CPT and ICD-9-CM Codes

The codes provided are from the 2014 edition of CPT Plus and 2014 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)

<table>
<thead>
<tr>
<th>ICD Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>520-529</td>
<td>Diseases of oral cavity, salivary glands, and jaws</td>
</tr>
</tbody>
</table>

**Va. Code Section 38.2-3411: Newborn Children**
(children less than 32 days old)

<table>
<thead>
<tr>
<th>ICD Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>740-759</td>
<td>Congenital anomalies</td>
</tr>
<tr>
<td>760-763</td>
<td>Maternal causes of perinatal morbidity and mortality</td>
</tr>
<tr>
<td>764-779</td>
<td>Other conditions originating in the perinatal period</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99460-99464</td>
<td>Newborn care in several different settings</td>
</tr>
<tr>
<td>99468-99469</td>
<td>Inpatient neonatal critical care</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ICD Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V70.5</td>
<td>Health examination of defined subpopulations, children</td>
</tr>
</tbody>
</table>

**Note:** See Codes below for immunization and laboratory tests
**Va. Code Section 38.2-3411.3: Childhood Immunizations**

<table>
<thead>
<tr>
<th>ICD Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V03.5</td>
<td>Diphtheria alone</td>
</tr>
<tr>
<td>V03.6</td>
<td>Pertussis alone</td>
</tr>
<tr>
<td>V03.7</td>
<td>Tetanus toxoid alone</td>
</tr>
<tr>
<td>V03.8</td>
<td>Other specified vaccinations against single bacterial diseases</td>
</tr>
<tr>
<td>V04.0</td>
<td>Poliomyelitis</td>
</tr>
</tbody>
</table>
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)
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 screening, with interpretation and report, per standardized instrument form
96111  Developmental testing, 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 semi-quantitative
84030  Phenylalanine (PKU), blood
86480  Tuberculosis test, cell mediated immunity measurement
86481  enumeration of gamma interferon-producing T-cells
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
<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92502</td>
<td>Otolaryngologic examination under general anesthesia</td>
</tr>
<tr>
<td>92521-92522</td>
<td>Evaluation of speech fluency and speech sound production</td>
</tr>
<tr>
<td>92551</td>
<td>Screening test, pure tone, air only</td>
</tr>
<tr>
<td>92552</td>
<td>Pure tone audiometry (threshold); air only</td>
</tr>
<tr>
<td>92553</td>
<td>Pure tone audiometry (threshold); air and bone</td>
</tr>
<tr>
<td>92555</td>
<td>Speech audiometry threshold;</td>
</tr>
<tr>
<td>92556</td>
<td>with speech recognition</td>
</tr>
<tr>
<td>92557</td>
<td>Comprehensive audiometry threshold evaluation and speech recognition</td>
</tr>
<tr>
<td>92558</td>
<td>Evoked otoacoustic emissions, screening, automated analysis</td>
</tr>
<tr>
<td>92559</td>
<td>Audiometric testing of groups</td>
</tr>
<tr>
<td>92560</td>
<td>Bekesy audiometry; screening</td>
</tr>
<tr>
<td>92561</td>
<td>diagnostic</td>
</tr>
<tr>
<td>92562</td>
<td>Loudness balance test, alternate binaural or monaural</td>
</tr>
<tr>
<td>92563</td>
<td>Tone decay test</td>
</tr>
<tr>
<td>92564</td>
<td>Short increment sensitivity index (SISI)</td>
</tr>
<tr>
<td>92565</td>
<td>Stenger test, pure tone</td>
</tr>
<tr>
<td>92567</td>
<td>Tympanometry (impedance testing)</td>
</tr>
<tr>
<td>92568</td>
<td>Acoustic reflex testing; threshold</td>
</tr>
<tr>
<td>92575</td>
<td>Sensorineural acuity level test</td>
</tr>
<tr>
<td>92584</td>
<td>Electrocochleography</td>
</tr>
<tr>
<td>92585</td>
<td>Auditory evoked potentials for evoked response audiometry</td>
</tr>
<tr>
<td>92586</td>
<td>limited</td>
</tr>
<tr>
<td>92587</td>
<td>Evoked otoacoustic emissions</td>
</tr>
<tr>
<td>92588</td>
<td>comprehensive or diagnostic evaluation</td>
</tr>
<tr>
<td>92620</td>
<td>Evaluation of central auditory function, with report; initial 60 minutes</td>
</tr>
<tr>
<td>92621</td>
<td>each additional 15 minutes</td>
</tr>
<tr>
<td>92700</td>
<td>Unlisted otorhinolaryngological service or procedure</td>
</tr>
</tbody>
</table>
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 Intellectual disabilities

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
90791 Psychiatric diagnostic evaluation
90792 Psychiatric diagnostic evaluation with medical services
90832-90833 Psychotherapy, 30 minutes
90834, 90836 Psychotherapy, 45 minutes
90837-90838 Psychotherapy, 60 minutes
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)
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
90863 Pharmacologic management, including prescription and review of medication
90865 Narcosynthesis for psychiatric diagnostic and therapeutic purposes
90867 Therapeutic repetitive transcranial magnetic stimulation treatment; initial delivery and management
90870  Electroconvulsive therapy
90880  Hypnotherapy
90882  Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885  Psychiatric evaluation of hospital records
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 individuals, 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
- 80104  Multiple drug classes

*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
296.2-296.3 Major depressive disorder
296.4-296.7 Bipolar I 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 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>59200</td>
<td>Insertion of cervical dilator</td>
</tr>
</tbody>
</table>
Repair
59300  Episiotomy or vaginal repair, by other than attending physician
59320  Cerclage of cervix, during pregnancy; vaginal
        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
        including postpartum care
59410  External cephalic version, with or without tocolysis
59412  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;
        including postpartum care
59525  Subtotal or total hysterectomy after cesarean delivery
59620  Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
        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
Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery; including postpartum care

Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; 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 Code

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)

88177  immediate cytohistologic study

**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 Arthrotenomy, 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, 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
prekallikrein assay (Fletcher factor assay)
high molecular weight kininogen assay (Fitzgerald factor assay)
Clotting inhibitors or anticoagulants; antithrombin III, activity
antithrombin III, antigen assay
protein C, antigen
protein C, activity
protein S, total
protein S, free
Factor inhibitor test
Thrombomodulin
Coagulation time; Lee and White
activated
other methods
Euglobulin lysis
Fibrin (ogen) degradation (split) products (FDP)(FSP); agglutination slide, semiquantitative
paracoagulation
quantitative
Fibrin degradation products, D-dimer; qualitative or semiquantitative
quantitative
Fibrinogen; activity
antigen
Fibrinolysins or coagulopathy screen, interpretation and report
Coagulation/fibrinolysis assay, whole blood, including use of any pharmacologic additive(s), including interpretation and written report, per day
Fibrinolytic factors and inhibitors; plasmin
alpha-2 antiplasmin
plasminogen activator
plasminogen, except antigenic assay
plasminogen, antigenic assay
Heinz bodies; direct
induced, acetyl phenylhydrazine
Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
rosette
Hemolysin, acid
Heparin assay
Heparin neutralization
Heparin-protamine tolerance test
Iron stain, peripheral blood
Leukocyte alkaline phosphatase with count
Mechanical fragility, RBC
Muramidase
Osmotic fragility, RBC; unincubated
incubated
Platelet; aggregation (in vitro), each agent
Phospholipid neutralization; platelet
hexagonal phospholipid
Prothrombin time;
substitution, plasma fractions, each
Sedimentation rate, erythrocyte; non-automated
automated
Thrombin time; plasma
titer
Thromboplastin inhibition; tissue
Thromboplastin time, partial (PTT); plasma or whole blood
substitution, plasma fractions, each
Viscosity
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 mammaplasty
19324 Mammaplasty, 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** Intellectual disabilities

**CPT Codes**

- **92521-92522** Evaluation of speech fluency and speech sound production
- **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
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
Va. Code Section 38.2-3418.16: Telemedicine Services

CPT Codes
93268-93272 Telemedicine transmission of post-symptom electrocardiography rhythm strips
93293 Transtelphoneic rhythm strip pacemaker
90791-90792 Psychiatric diagnostic interview examination
90832-90838 Individual psychotherapy
90863 Pharmacologic management
96116 Neurobehavioral status examination
96150-96152 Health and behavior assessment and intervention
97802-97803 Individual medical nutrition therapy
99201-99215 Office or other outpatient visits
99251-99255 Inpatient consultations
99281-99285 Emergency department services
98969, 99444 Online internet assessment and management
99090 Analysis of clinical data stored in computers
99091 Collection and interpretation of physiologic data

Va. Code Section 38.2-3418.17: Autism Spectrum Disorder

ICD Codes
299.0 Autistic disorder
299.8 Other specified pervasive developmental disorders
299.9 Unspecified pervasive developmental disorder
94.33 Behavioral therapy

CPT Codes
90791 Psychiatric diagnostic interview examination
90832-90838 Individual psychotherapy
92521-92522 Evaluation of speech fluency and speech sound production
92507 Treatment of speech
96101-96103 Psychological testing
96110 Developmental screening
96111 Developmental testing
96116 Neurobehavioral status exam
96118-96120 Neuropsychological testing
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