
PROVIDER BULLETIN

~ PCP REFERENCE GUIDE TO COMMON CPT CODES ~

Preferred IPA is committed to simplifying processes for our participating physicians. Please use the attached coding reference guide to assist you with selecting the best CPT codes for your referral requests.

The reference guide includes:

- **List of services for which no authorization is required**
- **Common coding for initial consultation and follow-up visit requests**
- **Most commonly requested x-ray codes**
- **Common codes for a variety of durable Medical Equipment and medical supply services**

The medical management department may be contacted using our web referral request system, or by phone at the following numbers:

Phone: 800-874-2091

Fax: 800-874-2093

**If you have any questions, please contact
Provider Relations at 818-265-0800.**

NO AUTHORIZATION NEEDED

EAR WAX REMOVAL

Clean Outer Ear Canal	69200
Ear Wax Removal	69210

VACCINES **Call your provider rep to make arrangements if you don't have vaccine in office to give to patient. Auth will not be issued to a pharmacy.

Injection Administration	96372
Shingles Zoster (Age 60 and over)	90736
TDAP Booster (Age 19 or older)	90715
Pneumococcal (13 val) or (23 val)	90670 / 90732
Meningococcal **High Risk Pts Only	90734
HPV (Gardasil) Vaccine	90649
MMR (Measles, Mumps and Rubella)	90707

WELL WOMAN EXAMS

Well Woman (Annual Pap)	99385 (Ages 18-39)
Well Woman (Annual Pap)	99386 (Ages 40-64)
Well Woman (Annual Pap)	99387 (Ages 65+)

INITIAL CONSULTATION/FOLLOW UP VISIT

Consultations (Medi-Cal)	99243
Consultations (Medicare)	99203
Follow-Up Visits	99213

NUTRITIONAL COUNSELING/ HEALTH EDUCATION

Dietician Visit	S9470 (Medi-Cal)
Initial Eval & Treatment	97802 (Medicare)
F/U Eval & Treatment	97803 (Medicare)

OUTPATIENT THERAPY

PT Eval	97001 x1
OT Eval	97003 x1
ST Eval	92523 x1

OB CARE

Obstetrical Care	59409
------------------	-------

FAMILY PLANNING

Abortion (Induced)	59841
Abortion by Mifepristone	59842
Depo Provera (For Birth Control)	J3490-U8 (J1050 obsolete)

HEARING TESTING (Must request Audiology - Not ENT)

Child 0 - 7 years (Medi-Cal)	X4500/X4506/X4530/92588
Child 8 - 17 years (Medi-Cal)	X4500/X4530/92588
Adults (Medi-Cal)	X4500/X4530/92588
Adults (Medicare)	92557/92567/92568

HOME SERVICES (Must have notes detailing reason for visit)

Home Health Visit (Medi-Cal)	Z6900
Home Health Visit (Medicare)	G0154
Routine Home Hospice	Z7100

SLEEP STUDY

Sleep Study without CPAP	95810
Sleep Study with CPAP	95811

MAMMOGRAMS

Screening Mammo (Bilateral)	77057
Screening Mammo Digital (Bilateral)	G0202
Diagnostic Mammo Digital (Bilateral)	G0204
Diagnostic Mammo Digital (Spot View)	G0206

EKG

Electrocardiogram	93000
-------------------	-------

ULTRASOUND

Abdominal	76700
Breast (Medi-Cal)	76645
Breast (Medicare)	76641
Breast Needle Guided Biopsy	76942
Carotid Doppler	93880
Echo Exam of Abdomen	76705
Face/Soft Tissue	76536
Pelvic	76856
Renal/Kidney	76770
Testicular (Scrotum)	76870
Thyroid	76536
Transrectal	76872
Transvaginal (non-OB)	76830
Vascular Doppler Venous Extremity	93970

X-RAYS

Ankle - 2 views	73600
Barium Enema	74270
Bone Age	77072
Cervical Spine	72040
Chest - 2 views (PA & Lateral)	71020
DEXA (Bone Density) Scan	77080
Elbow	73070
Finger	73140
Foot - 2 views	73620
Forearm	73090
Hand	73120
Hip/Pelvic	73510
IVP	74400
Knee	73560
KUB - 1 view (Abdomen only)	74000
Lumbar Spine	72100
Nasal	70160
Neck	70360
Rib	71100
Scoliosis Study	72069/72090
Shoulder	73020
Sinus Series	70220
Tailbone	72220
Thoracic Spine - 2 views	72072
Upper GI	74240
Upper GI w/ KUB	74241
VCUG	74455
Wrist	73100

INCONTINENCE SUPPLIES

Peds Diapers Size 3-4	T4529	Diapers Medium	T4522	Pull-Up Diapers X-Large	T4528
Peds Diapers Size 5-6	T4530	Diapers Large	T4523	Pull-Up Diapers XX-Large	T4544
Peds Pull-Ups 3-4	T4531	Diapers X-Large	T4524	Liners/Pads	T4535
Peds Pull-Ups 4-5	T4532	Diapers Xx-Large	T4543	Underwear S/M/L/XL/XXL	T4536
Youth Diapers (Up To 65 Lbs)	T4533	Pull-Up Diapers Small	T4525	Underpads	T4541
Youth Pull-Ups	T4534	Pull-Up Diapers Medium	T4526	Quilted Reusable Mattress Cover	T4537
Diapers Small	T4521	Pull-Up Diapers Large	T4527		

FORMULA

Aluimentum Powder	B4161	Neosure Pwd	B4160	Nutren 1.0 & 2.0	B4150
Carnation Good Start Gentle	B4158	Nutramigen Lgg Pwd	B4161	Nutren 1.5	B4152
Elecare Jr Vanilla	B4161	Pregestimil Pwd	B4161	Nutren Jr	B4160
Elecare Unflav Jr Pwd	B4161	Pregestimil Lipil Pwd	B4161	Nutren Pulmonary	B4154
Elecare Unflv Dha Ara	B4161	Similac Adv Pwd	B4160	Ensure Immune Health Vanilla	B4150
Enfacare Lipil Pwd	B4160	Similac Expert Care Alimentum	B4161	Ensure Plus	B4152
Enfamil Gentlease Powder	B4160	Similac Expert Care Neosure Pwd	B4160	Isosource 1.2 Cal	B4150
Enfamil Premium Powder W/Iron	B4161	Similac Pm L/Ir 60/40 Pwd	B4158	Glucerna 1.2	B4154
Ensure Vanilla Powder	B4150	Similac Sens Soy Isomil Pwd	B4160	Diabetisource	B4154
Food Thickener	B4100	Similac Sensitive Lf	B4160	Jevity 1.2	B4150
Neocate If W/Dha&Ara Pwd	B4161	Pediasure	B4160	Peptamin 1.5	B4153

DME

DME EVALUATION/REPAIR	K0739 x2	Tens Unit	E0730
Apnea Monitor	E0619	Transport Chair	E1038
Cane (Reg) /Cane (Bariatric) *Provide Pt's Ht & Wt	E0100	Trapeez Bar	E0910
Cane - Quad (Bariatric) *Provide Pt's Ht & Wt	E0105	Walker	E0130, E0143
Commode	E0163	Walker W/Seat	E0143, E0156 (Seat)
Compression Gradient Stockings (Both Legs)	A6549 x2	Walker Heavy Duty	E0149
Crutches	E0114	Walker W/Seat Heavy Duty	E0149, E0156 (Seat)
Crutches (forearm)	E0110	Wheelchair	K0001
CPM Unit	E0935	Wheelchair Heavy Duty	K0006
Oxygen (concentrator) *Require ABGs annually	E1390	Wheelchair Light Weight	K0003
Oxygen (portable)	E0431	Standard Cushion (Pressure Relieving)	E2601
Oxygen (portable refills)	E0443	Wrist Brace (custom)	L3808
Shower Chair (Medi-Cal only)	E0245		

NEBULIZER

*For Medi-Cal, Mask and Tubing are included with code E0570

E0570

A7015 (Mask) / A7003 (Tubing) **Medicare only

CPAP / BIPAP (MEDI-CAL)

Humidifier

Supplies: Full Mask, Headgear, and Tubing are included with 13 mo rental

E0601 / E0470 *13 mo rental. Converts to purchase.

E0562

CPAP / BIPAP (MEDICARE) *Only Medicare requires a separate auth for supplies

Humidifier

Water chamber for humidifier, replacement, each

Tubing with integrated heating element

Full face mask, each

Headgear

Chinstrap

Tubing

Filter, disposable

E0601 / E0470 *13 mo rental. Converts to purchase.

E0562

A7046 (1 per 6 months)

A4604 (1 per 3 months)

A7030 (1 per 3 months)

A7035 (1 per 6 months)

A7036 (1 per 6 months)

A7037 (1 per 3 months)

A7038 (2 per 1 month)