HK/HFP Procedures With Restricted Diagnoses

The following list of procedure codes require a valid diagnosis code which is related to the service rendered for the Healthy Kids and Healthy Families lines of business. Unrelated or invalid diagnosis codes are subject to denial.

| Procedure Code | Procedure Description |
|-------------------|---|
| 59025 | Fetal Non-Stress Test |
| 68761 | Closure Of The Lacrimal Punctum; By Plug, Each |
| 76856 | Ultrasound, Pelvic (Nonobstetric), B-Scan And/Or Real Time With Image Documentation; Complete |
| , 5555 | Ultrasound, Pelvic (Nonobstetric), B-Scan And/Or Real Time W/Image Documentation; |
| 76857 | Limited/Follow-Up |
| 80048 | Basic Metabolic Panel |
| 80050 | General Health Screen Panel |
| 80053 | Comprehensive Metabolic Panel |
| 80061 | Lipid Panel |
| 80069 | Renal Function Panel |
| 80170 | Gentamicin |
| 80299 | Quantitation Of Therapeutic Drug, Not Elsewhere Specified |
| 81001 | Urinalysis; Automated, With Microscopy |
| 81002 | Urinalysis,By Dipstick/Tablet Reagent;Non-Automated,W/0 Micr |
| | Fmr1 (Fragile X Mental Retardation) Gene Analysis; Evaluation To Detect Abnormal (Eg Expanded) |
| 81243 | Alleles |
| 82043 | Albumin; Urine, Microalbumin, Quantitative |
| 82247 | Bilirubin; Total |
| 82248 | Bilirubin; Direct |
| 82306 | Calcifediol (25-Oh Vitamin D-3) |
| 82570 | Creatinine; Other Source |
| 82607 | Cyanocobalamin (Vitamin B-12) |
| 82746 | Folic Acid; Serum |
| 82962 | Glucose, Blood By Glucose Monitoring Device(S) Cleared By The Fda Specifically For Home Use |
| 82977 | Glutamyltransferase, Gamma (Ggt) |
| 83013 | Helicobacter Pylori; Breath Test Analysis For Urease Activity, Non-Radioactive Isotope (E.G C-13) |
| 83014 | Helicobacter Pylori, Breath Test Analysis; Drug Administration |
| 83036 | Hemoglobin, Glycosylated (A1c) |
| 83540 | Iron |
| 83615 | Lactate Dehydrogenase (Ld), (Ldh) |
| 83735 | Magnesium |
| 84100 | Phosphorus Inorganic (Phosphate) |
| 84132 | Potassium; Serum |
| 84153 | Prostate Specific Antigen (Psa); Total |

| Procedure | |
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| Code | Procedure Description |
| 84295 | Sodium; Serum |
| 84439 | Thyroxine; Free |
| 84443 | Thyroid Stimulating Hormone (Tsh) |
| 84478 | Triglycerides |
| 84550 | Uric Acid; Blood |
| 84702 | Gonadotropin, Chorionic (Hcg); Quantitative |
| 84703 | Gonadotropin, Chorionic (Hcg); Qualitative |
| 85007 | Blood Count; Blood Smear Microscopic Examination With Manual Differential Wbc Count |
| 85025 | Blood Count; Complete (Cbc), Automated And Automated Differential Wbc Count |
| 85027 | Blood Count; Complete (Cbc), Automated (Hgb, Hct, Rbc, Wbc And Platelet Count) |
| 85045 | Blood Count; Reticulocyte, Automated |
| 85652 | Sedimentation Rate, Erythrocyte; Automated |
| 86038 | Antinuclear Antibodies, (Ana) |
| 86140 | C-Reactive Protein |
| 86200 | Cyclic Citrullinated Peptide (Ccp), Antibody |
| 86431 | Rheumatoid Factor; Quantitative |
| 86592 | Syphilis Test; Qualitative (Eg, Vdrl, Rpr, Art) |
| 86704 | Hepatitis B Core Antibody (Hbcab), Total |
| 86706 | Hepatitis B Surface Antibody (Hbsab) |
| 86708 | Hepatitis A Antibody (Haab), Total |
| 86880 | Antihuman Globulin Test (Coombs Test); Direct, Each Antiserum |
| 86900 | Blood Typing; Serologic; Abo |
| 86901 | Blood Typing; Serologic; Rh (D) |
| 87040 | Culture, Bacterial; Blood, With Isolation And Presumptive Identification Of Isolates |
| | Culture, Bacterial; Feces, With Isolation And Preliminary Examination, Salmonella And Shignella |
| 87045 | Spec |
| 87088 | Culture, Bacterial; With Isolation And Presumptive Identification Of Isolates, Urine |
| 87177 | Ova And Parasites, Direct Smears, Concentration And Identification |
| 87186 | Susceptibility Studies, Antimicrobial Agent; Microdilution Or Agar Dilution, Each Multi-Antimicrobia |
| 87209 | Smear, Primary Source W/ Interpretation; Complex Special Stain For Ova And Parasites |
| 87340 | Infectious Agent Antigen Detection; Hepatitis B Surface Antigen (Hbsag) |
| | Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay (EIA), |
| 87338 | Enzyme-linked Immunosorbent Assay (ELISA), Immunochemiluminometric Assay (IMCA), Qualitative or Semi=Quantitative, Multiple-Step Method; Helicobacter Pylori, Stool |
| 87427 | Infectious Agent Antigen Detection By Enzyme Immunoassay Technique,; Shiga-Like Toxin |
| 87491 | Infectious Agent Detection By Nucleic Acid; Chlamydia Trachomatis, Amplified Probe Technique |
| 3,431 | Infectious Agent Detection By Nucleic Acid, emanyara Tractionatis, Amplification, Includes |
| 87522 | Reverse Transcription When Performed |
| 87591 | Infectious Agent Detection By Nucleic Acid; Neisseria Gonorrhoeae, Amplified Probe Technique |
| 87621 | Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Papillomavirus, Human, Amplif Probe |

| Procedure Code | Procedure Description |
|-------------------|--|
| | Techni |
| 87902 | Infectious Agent Genotype Analysis By Nucleic Acid (Dna Or Rna); Hepatitis C Virus |
| 88141 | Cytopathology, Cervical Or Vaginal; Requiring Interpretation By Physician |
| 88175 | Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation; With Screening By Automated System And Manual Rescreening Or Review, Under Physician Supervision |
| 92060 | Sensorimotor Examination With Multiple Measurements Of Ocular Deviation W/Interpretation And Report |
| 92134 | Scanning Computerized Opthalmic Diagnostic Imaging, Posterior Segment, W/Interpretation And Report, Uni- Or Bilateral; Retina |
| 92225 | Ophthalmoscopy, Extended, With Retinal Drawing, With Interpretation And Report; Initial |
| 92235 | Fluorescein Angiography With Interpretation And Report |
| 93880 | Duplex Scan Of Extracranial Arteries; Complete Bilateral Study |
| 99173 | Screening Test Of Visual Acuity, Quantitative, Bilateral (See Remarks) |
| J0295 | Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm |
| J0697 | Injection, Sterile Cefuroxime Sodium, Per 750 Mg |
| J2001 | Injection, Lidocaine, Hcl For Intravenous Infusion, 10 Mg |
| J2180 | Injection, Meperidine And Prometha |
| J2370 | Injection, Phenylephrine Hcl, Up T |
| J2710 | Injection, Neostigmine Methylsulfa, Up To 0.5 Mg |
| J3360 | Injection, Diazepam, Up To 5 Mg |
| J8501 | Aprepitant, Oral, 150mg (Crossover Claims Only) |