

Medicaid's LMRP List (REVISED, changes are underlined) updated 4/17/2006

NOTE: If the LMRP number begins with an A, the policy only applies to hospital outpatient services. A "B" indicates physician services. If both A and B are present, then the policy applies to all type of services billed with this procedure code. Injectables, whether given in an outpatient setting or physician's office are governed by the indicated policy.

On a HCFA 1500, the detail diagnosis code must be on the included list. On an outpatient UB-92, the primary diagnosis code must be on the included list.

Service	Procedure Codes	Effective Date	Medicare's LMRP or Transmittal Number <u>www.almedicare.com</u>	Additions/Deletions
Debridement	11040,11041,11042, 11043,11044,97601, 97602, 97597,97598	5/1/03 approx.	B00-15, A-00-03	<u>Added procedure codes 29850 and updated diagnosis list</u>
Amifostine	J0207	11/04	B00-27	
Aranesp	J0880 –J0881, J0882 and J0885	4/1/03 approx.	B02-01 –LCD L11914	New diagnosis codes added based on Dec05 and Jan06 Medicare Focus
Immune Globulin Intravenous	J1563, J1564 , J0850, J1566, J1567	4/1/03 approx.	A98-24/L13075 B97-33/L11961	New diagnosis codes added based on Dec05 and Jan06 Medicare Focus
<u>Peripheal Arterial Studies Non Invasive Peripheral Arterial and Venous Studies (arterial and venous have been combined)</u>	93922, 93923, 93924, 93925, 93926, 93930, 93931	4/1/03 approx.	B02-12/ <u>L18959</u>	
<u>Peripheral Venous Exams Non Invasive Peripheral Arterial and Venous Studies (arterial and venous have been combined)</u>	93965, 93970, 93971,	4/1/03 approx.	B02-13/ <u>L18959</u>	

Polysomnography Sleep Testing	95805, 95806, 95807, 95808, 95810, 95811, 95822	4/1/03 approx.	A99-15/L1062	B99-13 retired
HBO Therapy	99183	Since 1999	AB-02-183	LMRP retired 9/1/2002 and replaced with National Coverage Determination for Hyperbaric Oxygen Therapy (35-10) <u>Update of diagnosis codes</u>
Intensity Modulated Radiation Therapy	77301, 77418	5/1/03 approx.	A02-07	Medicaid discontinued diagnosis restriction 6/1/05
Sodium Hyaluronate	J7317, J7320	5/1/03 approx.	B98-02	<u>Medicare retired policy April 2004.</u> <u>Medicaid will continue diagnosis restrictions based on the retired policy.</u>
Rituximab	J9310	5/1/03 approx.	B98-13/L6718 A98-29/L1007	New diagnosis codes added based on Dec05 and Jan06 Medicare Focus
Deep Brain Stimulation	61855, 61862, 61880, 61885, 61886, 61888, 95970, 95971, 95962, 95961, 95972, 95973	5/1/03 approx.	AB-03-023	Added 95974 LMRP Part A was retired 5/1/03 and LMRP Part B was retired 3/31/03
Gemtuzumab Ozogamicin (Mylotarg) for Injection	J9300	5/1/03 approx.	B01-02	LMRP retired by Medicare 1/1/2005. Medicaid will

				maintain diagnosis restrictions.
Oxaliplatin/Eloxatin	J9263	1/1/2006	B03-01/L13000	Diagnosis restricted 153.0 – 154.8
Echocardiography	93303, 93304, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93320, 93321, 93325, A9700	5/1/03 approx.	A98-55/ <u>L909</u> B95-02 Medicare retired the B policy August 2005. Medicaid will continue diagnosis restrictions based on this retired policy.	Added diagnosis codes: 401.0, 401.1, 401.9, 239, 279.11, 393.0, 398.0, 427.0, 446.0, 446.1, 459.2, 710.0, 747.81, 758.0 - 758.9, 759.0 - 759.9, 781.5, 782.5, 282.60, 674.84 Update added from revised LMRP part A in December 2003 Medicare Focus
Swallowing Studies	74230, 92511, 92520, 92526, 92610, 92611	8/1/03 approx.	A98-43	Added procedure codes: 92612, 92614, 92616, 92615, 92617 Update added from revised LMRP part A in December 2003 Medicare Focus
MRA of the Head and Neck	70544, 70545, 70546, 70547, 70548, 70549	1/1/04	A99-19 revised/ <u>L2404</u> <u>B0004/L6349</u>	<u>Updated diagnosis</u> <u>codes</u>
MRA of the Chest	71555	1/1/04	A00-19/ <u>L1177</u> , B00-02/ <u>L6350</u>	<u>Updated diagnosis</u> <u>codes</u>
MRA Peripheral Vessels of the Lower Extremities	73725	1/1/04	B00-03/ <u>L6376</u> A99-24/ <u>L1296</u>	<u>Updated diagnosis</u> <u>codes</u>
MRA of the Abdomen	74185	1/1/04	A00-20/ <u>L1174</u> <u>B00-01/L6351</u>	<u>Medicaid does not</u> <u>cover C codes and</u> <u>therefore will</u> <u>continue policy with</u>

				<u>procedure code 74185 and applicable diagnoses.</u>
CT Abdomen & Pelvis	72192, 72193, 72194, 74150, 74160, 74170	1/1/04	B00-05/L6080 A98-59/L1495	New diagnosis codes added based on Dec05 and Jan06 Medicare Focus
CT of the Head & Brain	70450, 70460, 70470	1/1/04	A98-45/L13071 B98-23/L6086	New diagnosis codes added based on Dec05 and Jan06 Medicare Focus
CTs	70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74175, 75635, 75989, 76013, 76070, 76071, 76355, 76360, 76362, 76370, 76375, 76380, 78607		No LMRP	
MRI Temporomandibular joint(s)	70336	1/1/04	No LMRP	PA Required
MRIs	70540, 70542, 70543, 71550, 71551, 71552, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183,	1/1/04	No LMRP	

	75552, 75553, 75554, 75555, 76093, 76094, 76393, 76394, 76400			
MRI of the Brain	70551, 70552, 70553	1/1/04	A98-58/L13118 B99-01/L6479	New diagnosis codes added based on Dec05 and Jan06 Medicare Focus
MRI of the Spine	72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158	1/1/04	A98-57/L1261 B00-23/L6544	New diagnosis codes added based on Dec05 and Jan06 Medicare Focus
PETs	<p><u>78459, A9526, G0030, G0031, G0032, G0034, G0035, G0036, G0037, G0038, G0039, G0040, G0041, G0042, G0043, G0044, G0045, G0046, G0047, G0125, G0210, G0211, G0212, G0213, G0214, G0215, G0216, G0217, G0218, G0220, G0221, G0222, G0223, G0224, G0225, G0226, G0227, G0228, G0229, G0230, G0231, G0232, G0233, G0234, G0253, G0254, G0296</u></p> <p><u>78608, 78491, 78492, 78811- 78815 are diagnosis restricted.</u></p> <p><u>78609 and 78816 currently are not diagnosis restricted</u></p>	1/1/04	A02-06/L14853 B0210/L14971	<p><u>Medicaid will continue diagnoses restriction based on the retired LMRP/LCD.</u></p> <p>Effective April 1, 2005, CMS deleted G-codes for PET scans and cross walked the G codes to CPT codes. Effective with the date of service July 1, 2005, Medicaid will no longer accept G-codes for PET scans. Providers may bill either the G-code or CPT code up until July 1, 2005. The CPT codes replacing the G codes have an effective date of April 1, 2005. Medicare</p>

				has retired the PET LCD but Medicaid will continue diagnosis restriction until further notice.
MRA of the Pelvis	72198		B03-06/ <u>L14401</u>	