

CPT and ICD-9-CM Codes

The codes provided are from the 2010 edition of CPT Plus and 2010 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

99468-99469 Inpatient neonatal critical care

99460-99464 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 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 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, intradermal

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, and/or auditory processing

92551 Screening test, pure tone, air only

92552	Pure tone audiometry (threshold); 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 parental child abuse
V61.23	Counseling for parent-biological child problem
V61.24	Counseling for parent-adopted child problem
V61.29	Other parent-child problems
V61.3	Problems with aged parents or in-laws
V61.41	Alcoholism in family
V61.42	Substance abuse in family
V61.8	Other specified family circumstances
V61.9	Unspecified family circumstance
V61.24	Counseling for parent-adopted child problem
V61.29	Other parent-child problems
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	Dementias
291	Alcohol-induced mental disorders
292	Drug induced mental disorders
293	Transient mental disorders due to conditions classified elsewhere
294	Persistent mental disorders due to conditions classified elsewhere
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 non-verbal 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 non-verbal 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 non-verbal 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 non-verbal 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 non-verbal 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 non-verbal 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 emotionality, intellectual abilities, personality and psychopathology)

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

294.8	Other persistent mental disorders due to conditions classified elsewhere
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 [e.g., rotation version] or instrumentation [forceps] of spontaneous, cephalic, vaginal, full-term, single, live born infant. This code
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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

630-679 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

99217-99239	Medical treatment of spontaneous complete abortion, any trimester
59812-59857	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, when performed
59899	Unlisted procedure, maternity care and delivery

Anesthesia

01958	Anesthesia for external cephalic version procedure
01960	Anesthesia for vaginal delivery only
01961	for cesarean delivery only
01962	for urgent hysterectomy following delivery
01963	for cesarean hysterectomy without any labor analgesia/anesthesia care
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery
01968	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia
01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia

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 Section 38.2-3414.1

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

Same codes as Obstetrical Services and any other appropriate 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
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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 Arthrocentesis, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)

20610 major joint or bursa (eg, shoulder, hip, knee, joint, subacromial 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)
21230-21235	Graft; face, chin, nose, ear
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)
21248	Reconstruction of mandible or maxilla
21480-21485	Closed treatment of temporomandibular dislocation
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
70100-70110	Radiologic examination, mandible; partial
70140-70150	Radiologic examination, facial bones
70250-70260	Radiologic examination, skull
70328-70330	Radiologic examination, temporomandibular joint, open and closed mouth
70332	Temporomandibular joint arthrography, radiological supervision and interpretation

70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70486-70488	Computed tomography, maxillofacial area

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

85002	Bleeding time
85004-85041	Blood count
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), 1 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, multimeric 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
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 (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-language 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, physical medicine/rehabilitation service or procedure
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

45378-45392	Colonoscopy, flexible
45999	Unlisted procedure, rectum
74270	Radiologic examination, colon; contrast (e.g., barium)
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
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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, 99148 Moderate sedation services, under 5 years of age

99144, 99149, 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

Va. Code Section 38.2-3418.15: Prosthetic Devices and Components

ICD Codes

V52 Fitting and adjustment of prosthetic device

V52.0 Artificial arm (complete) (partial)

V52.1 Artificial leg (complete) (partial)

V52.8 Other specified prosthetic device

V53 Fitting and adjustment of other device (removal and replacement)

CPT Codes

25441-25446 Arthroplasty with prosthetic replacement