

## Select Diagnoses and Procedures Pre-certification List

Effective January 1, 2012

FOR ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES MEDICAL ASSISTANCE RECIPIENTS

Bolded procedure codes indicate these have been added to the Qualis Health pre-authorization list January 1, 2012

### DIAGNOSES

• All diagnoses on this list require pre-certification • All inpatient continued stays exceeding 3 days require certification • All long term acute care (LTAC) admissions require pre-certification

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
006.1		Chronic intestinal amebiasis without mention of abscess, Chronic: amebiasis, amebic dysenter	x	
008.61		Rotavirus	x	
008.62		Adenovirus	x	
008.63		Norwalk virus Norovirus Norwalk-like agent	x	
008.64		Other small round viruses [SRVs] Small round virus NOS	x	
008.65		Calicivirus	x	
008.66		Astrovirus	x	
008.67		Enterovirus NEC Coxsackie virus Echovirus Excludes: poliovirus (045.0-045.9)	x	
008.69		Other viral enteritis Torovirus	x	
008.8		Food poisoning, unspecified	x	
009.0		Infectious colitis, enteritis, and gastroenteritis Colitis (septic) Dysentery: NOS catarrhal hemorrhagic Enteritis (septic) Gastroenteritis (septic)	x	

## DIAGNOSES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
009.1		Colitis, enteritis, and gastroenteritis of presumed infectious origin Excludes: colitis NOS (558.9) enteritis NOS (558.9) gastroenteritis NOS (558.9)	x	
009.3		Diarrhea of presumed infectious origin Excludes: diarrhea NOS (787.91)	x	
291.0		Alcohol withdrawal delirium, Alcoholic delirium, Delirium tremens, Excludes: alcohol withdrawal (291.81)	x	
291.1		Alcohol-induced persisting amnesic disorder Alcoholic polyneuritic psychosis Korsakoff's psychosis, alcoholic Wernicke-Korsakoff syndrome (alcoholic)	x	
291.2		Alcohol-induced persisting dementia Alcoholic dementia NOS Alcoholism associated with dementia NOS Chronic alcoholic brain syndrome	x	
291.3		Alcohol-induced psychotic disorder with hallucinations, Alcoholic: hallucinosis (acute) psychosis with hallucinosis	x	
291.4		Idiosyncratic alcohol intoxication, Pathologic: alcohol intoxication, drunkenness	x	
291.5		Alcohol-induced psychotic disorder with delusions Alcoholic: paranoia psychosis, paranoid type	x	
291.81		Alcohol withdrawal Alcohol: abstinence syndrome or symptoms withdrawal syndrome or symptoms	x	
291.82		Alcohol induced sleep disorders, Alcohol induced circadian rhythm sleep disorders, Alcohol induced hypersomnia, Alcohol induced insomnia Alcohol induced parasomnia	x	
291.89		Other, Alcohol-induced anxiety disorder, Alcohol-induced mood disorder, Alcohol-induced sexual dysfunction	x	
291.9		Unspecified alcohol-induced mental disorders Alcoholic: mania NOS, psychosis NOS, Alcoholism (chronic) with psychosis, Alcohol-related disorder NOS	x	
292.0		Drug withdrawal, Drug: abstinence syndrome or symptoms, withdrawal syndrome or symptoms	x	
292.1		Drug-induced psychotic disorder	x	

## DIAGNOSES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
292.11		Drug-induced psychotic disorder with delusions Paranoid state induced by drugs	x	
292.12		Drug-induced psychotic disorder with hallucinations Hallucinatory state induced by drugs	x	
292.2		Pathological drug intoxication, Drug reaction resulting in brief psychotic states, NOS, idiosyncratic, pathologic	x	
292.81		Drug-induced delirium	x	
292.82		Drug-induced persisting dementia	x	
292.83		Drug-induced persisting amnesic disorder	x	
292.84		Drug-induced mood disorder Depressive state induced by drugs	x	
292.85		Drug induced sleep disorders, Drug induced circadian rhythm sleep disorder, Drug induced hypersomnia, Drug induced insomnia Drug induced parasomnia	x	
292.89		Other, Drug-induced anxiety disorder, Drug-induced organic personality syndrome, Drug-induced sexual dysfunction, Drug intoxication	x	
292.9		Unspecified drug-induced mental disorder Drug-related disorder NOS, Organic psychosis NOS due to or associated with drugs	x	
293		Transient mental disorders due to conditions classified elsewhere	x	
293.0		Delirium due to conditions classified elsewhere Acute: confusional state, infective psychosis, organic reaction, posttraumatic organic psychosis psycho-organic syndrome, Acute psychosis associated with endocrine, metabolic, or cerebrovascular disorder. Epileptic: confusional state, twilight state	x	
293.1		Subacute delirium Subacute:confusional state infective psychosis, organic reaction, posttraumatic, organic psychosis, psycho- organic syndrome, psychosis associated with endocrine or metabolic disorder	x	
293.8		Other specified transient mental disorders due to conditions classified elsewhere	x	
293.81		Psychotic disorder with delusions in conditions classified elsewhere, Transient organic psychotic condition, paranoid type	x	
293.82		Psychotic disorder with hallucinations in conditions classified elsewhere, Transient organic psychotic condition, hallucinatory type	x	

## DIAGNOSES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
293.83		Mood disorder in conditions classified elsewhere. Transient organic psychotic condition, depressive type	x	
293.84		Anxiety disorder in conditions classified elsewhere	x	
293.89		Other, Catatonic disorder in conditions classified elsewhere	x	
293.9		Unspecified transient mental disorder in conditions classified elsewhere Organic psychosis:infective NOS, posttraumatic NOS, transient NOS Psycho-organic syndrome	x	
294		Persistent mental disorders due to conditions classified elsewhere	x	
294.0		Amnestic disorder in conditions classified elsewhere Korsakoff's psychosis or syndrome (nonalcoholic)	x	
294.1		Dementia in conditions classified elsewhere Dementia of the Alzheimer's type	x	
294.11		Dementia in conditions classified elsewhere with behavioral disturbance, Aggressive behavior, Combative behavior, Violent behavior, Wandering off	x	
294.8		Other persistent mental disorders due to conditions classified elsewhere. Amnestic disorder NOS, Dementia NOS, Epileptic psychosis NOS Mixed paranoid and affective organic psychotic states	x	
294.9		Unspecified persistent mental disorders due to conditions classified elsewhere Cognitive disorder NOS Organic psychosis (chronic)	x	
295.0-295.9	[0-5]	Schizophrenic disorders	x	
296.0-296.9	[0-6]	Episodic mood disorders	x	
297.0-297.9		Delusional disorders	x	
298.0-297.9		Other nonorganic psychoses	x	
299.0-299.9	[0-1]	Persuasive developmental disorders	x	
300.0-300.9		Anxiety, dissociative and somatoform disorders	x	
301.0-301.9		Personality disorders	x	
302.0-302.9		Sexual and gender identity disorders	x	
303.0-303.9	[0-3]	Alcohol dependence syndrome	x	
304.0-304.9	[0-3]	Drug dependence	x	

## DIAGNOSES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
305.0-305.9 [0-3]		Nondependent abuse of drugs	x	
306.0-306.9		Physiological malfunction arising from mental factors	x	
307.0-307.49		Special symptoms or syndromes, not elsewhere classified: adult onset fluency disorder, anorexia, tics, sleep disorders	x	
307.5		Other and unspecified disorders of eating	x	
307.50-307.59		Other and unspecified disorders of eating (bulimia. Pica, rumination disorder, psychogenic vomiting, infancy feeding disorder, loss of appetite non organic origin) Excludes: anorexia	x	
307.6		Enuresis	x	
307.8		Pain disorders related to psychological factors, psychogenic pain, headache	x	
307.9		Other and unspecified special symptoms or syndromes, not elsewhere classified Communication disorder NOS Hair plucking, Lalling, Lispering, Masturbation, Nail-biting, Thumb-sucking	x	
309-309.9		Adjustment reaction	x	
310-310.9		Specific nonpsychotic mental disorders due to brain damage	x	
311		Depressive disorder, not elsewhere classified	x	
312-312.9 [0-3]		Disturbance of conduct, not elsewhere classified	x	
313-313.9		Disturbance of emotions specific to childhood and adolescence	x	
314-314.9		Hyperkinetic syndrome of childhood	x	
315-315.9		Specific delays in development	x	
316		Psychic factors associated with diseases classified elsewhere	x	
For all Pneumonia, Bronchitis, and Bronchiolitis diagnoses, children under the age of five are excluded from pre-certification, however continued stay review is required after day 3 as are all hospital stays.				
466.0		Acute bronchitis	x	
466.1		Acute bronchiolitis	x	
466.11		Acute bronchiolitis due to respiratory syncytial virus (RSV)	x	
466.19		Acute bronchiolitis due to other infectious organisms	x	
480.9		Viral pneumonia, unspecified	x	
481		Pneumococcal pneumonia /Lobular pneumonia	x	
482		Other bacterial pneumonia	x	
482.0		Pneumonia due to Klebsiella pneumoniae	x	

## DIAGNOSES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
482.1		Pneumonia due to Pseudomonas	x	
482.2		Pneumonia due to Hemophilus influenzae [H. influenzae]	x	
482.3		Pneumonia due to Streptococcus	x	
482.30		Streptococcus, unspecified	x	
482.31		Group A	x	
482.32		Group B	x	
482.39		Other Streptococcus	x	
482.4		Pneumonia due to Staphylococcus	x	
482.40		Pneumonia due to Staphylococcus, unspecified	x	
482.41		Methicillin susceptible pneumonia due to Staphylococcus aureus, MSSA pneumonia, Pneumonia due to Staphylococcus aureus NOS	x	
482.42		Methicillin resistant pneumonia due to Staphylococcus aureus	x	
482.49		Other Staphylococcus pneumonia	x	
482.8		Pneumonia due to other specified bacteria	x	
482.81		Pneumonia-Anaerobes	x	
482.82		Escherichia coli [E. coli]	x	
482.83		Other gram-negative bacteria	x	
482.84		Legionnaires' disease	x	
482.89		Other specified bacteria	x	
482.9		Bacterial pneumonia unspecified	x	
483		Pneumonia due to other specified bacteria	x	
483.0		Mycoplasma pneumoniae	x	
483.1		Chlamydia	x	
483.8		Other specified organism	x	
484		Pneumonia in infectious diseases classified elsewhere	x	
484.1		Pneumonia in cytomegalic inclusion disease	x	
484.3		Pneumonia in whooping cough	x	
484.5		Pneumonia in anthrax	x	
484.6		Pneumonia in aspergillosis	x	
484.7		Pneumonia in other systemic mycoses	x	
484.8		Pneumonia in other infectious diseases classified elsewhere	x	
485		Bronchopneumonia, organism unspecified	x	
486		Pneumonia, organism unspecified	x	
558.1		Gastroenteritis and colitis due to radiation Radiation enterocolitis	x	
558.3		Allergic gastroenteritis and colitis	x	

## DIAGNOSES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
558.9		Other and unspecified noninfectious gastroenteritis and colitis, Colitis, NOS, dietetic, or noninfectious Enteritis, NOS, dietetic, or noninfectious Gastroenteritis, NOS, dietetic, or noninfectious Ileitis, NOS, dietetic or noninfectious Jejunitis, NOS, dietetic, or noninfectious Sigmoiditis, NOS, dietetic, or noninfectious	x	
564.9		Unspecified functional disorder of intestine	x	
569.9		Unspecified disorder of intestine	x	
682.0		Cellulitis-Face	x	
682.1		Cellulitis-Neck	x	
682.2		Cellulitis-Trunk	x	
682.3		Cellulitis-Upper Arm /Forearm	x	
682.4		Cellulitis-Hand	x	
682.5		Cellulitis-Buttock	x	
682.6		Cellulitis-Leg, except foot	x	
682.7		Cellulitis-Foot, except toes	x	
682.8		Cellulitis-Other specified sites Head [except face] Scalp	x	
682.9		Cellulitis-Unspecified site	x	
V57		Care involving use of Rehabilitation Procedures	x	
V57.0		Breathing exercises	x	
V57.1		Other physical therapy	x	
V57.21		Encounter for occupational therapy	x	
V57.22		Encounter for vocational therapy	x	
V57.3		Speech-language therapy	x	
V57.4		Orthoptic training	x	
V57.81		Orthotic training	x	
V57.89		Other multiple training or therapy	x	
V57.9		Unspecified rehabilitation procedure	x	

## PROCEDURES

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ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
00.70	27132, 27134	Revision of hip replacement, both acetabular and femoral components Total hip revision	x	
00.71	27137	Revision of hip replacement, acetabular component. Partial, acetabular component only. That with: exchange of acetabular cup and liner exchange of femoral head	x	
00.72	27138	Revision of hip replacement, femoral component. Partial, femoral component only. That with: exchange of acetabular liner exchange of femoral stem and head	x	
00.73	27132, 27134, 27137, 27138	Revision of hip replacement, acetabular liner and/or femoral head only	x	
00.74	27125, 27130, 27132, 27134, 27137, 27138, 27236	Hip bearing surface, metal-on-polyethylene	x	
00.75	27125, 27130, 27132, 27134, 27137, 27138, 27236	Hip bearing surface, metal-on-metal	x	
00.76	27125, 27130, 27132, 27134, 27137, 27138, 27236	Hip bearing surface, ceramic-on-ceramic	x	
00.77	27125, 27130, 27132, 27134, 27137, 27138, 27236	Hip bearing surface, ceramic-on-polyethylene	x	
00.85	27299	Resurfacing hip, total, acetabulum and femoral head Hip resurfacing arthroplasty, total	x	
00.86	27299	Resurfacing hip, partial, femoral head Hip resurfacing arthroplasty, NOS Hip resurfacing arthroplasty, partial, femoral head	x	
00.87	27299	Resurfacing hip, partial, acetabulum Hip resurfacing arthroplasty, partial, acetabulum	x	
01.20	61885, 61886, 61888	Cranial implantation or replacement of neurostimulator pulse generator	x	
03.02	22830, 63040, 63042, 63043, 63044	Reopening of laminectomy site	x	x

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
03.09	22100, 22101, 22102, 22103, 61343, 61575, 61576, 62272, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63045, 63046, 63047, 63048, 63050, 63055, 63056, 63057, 63064, 63066, 63172, 63173 <b>0274T, 0275T</b>	Other exploration and decompression of spinal canal Decompression: laminectomy laminotomy Expansile laminoplasty Exploration of spinal nerve root Foraminotomy	x	x
03.1	63185, 63190	Division of intraspinal nerve root Rhizotomy	x	x
03.93	63650, 63655, 63663, 63664	Implantation or replacement of spinal neurostimulator lead(s)		
04.92	0155T, 0157T, 43647, 43648, 43881, 43882, 64553, 64555, 64560, 64561, 64565, 64568, 64569, 64575, 64577, 64580, 64581, 64585	Implantation or replacement of peripheral neurostimulator lead(s)	x	x
<b>XX.XX - A corresponding ICD-9 code has not been established</b>	<b>0278T</b>	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	x	x
<b>XX.XX - A corresponding ICD-9 code has not been established</b>	<b>0282T</b>	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion	x	x
<b>XX.XX - A corresponding ICD-9 code has not been established</b>	<b>0283T</b>	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical thoracic or lumbar; permanent, with implantation of a pulse generator	x	x
<b>XX.XX - A corresponding ICD-9 code has not been established</b>	<b>0284T</b>	Revision or removal of pulse generator or electrodes, including addition of new electrodes, when performed	x	x
<b>XX.XX - A corresponding ICD-9 code has not been established</b>	<b>0285T</b>	Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed	x	x

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
20.95	69710	Implantation electromagnetic hearing device	x	x
20.96	69930	Implantation or replacement of cochlear prosthetic device, not otherwise specified	x	x
20.97	69930	Implantation or replacement of cochlear prosthetic device, single channel	x	x
20.98	69714, 69715, 69717, 69718, 69930	Implantation or replacement of cochlear prosthetic device, multiple channel	x	x
20.99	69711, 69799, 69949, 69979	Other operations on middle and inner ear Attachment of percutaneous abutment (screw) for prosthetic device Repair or removal of cochlear prosthetic device (receiver) (electrode)	x	x
37.52	0051T	Implantation of total internal biventricular heart replacement system Artificial heart	x	
37.53	0052T	Replacement or repair of thoracic unit of (total) replacement heart system	x	
37.54	0053T	Replacement or repair of other implantable component of (total) replacement heart system, Implantable battery, Implantable controller, Transcutaneous energy transfer [TET] device	x	
37.55	33999	Removal of internal biventricular heart replacement system. Explantation of artificial heart.	x	
37.60	33976	Implantation or insertion of biventricular external heart assist system	x	
37.61	33967, 33970, 33973	Implant of pulsation balloon	x	
37.62	92970	Insertion of temporary non-implantable extracorporeal circulatory assist device Insertion of heart assist system, NOS Insertion of heart pump	x	
37.63	33981, 33982, 33983, 33999	Repair of heart assist system Replacement of parts of an existing ventricular assist device (VAD)	x	
37.64	33971, 33974, 33977, 33978, 33780	Removal of external heart assist system(s) or device(s) Explantation of external device(s) providing left and right ventricular support Explantation of single external device and cannulae	x	
37.65	33975	Implant of single ventricular (extracorporeal) external heart assist system Insertion of one device into one ventricle Note: Device (outside the body but connected to heart) with external circulation and pump. Note: Insertion or implantation of one external VAD for left or right heart support. Includes: open chest (sternotomy) procedure for cannulae attachments	x	

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
39.81	0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	x	x
39.82	0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	x	x
39.83	0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	x	x
39.84	0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	x	x
39.85	0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	x	x
39.86	0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, programming, and repositioning, when performed)	x	x
40.23	19302	Excision of axillary lymph node	x	x
43.81	43632	Partial gastrectomy with jejunal transposition Henley jejunal transposition operation	x	
43.82	43775	Laparoscopic vertical (sleeve) gastrectomy	x	x
43.89	43633, 43634, 43775, 43845	Other Partial gastrectomy with bypass gastrogastrostomy Sleeve resection of stomach	x	x
44.31	43846, 43847	High gastric bypass	x	x
44.38	43644, 43645	Laparoscopic gastroenterostomy Bypass: gastroduodenostomy gastroenterostomy gastrogastrostomy Laparoscopic gastrojejunostomy without gastrectomy NEC	x	x
44.39	43810, 43820, 43825, 43846, 43847, 47721, 47741, 48547	Other gastroenterostomy Bypass: gastroduodenostomy gastroenterostomy gastrogastrostomy Gastrojejunostomy without gastrectomy NOS	x	x

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
44.68	43659	Laparoscopic gastroplasty Banding Silastic vertical banding Vertical banded gastroplasty (VBG)	x	x
44.95	43770	Laparoscopic gastric restrictive procedure Adjustable gastric band and port insertion	x	x
44.96	43771, 43773	Laparoscopic revision of gastric restrictive procedure Revision or replacement of: adjustable gastric band subcutaneous gastric port device	x	x
44.97	43772, 43774	Laparoscopic removal of gastric restrictive device(s) Removal of either or both: adjustable gastric band subcutaneous port device	x	x
44.98	43659	(Laparoscopic) adjustment of size of adjustable gastric restrictive device Infusion of saline for device tightening Withdrawal of saline for device loosening	x	x
45.91	43845, 44120, 44121, 44126, 44127,44128,44130, 44133, 44137, 44202, 44203, 44625	Small-to-small intestinal anastomosis	x	x
<b>** Hysterectomy: All Hysterectomies must have informed consent and meet the following criteria:</b> • Patient must be over 21 years of age • Patient must be mentally competent <a href="http://www.medicaidalaska.com/Downloads/Providers/AK_Form_Hysterectomy_Consent_Form.pdf">http://www.medicaidalaska.com/Downloads/Providers/AK_Form_Hysterectomy_Consent_Form.pdf</a>				
68.31**	58541, 58542, 58543, 58544, 58578	Laparoscopic supracervical hysterectomy [LSH] Classic infra fascial SEMM hysterectomy [CISH] Laparoscopically assisted supracervical hysterectomy [LASH]	x	x
68.39**	51925, 58180, 59136, 59525	Other and unspecified subtotal abdominal hysterectomy Supracervical hysterectomy	x	x
68.41**	58570, 58571, 58572, 58573, 58578	Laparoscopic total abdominal hysterectomy Total laparoscopic hysterectomy [TLH]	x	x
68.49**	51925, 58150, 58152, 58200, 58951, 58953, 58954, 58956, 59135, 59525	Other and unspecified total abdominal hysterectomy	x	x
68.51**	58550, 58552, 58553, 58554	Laparoscopically assisted vaginal hysterectomy (LAVH)	x	x
68.59**	58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58293, 58294	Other and unspecified vaginal hysterectomy	x	x
68.61**	58548, 58578	Laparoscopic radical abdominal hysterectomy Laparoscopic modified radical hysterectomy Total laparoscopic radical hysterectomy [TLRH]	x	x

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
68.69**	58210, 58953, 58954	Other and unspecified radical abdominal hysterectomy Modified radical hysterectomy Wertheim's operation	x	x
68.71**	58548, 58578	Laparoscopic radical vaginal hysterectomy [LRVH]	x	x
68.79**	58285	Other and unspecified radical vaginal hysterectomy. Hysterocolpectomy Schauta operation	x	x
68.8**	45126, 51597, 58240	Pelvic evisceration Removal of ovaries, tubes, uterus, vagina, bladder, and urethra (with removal of sigmoid colon and rectum)	x	x
68.9	XXXX - A corresponding CPT code has not been established	Other and unspecified hysterectomy Hysterectomy, NOS	x	x
78.5 [0-9]	22841, 22849	Internal fixation of bone without fracture reduction Internal fixation of bone (prophylactic) Reinsertion of internal fixation device Revision of displaced or broken fixation device	x	
80.50	XXXX - A corresponding CPT code has not been established	Excision or destruction of intervertebral disc, unspecified Unspecified as to excision or destruction	x	x
80.51	63020, 63030, 63035, 63040, 63042, 63043, 63044, 63075, 63076, 63077, 63078	Excision of intervertebral disc Discectomy Removal of herniated nucleus pulposus Level: cervical thoracic lumbar (lumbosacral) That by laminotomy or hemilaminectomy That with decompression of spinal nerve root at same level Requires additional code for any concomitant decompression of spinal nerve root at different level from excision site	x	x
81.00	22532, 22533, 22534, 22585, 22614	Spinal fusion, not otherwise specified	x	
81.01	22548, 22590, 22595, 22800, 22802, 22804, 22808, 22810, 22812	Atlas-axis spinal fusion Craniocervical fusion by anterior, transoral, or posterior technique C1-C2 fusion by anterior, transoral, or posterior technique Occiput C2 fusion by anterior, transoral, or posterior technique	x	x
81.02	22551, 22552, 22554, 22585, 22808, 22810, 22812	Other cervical fusion of the anterior column, anterior technique Arthrodesis of C2 level or below: anterior interbody fusion anterolateral technique	x	x

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
81.03	22600, 22614, 22800, 22802, 22804	Other cervical fusion of the posterior column, posterior technique Arthrodesis of C2 level or below, posterolateral technique	x	x
81.04	22532, 22556, 22585, 22808, 22810, 22812	Dorsal and dorsolumbar fusion of the anterior column, anterior technique Arthrodesis of thoracic or thoracolumbar region: anterior interbody fusion anterolateral technique Extracavitary technique	x	
81.05	22532, 22610, 22614, 22800, 22802, 22804	Dorsal and dorsolumbar fusion of the posterior column, posterior technique Arthrodesis of thoracic or thoracolumbar region, posterolateral technique	x	
81.06	0195T, 0196T, 22533, 22558, 22585, 22808, 22810, 22812, 27280	Lumbar and lumbosacral fusion of the anterior column, anterior technique Anterior lumbar interbody fusion (ALIF) Arthrodesis of lumbar or lumbosacral region: anterior interbody fusion anterolateral technique retroperitoneal transperitoneal Direct lateral interbody fusion [DLIF] Extreme lateral interbody fusion [XLIF]	x	
81.07	22533, 22612, 22614, 27280	Lumbar and lumbosacral fusion of the posterior column, posterior technique Facet fusion Posterolateral technique Transverse process technique	x	
81.08	22533, 22612, 22614, 22630, 22632, 22800, 22802, 22804, 27280	Lumbar and lumbosacral fusion of the anterior column, posterior technique Arthrodesis of lumbar or lumbosacral region, posterior interbody fusion Axial lumbar interbody fusion [AxiaLIF] Posterior lumbar interbody fusion (PLIF) Transforaminal lumbar interbody fusion (TLIF)	x	
81.30	22585, 22614, 22849	Refusion of spine, not otherwise specified	x	
81.31	22548, 22590, 22595, 22800, 22802, 22804, 22808, 22810, 22812, 22849	Refusion of atlas-axis spine Craniocervical fusion by anterior, transoral, or posterior technique C1-C2 fusion by anterior, transoral, or posterior technique Occiput C2 fusion by anterior, transoral, or posterior technique	x	
81.32	22551, 22552, 22554, 22585, 22808, 22810, 22812, 22849	Refusion of other cervical spine, anterior column, anterior technique Arthrodesis of C2 level or below: anterior interbody fusion anterolateral technique	x	

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
81.33	22600, 22614, 22800, 22802, 22804, 22849	Refusion of other cervical spine, posterior column, posterior technique Arthrodesis of C2 level or below, posterolateral technique	x	
81.34	22556, 22585, 22808, 22810, 22812, 22849	Refusion of dorsal and dorsolumbar spine, anterior column, anterior technique Arthrodesis of thoracic or thoracolumbar region: anterior interbody fusion anterolateral technique Extracavitary technique	x	
81.35	22610, 22614, 22800, 22802, 22804, 22849	Refusion of dorsal and dorsolumbar spine, posterior column, posterior technique Arthrodesis of thoracic or thoracolumbar region, posterolateral technique	x	
81.36	0195T, 0196T, 22558, 22585, 22808, 22810, 22812, 22849	Refusion of lumbar and lumbosacral spine, anterior column, anterior technique Anterior lumbar interbody fusion (ALIF) Arthrodesis of lumbar or lumbosacral region: anterior interbody fusion anterolateral technique retroperitoneal transperitoneal Direct lateral interbody fusion [DLIF] Extreme lateral interbody fusion [XLIF]	x	
81.37	22612, 22614, 22849, 27280	Refusion of lumbar and lumbosacral spine, posterior column, posterior technique Facet fusion Posterolateral technique Transverse process technique	x	
81.38	22612, 22614, 22630, 22632, 22800, 22802, 22804, 22849, 27280	Refusion of lumbar and lumbosacral spine, anterior column, posterior technique Arthrodesis of lumbar or lumbosacral region, posterior interbody fusion Axial lumbar interbody fusion [AxiaLIF] Posterior lumbar interbody fusion (PLIF) Transforaminal lumbar interbody fusion (TLIF)	x	
81.39	22849	Refusion of spine, not elsewhere classified	x	
81.51	27130, 27132	Total hip replacement Replacement of both femoral head and acetabulum by prosthesis Total reconstruction of hip	x	

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
81.52	27125, 27236	Partial hip replacement Bipolar endoprosthesis	x	
81.53	XXXX - A corresponding CPT code has not been established	Revision of hip replacement, not otherwise specified. Revision of hip replacement, not specified as to components(s) replaced, (acetabular, femoral or both)	x	
81.59	27703, 27899, 28899	Revision of joint replacement of lower extremity, not elsewhere classified	x	
81.62	22585, 22614, 22632, 22800, 22808	Fusion or refusion of 2-3 vertebrae	x	
81.63	22585, 22614, 22632, 22800, 22802, 22810, 22812	Fusion or refusion of 4- 8 vertebrae	x	
81.64	22585, 22614, 22632, 22802, 22804, 22812	Fusion or refusion of 9 or more vertebrae	x	
81.65	22520, 22521, 22522	Percutaneous vertebroplasty Injection of bone void filler (cement) (polymethylmethacrylate) (PMMA) into the diseased or fractured vertebral body	x	x
84.51	22851	Insertion of interbody spinal fusion device Insertion of: cages (carbon, ceramic, metal, plastic or titanium) interbody fusion cage synthetic cages or spacers threaded bone dowels	x	
84.52	XXXX - A corresponding CPT code has not been established	Insertion of recombinant bone morphogenetic protein rhBMP. That via collagen sponge, coral, ceramic and other carriers	x	
84.60	XXXX - A corresponding CPT code has not been established	Insertion of spinal disc prosthesis, not otherwise specified Replacement of spinal disc, NOS	x	x
84.61	63020, 63035, 63040, 63043, 63075, 63076, 64999	Insertion of partial spinal disc prosthesis, cervical Nuclear replacement device, cervical Partial artificial disc prosthesis (flexible), cervical Replacement of nuclear disc (nucleus pulposus), cervical	x	x
84.62	0092T, 22856	Insertion of total spinal disc prosthesis, cervical Replacement of cervical spinal disc, NOS Replacement of total spinal disc, cervical Total artificial disc prosthesis (flexible), cervical	x	x
84.63	63077, 63078, 64999	Insertion of spinal disc prosthesis, thoracic Artificial disc prosthesis (flexible), thoracic Replacement of thoracic spinal disc, partial or total	x	x

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
84.64	63077, 63078, 64999	Insertion of partial spinal disc prosthesis, lumbosacral Nuclear replacement device, lumbar Partial artificial disc prosthesis (flexible), lumbar Replacement of nuclear disc (nucleus pulposus), lumbar	x	x
84.65	0163T, 22857	Insertion of total spinal disc prosthesis, lumbosacral Replacement of lumbar spinal disc, NOS Replacement of total spinal disc, lumbar Total artificial disc prosthesis (flexible), lumbar	x	x
84.66	0095T, 0098T, 22861, 22864	Revision or replacement of artificial spinal disc prosthesis, cervical Removal of (partial) (total) spinal disc prosthesis with synchronous insertion of new (partial) (total) spinal disc prosthesis, cervical Repair of previously inserted spinal disc prosthesis, cervical	x	x
84.67	63077, 63078, 64999	Revision or replacement of artificial spinal disc prosthesis, thoracic Removal of (partial) (total) spinal disc prosthesis with synchronous insertion of new (partial) (total) spinal disc prosthesis, thoracic Repair of previously inserted spinal disc prosthesis, thoracic	x	x
84.68	0164T, 0165T, 22862, 22865	Revision or replacement of artificial spinal disc prosthesis, lumbosacral Removal of (partial) (total) spinal disc prosthesis with synchronous insertion of new (partial)(total) spinal disc prosthesis, lumbosacral Repair of previously inserted spinal disc prosthesis, lumbosacral	x	x
84.69	XXXX - A corresponding CPT code has not been established	Revision or replacement of artificial spinal disc prosthesis, not otherwise specified Removal of (partial) (total) spinal disc prosthesis with synchronous insertion of new (partial)(total) spinal disc prosthesis Repair of previously inserted spinal disc prosthesis	x	x
85.22	19301, 19302	Resection of quadrant of breast	x	x
85.23	19301, 19302	Subtotal mastectomy	x	x
85.31	19300, 19318	Unilateral reduction mammoplasty Unilateral: amputative mammoplasty size reduction mammoplasty	x	x

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
85.32	19300, 19318	Bilateral reduction mammoplasty Amputative mammoplasty Reduction mammoplasty (for gynecomastia)	x	x
85.33	19304	Unilateral subcutaneous mastectomy with synchronous implant	x	x
85.34	19304	Other unilateral subcutaneous mastectomy Removal of breast tissue with preservation of skin and nipple Subcutaneous mastectomy NOS	x	x
85.35	19304	Bilateral subcutaneous mastectomy with synchronous implant	x	x
85.36	19304	Other bilateral subcutaneous mastectomy	x	x
85.4	XXXX - A corresponding CPT code has not been established	Mastectomy	x	x
85.41	19303	Unilateral simple mastectomy Mastectomy: NOS	x	x
85.42	19303	Bilateral simple mastectomy	x	x
85.43	19307	Unilateral extended simple mastectomy Extended simple mastectomy NOS Modified radical mastectomy Simple mastectomy with excision of regional lymph nodes Unilateral extended simple mastectomy	x	x
85.44	19307	Bilateral extended simple mastectomy	x	x
85.45	19305	Unilateral radical mastectomy Excision of breast, pectoral muscles, and regional lymph nodes [axillary, clavicular, supraclavicular] Radical mastectomy NOS	x	x
85.46	19305	Bilateral radical mastectomy	x	x
85.47	19306	Unilateral extended radical mastectomy Excision of breast, muscles, and lymph nodes [axillary, clavicular, supraclavicular, internal mammary, and mediastinal] Extended radical mastectomy NOS	x	x
85.48	19306	Bilateral extended radical mastectomy	x	x
85.5	19324	Augmentation mammoplasty	x	x
85.50	19324	Augmentation mammoplasty, not otherwise specified	x	x

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
85.51	19324	Unilateral injection into breast for augmentation	x	x
85.52	19324	Bilateral injection into breast for augmentation Injection into breast for augmentation NOS	x	x
85.53	11970, 19325, 19340, 19342	Unilateral breast implant	x	x
85.54	11970, 19325, 19340, 19342	Bilateral breast implant Breast implant NOS	x	x
85.55	19499	Fat graft to breast Includes: extraction of fat for autologous graft Autologous fat transplantation or transfer Fat graft to breast NOS Fat graft to breast with or without use of enriched graft Micro-fat grafting	x	x
85.6	19316	Mastopexy	x	x
85.70	19364	Total reconstruction of breast, not otherwise specified Perforator flap, free	x	x
85.71	19361	Latissimus dorsi myocutaneous flap	x	x
85.72	19367, 19368, 19369	Transverse rectus abdominis myocutaneous (TRAM) flap, pedicled	x	x
85.73	19364, 19366	Transverse rectus abdominis myocutaneous (TRAM) flap, free	x	x
85.74	19364, 19366	Deep inferior epigastric artery perforator (DIEP) flap, free	x	x
85.75	19364, 19366	Superficial inferior epigastric artery (SIEA) flap, free	x	x
85.76	19364, 19366	Gluteal artery perforator (GAP) flap, free	x	x
85.79	19366	Other total reconstruction of breast	x	x
85.87	19350, 19355	Other repair or reconstruction of nipple	x	x
85.89	15301, 15330, 15331, 15340, 15341, 15360, 15361, 15400, 15401, 15430, 15431, 19366, 19380	Other mammoplasty	x	x
85.93	19342	Revision of implant of breast	x	x
85.94	19328, 19330	Removal of implant of breast	x	x
85.95	19357	Insertion of breast tissue expander Insertion (soft tissue) of tissue expander (one or more) under muscle or platysma to develop skin flaps for donor use	x	x
85.96	11971	Removal of breast tissue expander	x	x
85.99	15782, 15783, 19396, 19499	Other breast operations	x	x

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
XX.XX - A corresponding ICD-9 code has not been established	0301T	Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy	x	x
86.83	15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879	Size reduction plastic operation Liposuction Reduction of adipose tissue of: abdominal wall (pendulous) arms (batwing) buttock thighs (trochanteric lipomatosis)	x	x
86.87	11950, 11951, 11952, 11954	Fat graft of skin and subcutaneous tissue Includes: extraction of fat for autologous graft Autologous fat transplantation or transfer Fat graft to breast NOS Fat graft to breast with or without use of enriched graft Micro-fat grafting Excludes fat graft to breast (85.55)	x	x
86.90	17999	86.90 Extraction of fat for graft or banking Harvest of fat for extraction of cells for future use Liposuction to harvest fat graft	x	x
86.92	17380	Electrolysis and other epilation of skin	x	x
86.94	63685, 64568, 64590, 64595	Insertion or replacement of single array neurostimulator pulse generator, not specified as rechargeable. Pulse generator (single array, single channel) for intracranial, spinal, and peripheral neurostimulator	x	x
86.95	63685, 64568, 64590, 64595	Insertion or replacement of dual array neurostimulator pulse generator, not specified as rechargeable . Pulse generator (dual array, dual channel) for intracranial, spinal, and peripheral neurostimulator	x	x
86.96	63685, 64568,64590, 64959	Insertion or replacement of other neurostimulator pulse generator	x	x
86.97	63685, 64568, 64590, 64595	Insertion or replacement of single array rechargeable neurostimulator pulse generator. Rechargeable pulse generator (single array, single channel) for intracranial, spinal, and peripheral neurostimulator	x	x

## PROCEDURES

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
86.98	63685, 64568, 64590, 64595	Insertion or replacement of dual array rechargeable neurostimulator pulse generator Rechargeable pulse generator (dual array, dual channel) for intracranial, spinal, and peripheral neurostimulator	x	x
89.19	95812, 95813, 95950, 95951, 95953, 95956	Video and radio-telemetered electroencephalographic monitoring Radiographic EEG monitoring Video EEG monitoring	x	x
94.62	90899	Alcohol Detoxification	x	
94.65	90899	Drug Detoxification	x	
94.68	90899	Combined drug and alcohol detoxification	x	
<b>99.99</b>	<b>0272T, 0273T</b>	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric interactive communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report	x	x
<b>XX.XX - A corresponding ICD-9 code has not been established</b>	<b>0288T</b>	Anoscopy, with delivery of thermal energy to the muscle of the anal canal (eg, for fecal incontinence)	x	x
<b>XX.XX - A corresponding ICD-9 code has not been established</b>	<b>0299T</b>	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	x	x
<b>XX.XX - A corresponding ICD-9 code has not been established</b>	<b>0300T</b>	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (list separately in addition to code for primary procedure)	x	x

## TRANSPLANTS

Alaska Medicaid regulations provide for limited coverage of transplants

- All procedures on this list require pre-certification
- Multiple organ transplants including any of the procedures below require pre-certification
- Kidney/cornea/skin/bone transplants do not require pre-certification from Qualis Health
- All inpatient continued stays exceeding 3 days require certification

### TRANSPLANTS NOT LISTED BELOW ARE NOT COVERED BY ALASKA MEDICAID

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
33.50	32999	Lung transplantation, not otherwise specified	x	
33.51	32851	Unilateral lung transplantation	x	
33.52	32853, 32854	Bilateral lung transplantation Double-lung transplantation En bloc transplantation	x	
33.6	33935	Combined heart-lung transplantation	x	
37.51	33945	Heart transplantation	x	
41.00	XXXX - A corresponding CPT code has not been established	Bone marrow transplant, not otherwise specified	x	x
41.01	38241	Autologous bone marrow transplant without purging	x	x
41.02	38240, 38242	Allogeneic bone marrow transplant with purging. Allograft of bone marrow with in vitro removal (purging) of T-cells	x	x
41.03	38240, 38242	Allogeneic bone marrow transplant without purging. Allograft of bone marrow NOS	x	x
41.04	38241	Autologous hematopoietic stem cell transplant without purging	x	x
41.05	38240, 38242	Allogeneic hematopoietic stem cell transplant without purging	x	x
41.06	38240, 38242	Cord blood stem cell transplant	x	x
41.07	38241	Autologous hematopoietic stem cell transplant with purging. Cell depletion	x	x
41.08	38240, 38242	Allogeneic hematopoietic stem cell transplant Cell depletion	x	x
41.09	38241	Autologous bone marrow transplant with purging . With extracorporeal purging of malignant cells from marrow. Cell depletion	x	x
<b>41.91</b>	<b>0263T, 0265T</b>	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cell, multiple injections, one leg, including ultrasounds guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	x	x

## TRANSPLANTS

ICD-9 Code	CPT/HCPCS Code	Description	Inpatient	Outpatient
<b>XX.XX -</b> A corresponding ICD-9 code has not been established	<b>38232</b>	Bone marrow harvest autologous	x	x
50.51	47135, 47136	Auxiliary liver transplant Auxiliary hepatic transplantation leaving patient's own liver in situ	x	
50.59	47135, 47136	Other transplant of liver	x	
<b>99.79</b>	<b>0263T, 0264T</b>	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cell, multiple injections, one leg, including ultrasounds guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	x	x