

## CPT and ICD-9-CM Codes

The codes provided are from the 2008 edition of CPT Plus and 2008 ICD-9-CM Office Edition. Companies are advised to refer to the complete listing of CPT and ICD-9-CM codes to ensure compliance with all reporting requirements. It is the company's responsibility to keep abreast of changes that may appear in revised editions.

### **Va. Code Section 38.2-3410: Doctor to Include Dentist**

(Medical services legally rendered by dentists and covered under contracts other than dental)

#### ICD Code

520-529 Diseases of oral cavity, salivary glands and jaws

### **Va. Code Section 38.2-3411: Newborn Children**

(children less than 32 days old)

#### ICD Codes

740-759 Congenital anomalies

760-763 Maternal causes of perinatal morbidity and mortality

764-779 Other conditions originating in the perinatal period

#### CPT Codes

99295-99296 Inpatient neonatal critical care

99431-99440 Newborn care in several different settings

### **Va. Code Section 38.2-3411.1: Child Health Supervision Services (where applicable)**

#### ICD Code

V70.5 Health examination of defined subpopulations, children

**Note: See Codes below for immunization and laboratory tests**

## **Va. Code Section 38.2-3411.3: Childhood Immunizations**

### ICD Codes

|       |  |
|-------|--|
| V03.5 | Diphtheria alone   |
| V03.6 | Pertussis alone  |
| V03.7 | Tetanus toxoid alone   |
| V03.8 | Other specified vaccinations against single bacterial diseases |
| V04.0 | Poliomyelitis  |
| V04.2 | Measles alone  |
| V04.3 | Rubella alone  |
| V04.6 | Mumps alone  |
| V05.3 | Viral hepatitis  |
| V06.1 | Diphtheria-tetanus-pertussis, combined [DTP] [DTaP]            |
| V06.3 | Diphtheria-tetanus-pertussis with poliomyelitis [DTP + polio]  |
| V06.4 | Measles-mumps-rubella [MMR]                                    |
| V06.5 | Tetanus-diphtheria [Td] [DT]                                   |
| V06.8 | Other combinations   |

### CPT Codes

|       |   |
|-------|---|
| 90700 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) |
| 90701 | Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP) |
| 90702 | Diphtheria and tetanus toxoids (DT)                                 |
| 90703 | Tetanus toxoid  |
| 90704 | Mumps virus vaccine   |
| 90705 | Measles virus vaccine   |
| 90706 | Rubella virus vaccine   |

|       |  |
|-------|--|
| 90707 | Measles, mumps and rubella virus vaccine (MMR)   |
| 90708 | Measles and rubella virus vaccine  |
| 90710 | Measles, mumps, rubella vaccine  |
| 90712 | Poliovirus vaccine, (any type(s)) (OPV)  |
| 90713 | Poliovirus vaccine, inactivated (IPV)  |
| 90719 | Diphtheria toxoid  |
| 90720 | Diphtheria, tetanus toxoids, and whole cell pertussis vaccine  |
| 90721 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, with other   |
| 90723 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV) |
| 90740 | Hepatitis B vaccine (3 dose schedule)  |
| 90744 | Hepatitis B vaccine, pediatric   |
| 90747 | Hepatitis B vaccine (4 dose schedule)  |
| 90748 | Hepatitis B vaccine with other   |
| 90749 | Unlisted vaccine/toxoid  |

### **New Patient**

|       |  |
|-------|--|
| 99381 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age under 1 year) |
| 99382 | early childhood (age 1 through 4 years)  |
| 99383 | late childhood (age 5 through 11 years)  |

### Established Patient

|             |   |
|-------------|---|
| 96110       | Developmental testing; limited, with interpretation and report  |
| 96111       | extended, with interpretation and report  |
| 96116       | Neurobehavioral status exam with interpretation and report  |
| 96118-96120 | Neuropsychological testing battery with interpretation and report   |
| 99391       | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; infant (age under 1 year) |
| 99392       | early childhood (age 1 through 4 years)   |
| 99393       | late childhood (age 5 through 11 years)   |
| 81000-81003 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents  |
| 81005-81020 | Urinalysis; qualitative or semiquantitative   |
| 84030       | Phenylalanine (PKU), blood  |
| 86480       | Tuberculosis test, cell mediated immunity measurement   |
| 86580       | tuberculosis, interdermal   |

### Va. Code Section 38.2-3411.4: Infant Hearing Screening and Related Diagnostics

#### ICD Code

V72.1 Examination of ears and hearing

#### CPT Codes

92502 Otolaryngologic examination under general anesthesia

92506 Evaluation of speech, language, voice, communication, auditory processing

92551 Screening test, pure tone, air only

|             |  |
|-------------|--|
| 92553       | air and bone   |
| 92555       | Speech audiometry threshold;   |
| 92556       | with speech recognition  |
| 92557       | Comprehensive audiometry threshold evaluation and speech recognition |
| 92559       | Audiometric testing of groups  |
| 92560       | Bekesy audiometry; screening   |
| 92561       | diagnostic   |
| 92562       | Loudness balance test, alternate binaural or monaural                |
| 92563       | Tone decay test  |
| 92564       | Short increment sensitivity index (SISI)                             |
| 92565       | Stenger test, pure tone  |
| 92567       | Tympanometry (impedance testing)                                     |
| 92568       | Acoustic reflex testing; threshold                                   |
| 92569       | decay  |
| 92575       | Sensorineural acuity level test                                      |
| 92584       | Electrocochleography   |
| 92585       | Auditory evoked potentials for evoked response audiometry            |
| 92586       | limited  |
| 92587       | Evoked otoacoustic emissions   |
| 92588       | comprehensive or diagnostic evaluation                               |
| 92620-92621 | Evaluation of central auditory function, with report                 |
| 92700       | Unlisted otorhinolaryngological service                              |
| 70480-70482 | Computed tomography  |

**Va. Code Section 38.2-3412.1: Mental Health  
(Includes Emotional/Nervous Conditions and Services)**

ICD Codes

|         |  |
|---------|--|
| V61.1   | Counseling for marital and partner problems  |
| V61.11  | Counseling for victim of spousal and partner abuse                                 |
| V61.12  | Counseling for perpetrator of spousal and partner abuse                            |
| V61.2   | Counseling for parent-child problems   |
| V61.21  | Counseling for victim of child abuse   |
| V61.22  | Counseling for perpetrator of parent child abuse                                   |
| V61.3   | Problems with aged parents or in-laws  |
| V61.41  | Alcoholism in family   |
| V61.8   | Other specified family circumstances   |
| V61.9   | Unspecified family circumstance  |
| V62     | Other psychosocial circumstances   |
| V62.81  | Interpersonal problems, not elsewhere classified                                   |
| V62.82  | Bereavement, uncomplicated   |
| V62.83  | Counseling for perpetrator of physical/sexual abuse                                |
| V62.9   | Unspecified psychosocial circumstance  |
| 290-294 | Organic Psychotic Conditions   |
| 295-299 | Other psychoses  |
| 300-316 | Neurotic disorders, personality disorders, and other nonpsychotic mental disorders |
| 317-319 | Mental retardation   |

CPT Codes

|             |  |
|-------------|--|
| 99221-99223 | Initial hospital care, per day, for the evaluation and management of a patient |
|-------------|--|

|             |  |
|-------------|--|
| 99231-99233 | Subsequent hospital care, per day, for the evaluation and management of a patient  |
| 99238       | Hospital discharge day management; 30 minutes or less  |
| 99241-99245 | Office or other outpatient consultations for psychiatric evaluation  |
| 99251-99255 | Initial inpatient consultations for psychiatric evaluation   |
| 90801       | Psychiatric diagnostic interview examination   |
| 90802       | Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication  |
| 90804       | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient  |
| 90805       | with medical evaluation and management services  |
| 90806       | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient  |
| 90807       | with medical evaluation and management services  |
| 90808       | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient  |
| 90809       | with medical evaluation and management services  |
| 90810       | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient |
| 90811       | with medical evaluation and management services  |
| 90812       | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient |
| 90813       | with medical evaluation and management services  |

- 90814 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient
- 90815 with medical evaluation and management services
- 90816 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient
- 90817 with medical evaluation and management services
- 90818 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient
- 90819 with medical evaluation and management services
- 90821 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient
- 90822 with medical evaluation and management services
- 90823 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient
- 90824 with medical evaluation and management services
- 90826 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient
- 90827 with medical evaluation and management services
- 90828 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient
- 90829 with medical evaluation and management services

- 90845 Psychoanalysis
- 90846 Family psychotherapy (without the patient present)
- 90847 Family psychotherapy (conjoint psychotherapy) (with patient present)
- 90849 Multiple-family group psychotherapy
- 90853 Group psychotherapy (other than of a multiple-family group)
- 90857 Interactive group psychotherapy
- 90885 Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
- 96101 Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour

**Other Psychiatric Services or Procedures**

- 90862 Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
- 90865 Narcosynthesis for psychiatric diagnostic and therapeutic purposes
- 90870 Electroconvulsive therapy
- 90880 Hypnotherapy
- 90882 Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
- 90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
- 90889 Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers
- 90899 Unlisted psychiatric service or procedure

**Va. Code Section 38.2-3412.1: Substance Abuse**

ICD Codes

|     |                                  |
|-----|----------------------------------|
| 291 | Alcohol-induced mental disorders |
| 303 | Alcohol dependence syndrome      |
| 292 | Drug-induced mental disorders    |
| 304 | Drug dependence                  |
| 305 | Nondependent abuse of drugs      |

CPT Codes

|       |   |
|-------|---|
| 80100 | Drug screen, multiple drug classes chromatographic method, each procedure |
| 80101 | Single drug class method, each drug class                                 |
| 80102 | Drug confirmation, each procedure   |
| 80103 | Tissue preparation for drug analysis                                      |

**Use appropriate codes for Mental Health, but for above listed conditions.**

**Va. Code Section 38.2-3412.1:01: Biologically Based Mental Illness**

ICD Codes

|             |  |
|-------------|--|
| 295.0-295.9 | Schizophrenia/Schizoaffective disorder       |
| 299.9       | Unspecified pervasive developmental disorder |
| 296.4-296.7 | Bipolar I disorder                           |
| 296.2-296.3 | Major depressive disorder                    |
| 300.01      | Panic disorder                               |
| 300.3       | Obsessive-compulsive disorders               |
| 314.0       | Attention deficit disorder                   |
| 314.01      | With hyperactivity                           |

|       |                                  |
|-------|----------------------------------|
| 299.0 | Autistic disorder                |
| 291   | Alcohol-induced mental disorders |
| 303   | Alcohol dependence syndrome      |
| 292   | Drug-induced mental disorders    |
| 304   | Drug dependence                  |

CPT Codes

**Use appropriate codes for Mental Health, but for above listed conditions.**

### **Va. Code Section 38.2-3414: Obstetrical Services**

#### **Normal Delivery, Care in Pregnancy, Labor and Delivery**

ICD Codes

|     |  |
|-----|--|
| 650 | Delivery requiring minimal or no assistance, with or without episiotomy, without fetal manipulation [eg, rotation version] or instrumentation [forceps] of spontaneous, cephalic, vaginal, full-term, single, live born infant. This code is for use as a single diagnosis code and is not to be used with any other code in the range 630–676 |
| V22 | Normal pregnancy   |

CPT Codes

**Any codes in the maternity care and delivery range of 59000-59430 associated with ICD Code 650 listed above**

#### **All Other Obstetrical Services**

ICD Codes

|         |  |
|---------|--|
| 630-677 | Complications of pregnancy, childbirth, and the puerperium |
| V23     | Supervision of high-risk pregnancy                         |

## **Antepartum Services**

### CPT Codes

|       |   |
|-------|---|
| 59000 | Amniocentesis; diagnostic   |
| 59001 | therapeutic amniotic fluid reduction  |
| 76946 | Ultrasonic guidance   |
| 59012 | Cordocentesis (intrauterine), any method  |
| 76941 | Ultrasonic guidance   |
| 59015 | Chorionic villus sampling, any method   |
| 76945 | Ultrasonic guidance   |
| 59020 | Fetal contraction stress test   |
| 59025 | Fetal non-stress test   |
| 59030 | Fetal scalp blood sampling  |
| 59050 | Fetal monitoring during labor by consulting physician with written report; supervision and interpretation |

## **Excision**

|       |   |
|-------|---|
| 59100 | Hysterotomy, abdominal  |
| 59120 | Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach |
| 59121 | tubal or ovarian, without salpingectomy and/or oophorectomy   |
| 59130 | abdominal pregnancy   |
| 59135 | interstitial, uterine pregnancy requiring total hysterectomy  |
| 59136 | interstitial, uterine pregnancy with partial resection of uterus  |
| 59140 | cervical, with evacuation   |
| 59150 | Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy  |

59151 with salpingectomy and/or oophorectomy

59160 Curettage, postpartum

### **Introduction**

59200 Insertion of cervical dilator

### **Repair**

59300 Episiotomy or vaginal repair, by other than attending physician

59320 Cerclage of cervix, during pregnancy; vaginal

59325 abdominal

59350 Hysterorrhaphy of ruptured uterus

### **Vaginal Delivery, Antepartum and Postpartum Care**

59400 Routine obstetric care including antepartum care, vaginal delivery and postpartum care

59409 Vaginal delivery only

59410 including postpartum care

59412 External cephalic version, with or without tocolysis

59414 Delivery of placenta (separate procedure)

59425 Antepartum care only; 4-6 visits

59426 7 or more visits

59430 Postpartum care only (separate procedure)

### **Cesarean Delivery**

59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care

|       |   |
|-------|---|
| 59514 | Cesarean delivery only  |
| 59515 | including postpartum care   |
| 59525 | Subtotal or total hysterectomy after cesarean delivery  |
| 59620 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery |
| 59622 | including postpartum care   |

### **Abortion**

#### ICD Codes

|         |  |
|---------|--|
| 634-638 | Abortion (includes miscarriage, spontaneous abortion)              |
| 639     | Complications following abortion and ectopic and molar pregnancies |

#### CPT Codes

|             |   |
|-------------|---|
| 99201-99233 | Medical treatment of spontaneous complete abortion, any trimester |
| 59812-59852 | Treatment of abortion, and inducement                             |

### **Other Procedures**

|       |  |
|-------|--|
| 59870 | Uterine evacuation and curettage for hydatidiform mole           |
| 59871 | Removal of cerclage suture under anesthesia (other than local)   |
| 59897 | Unlisted fetal invasive procedure, including ultrasound guidance |
| 59899 | Unlisted procedure, maternity care and delivery                  |

### **Anesthesia**

|       |  |
|-------|--|
| 01958 | Anesthesia for external cephalic version procedure |
| 01960 | Anesthesia for vaginal delivery only               |
| 01961 | cesarean delivery only                             |
| 01962 | urgent hysterectomy following delivery             |

01963-01969                    other procedures

**Va. Code Section 38.2-3414.1: Obstetrical Benefits; Postpartum Services**

ICD Codes

V24                    Postpartum care and examination

V24.0                Immediately after delivery

V24.1                Lactating mother

V24.2                Routine postpartum follow-up

CPT Codes

59610                Routine obstetric care, vaginal delivery and postpartum care, after previous cesarean delivery

59612                Vaginal delivery only, after previous cesarean delivery

59614                            including postpartum care

59618                Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery

59620                Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

59622                            including postpartum care

**Use same codes as Obstetrical Services in cases where coverage is provided solely due to the provisions of § 38.2-3414.1**

**Va. Code Section 38.2-3418: Pregnancy from Rape/Incest**

**Same codes as Obstetrical Services and any other appropriate in cases where coverage is provided solely due to the provisions of § 38.2-3418**

### **Va. Code Section 38.2-3418.1: Mammography**

#### ICD Codes

V76.12 Other screening mammogram

#### CPT Codes

77051 Diagnostic mammography

77052 Screening mammography

77055 Mammography; unilateral

77056 Mammography; bilateral

77057 Screening mammography, bilateral (two view film study of each breast)

### **Va. Code Section 38.2-3418.1:2: Pap Smears**

#### ICD Codes

V72.3 Papanicolaou cervical smear as part of general gynecological examination

V76.2 Routine cervical Papanicolaou smear

#### CPT Codes

88141 Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician

88142 Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision

88147 Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision

88150 Cytopathology, slides, cervical or vaginal; manual screening under physician supervision

88152 with manual screening and computer-assisted rescreening under physician supervision

88155 Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation

|             |  |
|-------------|--|
| 88160-88162 | Cytopathology, smears, any other source; preparation, screening and interpretation   |
| 88164-88167 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and review under physician supervision |
| 88172       | Cytopathology, evaluation of fine needle aspirate  |
| 88173       | interpretation and report  |
| 88174-88175 | Cytopathology, cervical or vaginal (any reporting system)  |

**Va. Code Section 38.2-3418.2: Procedures Involving Bones and Joints**

ICD Codes

|                |  |
|----------------|--|
| 524.6 - 524.69 | Temporomandibular joint disorders        |
| 719            | Other and unspecified disorders of joint |

CPT Codes

|             |  |
|-------------|--|
| 20605       | intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) |
| 21010       | Arthrotomy, temporomandibular joint  |
| 21050       | Condylectomy, temporomandibular joint  |
| 21060       | Meniscectomy, partial or complete, temporomandibular joint   |
| 21070       | Coronoidectomy   |
| 21073       | Manipulation temporomandibular joint, therapeutic, requiring anesthesia  |
| 21116       | Injection procedure for temporomandibular joint arthrography   |
| 21125       | Augmentation, mandibular body or angle; prosthetic material  |
| 21127       | with bone graft, onlay or interpositional  |
| 21141-21160 | Reconstruction midface   |
| 21172-21184 | Reconstruction forehead  |

|       |   |
|-------|---|
| 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft      |
| 21194 | with bone graft   |
| 21195 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation.     |
| 21196 | with internal rigid fixation  |
| 21198 | Osteotomy, mandible, segmental  |
| 21206 | Osteotomy, maxilla, segmental   |
| 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)               |
| 21209 | reduction   |
| 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)                             |
| 21215 | mandible (includes obtaining graft)   |
| 21240 | Arthroplasty, temporomandibular joint, with or without autograft                                    |
| 21242 | Arthroplasty, temporomandibular joint, with allograft   |
| 21243 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement                            |
| 21244 | Reconstruction of mandible, extraoral, with transosteal bone plate                                  |
| 21245 | Reconstruction of mandible or maxilla, subperiosteal implant; partial                               |
| 21246 | complete  |
| 21247 | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) |
| 21480 | Closed treatment of temporomandibular dislocation; initial or subsequent                            |
| 21485 | complicated, initial or subsequent  |
| 21490 | Open treatment of temporomandibular dislocation   |
| 29800 | Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy                   |

|       |  |
|-------|--|
| 29804 | Arthroscopy, temporomandibular joint, surgical                                     |
| 69535 | Resection temporal bone, external approach   |
| 70100 | Radiologic examination, mandible; partial, less than four views                    |
| 70110 | complete, minimum of four views  |
| 70250 | Radiologic examination, skull; less than four views                                |
| 70260 | complete, minimum of four views  |
| 70328 | Radiologic examination, temporomandibular joint, open and closed mouth; unilateral |
| 70330 | bilateral  |
| 70332 | Temporomandibular joint arthrography, radiological supervision and interpretation  |
| 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)                |
| 70486 | Computed tomography, maxillofacial area; without contrast material                 |
| 70487 | with contrast material(s)  |
| 70488 | without contrast material, followed by contrast material(s) and further sections   |

**Va. Code Section 38.2-3418.3: Hemophilia, Congenital Bleeding Disorders**

ICD Codes

|             |  |
|-------------|--|
| 286.0-286.9 | Coagulation defects                      |
| 287.0-287.9 | Purpura and other hemorrhagic conditions |

CPT Codes

|       |   |
|-------|---|
| 85170 | Clot retraction                               |
| 85175 | Clot lysis time, whole blood dilution         |
| 85210 | Clotting; factor II, prothrombin, specific    |
| 85220 | factor V (AcG or proaccelerin), labile factor |

85230 factor VII (proconvertin, stable factor)  
85240 factor VIII (AHG), one stage  
85244 factor VIII related antigen  
85245 factor VIII, VW factor, ristocetin cofactor  
85246 factor VIII, VW factor antigen  
85247 factor VIII, von Willebrands factor, multimetric analysis  
85250 factor IX (PTC or Christmas)  
85260 factor X (Stuart-Prower)  
85270 factor XI (PTA)  
85280 factor XII (Hageman)  
85290 factor XIII (fibrin stabilizing)  
85291 factor XIII (fibrin stabilizing), screen solubility  
85292 prekallikrein assay (Fletcher factor assay)  
85293 high molecular weight kininogen assay (Fitzgerald factor assay)  
85300 Clotting inhibitors or anticoagulants; antithrombin III, activity  
85301 antithrombin III, antigen assay  
85302 protein C, antigen  
85303 protein C, activity  
85305 protein S, total  
85306 protein S, free  
85335 Factor inhibitor test  
85337 Thrombomodulin  
85345 Coagulation time; Lee and White

85347                    activated

85348                    other methods

85360                    Euglobulin lysis

85362                    Fibrin (ogen) degradation (split) products (FDP)(FSP); agglutination  
slide, semiquantitative

85366                    paracoagulation

85370                    quantitative

85378                    Fibrin degradation products, D-dimer; qualitative or semiquantitative

85379                    quantitative

85384                    Fibrinogen; activity

85385                    antigen

85390                    Fibrinolysins or coagulopathy screen, interpretation and report

85396                    Coagulation/fibrinolysis assay, whole blood, including use of any  
pharmacologic additive(s), including interpretation and written report,  
per day

85400                    Fibrinolytic factors and inhibitors; plasmin

85410                    alpha-2 antiplasmin

85415                    plasminogen activator

85420                    plasminogen, except antigenic assay

85421                    plasminogen, antigenic assay

85441                    Heinz bodies; direct

85445                    induced, acetyl phenylhydrazine

85460                    Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential  
lysis (Kleihauer-Betke)

85461                    rosette

|       |  |
|-------|--|
| 85475 | Hemolysin, acid  |
| 85520 | Heparin assay  |
| 85525 | Heparin neutralization   |
| 85530 | Heparin-protamine tolerance test   |
| 85536 | Iron stain, peripheral blood   |
| 85540 | Leukocyte alkaline phosphatase with count                                  |
| 85547 | Mechanical fragility, RBC  |
| 85549 | Muramidase   |
| 85555 | Osmotic fragility, RBC; unincubated  |
| 85557 | incubated  |
| 85576 | Platelet; aggregation (in vitro), each agent                               |
| 85008 | blood smear, microscopic examination without manual differential WBC count |
| 85032 | Blood count; manual cell count   |
| 85049 | platelet, automated  |
| 85597 | Platelet neutralization  |
| 85610 | Prothrombin time;  |
| 85611 | substitution, plasma fractions, each                                       |
| 85651 | Sedimentation rate, erythrocyte; non-automated                             |
| 85652 | automated  |
| 85670 | Thrombin time; plasma  |
| 85675 | titer  |
| 85705 | Thromboplastin inhibition; tissue  |
| 85730 | Thromboplastin time, partial (PTT); plasma or whole blood                  |

|             |   |
|-------------|---|
| 85732       | substitution, plasma fractions, each          |
| 85810       | Viscosity                                     |
| 85999       | Unlisted hematology and coagulation procedure |
| 99601-99602 | Home infusion procedures                      |

**Va. Code Section 38.2-3418.4: Reconstructive Breast Surgery**

ICD Codes

|        |  |
|--------|--|
| V50.1  | Other plastic surgery for unacceptable cosmetic appearance<br>(Breast augmentation or reduction) |
| V50.41 | Prophylactic organ removal (breast)  |
| V52.4  | Breast prosthesis and implant  |
| 457.0  | Postmastectomy lymphedema syndrome   |

CPT Codes

|       |   |
|-------|---|
| 19316 | Mastopexy   |
| 19318 | Reduction mammoplasty   |
| 19324 | Mammoplasty, augmentation; without prosthetic implant   |
| 19325 | with prosthetic implant   |
| 19340 | Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction     |
| 19342 | Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction       |
| 19350 | Nipple/areola reconstruction  |
| 19357 | Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion |
| 19361 | Breast reconstruction with latissimus dorsi flap, without prosthetic implant                      |

|       |   |
|-------|---|
| 19364 | Breast reconstruction with free flap  |
| 19366 | Breast reconstruction with other technique  |
| 19367 | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; |
| 19368 | with microvascular anastomosis (supercharging)  |
| 19369 | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site  |
| 19370 | Open periprosthetic capsulotomy, breast   |
| 19371 | Periprosthetic capsulectomy, breast   |
| 19380 | Revision of reconstructed breast  |
| 19396 | Preparation of moulage for custom breast implant  |
| 19499 | Unlisted procedure, breast  |

**Va. Code Section 38.2-3418.5: Early Intervention Services**

ICD Codes

|       |  |
|-------|--|
| V57   | Care involving use of rehabilitation procedures    |
| V57.0 | Breathing exercises                                |
| V57.1 | Other physical therapy                             |
| V57.2 | Occupational therapy and vocational rehabilitation |
| V57.3 | Speech therapy                                     |
| V57.8 | Other specified rehabilitation procedure           |
| 315.3 | Developmental speech or language disorder          |
| 315.4 | Developmental coordination disorder                |
| 315.5 | Mixed development disorder                         |
| 315.8 | Other specified delays in development              |

|           |  |
|-----------|--|
| 315.9     | Unspecified delay in development   |
| 317-319   | Mental retardation   |
| CPT Codes |  |
| 92506     | Evaluation of speech, language, voice, communication, and/or auditory processing                     |
| 92507     | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual |
| 92508     | group, two or more individuals   |
| 97001     | Physical therapy evaluation  |
| 97002     | Physical therapy re-evaluation   |
| 97003     | Occupational therapy evaluation  |
| 97004     | Occupational therapy re-evaluation   |
| 97010     | Application of a modality to one or more areas; hot or cold packs                                    |
| 97012     | traction, mechanical   |
| 97014     | electrical stimulation (unattended)  |
| 97016     | vasopneumatic devices  |
| 97018     | paraffin bath  |
| 97022     | whirlpool  |
| 97024     | diathermy  |
| 97026     | infrared   |
| 97028     | ultraviolet  |
| 97032     | Electrical stimulation (manual)  |
| 97033     | iontophoresis  |
| 97034     | contrast baths   |
| 97035     | ultrasound   |

|              |   |
|--------------|---|
| 97036        | Hubbard tank  |
| 97039        | Unlisted modality                                   |
| 97110        | Therapeutic procedure                               |
| 97112        | neuromuscular reeducation                           |
| 97113        | aquatic therapy with therapeutic exercises          |
| 97116        | gait training                                       |
| 97124        | massage therapy                                     |
| 97139, 97799 | Unlisted therapeutic service or procedure (specify) |
| 97140        | Manual therapy techniques                           |
| 97150        | Group therapeutic procedures                        |
| 97530        | Therapeutic activities                              |
| 97532        | Development of cognitive skills                     |
| 97535        | Activities of daily living                          |
| 97537        | Community/work reintegration training               |
| 97542        | Wheelchair management                               |
| 97545-97546  | Work hardening/conditioning                         |
| 97750        | Physical performance test or measurement            |
| 97755        | Assistive technology assessment                     |
| 98925-98929  | Osteopathic manipulative treatment                  |

**Va. Code Section 38.2-3418.7: PSA Testing**

CPT Codes

|       |  |
|-------|--|
| 84152 | Prostate specific antigen (PSA); complexed |
| 84153 | total                                      |

84154 free  
86316 Immunoassay for tumor antigen

**Va. Code Section 38.2-3418.7:1: Colorectal Cancer Screening**

ICD Codes

V76.41 Rectal screening for malignant neoplasms  
V76.51 Colon screening for malignant neoplasms

CPT Codes

44388-44397 Colonoscopy through stoma; diagnostic  
45330-45345 Sigmoidoscopy, flexible; diagnostic  
45355 Colonoscopy, rigid or flexible  
45378-45385 Colonoscopy, flexible  
45999 Unlisted procedure, rectum  
74270 Radiologic examination, colon; barium enema  
74280 air contrast with specific high density barium  
82270 Blood, occult; collected specimens  
82271 other sources  
82274 Blood, occult; by fecal hemoglobin

**Va. Code Section 38.2-3418.8: Clinical Trials for Treatment Studies on Cancer**

ICD Code

V70.7 Examination of participant in clinical trial

**Va. Code Section 38.2-3418.9: Minimum Hospital Stay for Hysterectomy**

CPT Codes

58260-58294 Vaginal hysterectomy

58541-58554 Laparoscopy, surgical

**Va. Code Section 38.2-3418.10: Diabetes Equipment, Supplies, Outpatient Management**

ICD Codes

V53 Fitting and adjustment of other device

V65.3 Dietary surveillance and counseling

V65.4 Other counseling, not elsewhere classified

CPT Codes

99201-99205 Office or other outpatient services (new patient)

99241-99245 Office or other outpatient services (new or established patient)

99078 Diabetic instructions

**Va. Code Section 38.2-3418.11: Hospice Care**

ICD Code

V66.7 Hospice care (Encounter for palliative care)

CPT Code

99377 Physician supervision of a hospice patient

**Va. Code Section 38.2-3418.12: Hospitalization and Anesthesia for Dental Procedures**

CPT Codes

99100 Anesthesia for patient of extreme age, under 1 year and over 70

99143 Sedation services, under 5 years of age

99144-99150 Sedation services, age 5 years or older

|       |   |
|-------|---|
| 99234 | Observation or inpatient hospital care, low severity      |
| 99235 | Observation or inpatient hospital care, moderate severity |
| 99236 | Observation or inpatient hospital care, high severity     |

**Va. Code Section 38.2-3418.13: Treatment of Morbid Obesity**

CPT Codes

|       |   |
|-------|---|
| 43659 | Unlisted laparoscopy procedure, stomach   |
| 43842 | Gastric restrictive procedure, without gastric bypass; vertical-banded gastroplasty |
| 43843 | other than vertical-banded gastroplasty   |
| 43845 | Gastric restrictive procedure with partial gastrectomy                              |
| 43846 | Gastric restrictive procedure, with gastric bypass                                  |
| 43847 | with small intestine reconstruction to limit absorption                             |
| 43848 | Revision of gastric restrictive procedure   |

**Va. Code Section 38.2-3418.14: Lymphedema**

ICD Codes

|       |                                    |
|-------|------------------------------------|
| 457.0 | Postmastectomy lymphedema syndrome |
| 457.1 | Other lymphedema                   |
| 757.0 | Hereditary edema of legs           |

CPT Codes

|       |   |
|-------|---|
| 97124 | Massage, compression                    |
| 97140 | Manual therapy techniques, manipulation |
| 97535 | Self-care/home management training      |