3	Y	
99244		Office Consultation- Level 4	Y	
99245		Office Consultation- Level 5	Y	
99251		Hospital Consultation- Level 1	Y	
99252		Hospital Consultation- Level 2	Y	
99253		Hospital Consultation- Level 3	Y	
99254		Hospital Consultation- Level 4	Y	
99255		Hospital Consultation- Level 5	Y	
99406		Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	N	
99407		Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	N	
A4550		Surgical trays	Y	
A9552		Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries	N	
J0460		atropine sulfate, up to 0.3 mg	Y	
J0640		leucovorin calcium, per 50 mg	Y	
J0696		ceftriaxone sodium, per 250 mg	Y	
J0881		darbepoetin alfa, 1 mcg (non-ESRD use)	Y	
J0885		epoetin alfa, (for non-ESRD use), 1000 units	Y	

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
J0894		Decitabine, 1 mg (Dacogen)	Y	
J1100		dexamethasone sodium phosphate, 1mg	Y	
J1200		diphenhydramine hcl, up to 50 mg	Y	
J1260		dolasetron mesylate, 10 mg	Y	
J1440		filgrastim (g-csf, Neupogen), 300 mcg	Y	
J1441		filgrastim (g-csf, Neupogen), 480 mcg	Y	
J1566		immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Y	
J1568		immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Y	
J1572		Injection, immune globulin, (Flebogamma), intravenous, nonlyophilized (e.g., liquid), 500 mg	Y	
J1626		granisetron hydrochloride, 100 mcg	Y	
J1645		dalteparin sodium, per 2500 iu	Y	
J1652		fondaparinux sodium, 0.5 mg	n	
J1745		Infliximab, 10 mg (Remicade)	Y	
J1751		iron dextran 165, 50 mg	n	
J2060		lorazepam, 2 mg	Y	
J2353		octreotide, depot form for intramuscular injection, 1 mg, (Sandostatin)	n	
J2405		ondansetron hydrochloride, per 1 mg	Y	
J2430		pamidronate disodium, per 30 mg	Y	
J2469		palonosetron HCl, 25 mcg	Y	
J2505		pegfilgrastim, 6 mg, Neulasta	n	
J2550		promethazine hcl, up to 50 mg	n	
J2765		metoclopramide hcl, up to 10 mg	Y	
J2916		sodium ferric gluconate complex in sucrose injection, 12.5 mg	Y	
J2930		methylprednisolone sodium succinate, up to 125 mg	Y	
J3420		vitamin b-12 cyanocobalamin, up to 1000 mcg	Y	



CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
J3430		phytonadione (vitamin k), per 1 mg	Y	
J3487		Injection, zoledronic acid (Zometa), 1mg	Y	
J3490E		Fosaprepitant Dimeglumine 115 mg, (Emend)	N	
J3490F		Fosaprepitant Dimeglumine 1 mg, (Emend)	N	
J3490T		Cimetidine 150mg	N	
J7030		Infusion, normal saline solution , 1000 cc	Y	
J7040		Infusion, normal saline solution, sterile (500 ml=1 unit)	Y	
J7042		5% dextrose/normal saline (500 ml = 1 unit)	Y	
J7060		5% dextrose/water (500 ml = 1 unit)	Y	
J9000		Doxorubicin hcl, 10 mg (Adriamycin)	Y	
J9001		Doxorubicin hydrochloride, all lipid formulations, 10 mg (Doxil)	Y	
J9010		Campath, 10mg.	N	
J9025		azacitidine, 1 mg	N	
J9035		bevacizumab, 10 mg (Avastin)	Y	
J9040		Bleomycin sulfate, 15 units	Y	
J9041		bortezomib, 0.1 mg	Y	
J9045		Carboplatin, 50 mg	Y	
J9055		cetuximab, 10 mg	Y	
J9060		Cisplatin, powder or solution, per 10 mg	Y	
J9065		cladribine, per 1 mg	Y	
J9095		Cyclophosphamide, lyophilized, 500 mg	Y	
J9096		Cyclophosphamide, lyophilized, 1.0 gram	Y	
J9097		Cyclophosphamide, lyophilized, 2.0 gram	N	
J9130		Dacarbazine, 100 mg	Y	
J9140		Dacarbazine, 200 mg	Y	
J9170		Docetaxel, 20 mg	Y	
J9178		Epirubicin hydrochloride, 2 mg	Y	
J9181		Etoposide, 10 mg	Y	
J9182		Etoposide, 100 mg	n	

CPT	Mod	Description	SC Medicaid Billable by Nurse Practitioner Y/N	Date Added as Billable by NP
J9185		Fludarabine phosphate, 50 mg	Y	
J9190		Fluorouracil, 500 mg	Y	
J9201		Gemcitabine hcl, 200 mg	Y	
J9206		Irinotecan, 20 mg (CPT11) (camptosar)	Y	
J9208		Ifosfamide, 1 gm	Y	
J9209		Mesna, 200 mg	Y	
J9214		Interferon, alfa-2b, recombinant, 1 million units	Y	
J9217		Leuprolide acetate (for depot suspension), 7.5 mg (Lupron)	Y	
J9260		Methotrexate sodium, 50 mg	Y	
J9263		Oxaliplatin, .5mg.	n	
J9264		paclitaxel protein-bound particles, 1 mg, (Abraxane)	n	
J9265		Paclitaxel, 30 mg, (Onxyl, Taxol)	Y	
J9280		Mitomycin, 5 mg	Y	
J9290		Mitomycin, 20 mg	Y	
J9293		mitoxantrone hydrochloride, per 5 mg	Y	
J9303		Injection, panitumumab, (Vectibix), 10mg	Y	
J9305		pemetrexed, 10 mg	Y	
J9310		Rituximab, 100 mg (Rituxan)	Y	
J9350		Topotecan, 4 mg	Y	
J9355		Trastuzumab, 10 mg (Herceptin)	Y	
J9360		Vinblastine sulfate, 1 mg	Y	
J9370		Vincristine sulfate, 1 mg	Y	
J9375		Vincristine sulfate, 2 mg	Y	
J9390		Vinorelbine tartrate, per 10 mg	Y	
J9395		Faslodex, 25mg.	N	
J9999e		Temsirolimus 25 mg (Torisel)	N	
Q9967		Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	N	