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TRICARE  
MANAGEMENT ACTIVITY

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The TRICARE Management Activity has authorized the following addition(s)/revision(s) to the 6010.47-M, reissued March 2002.

**CHANGE TITLE:** CPT 2003 UPDATE/CHANGE TO TRICARE SENIOR PHARMACY PROGRAM

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF ADDITIONS/REVISIONS:** This change adds and deletes the 2003 CPT code changes, which includes two new sections: (1) Neonatal and Pediatric Critical Care Services and (2) Otorhinolaryngologic Services. This change adds a note to the TRICARE Senior Pharmacy Program policy explaining that the "Y" code has been changed to "R" code in the DEERS database.

**EFFECTIVE DATE:** January 1, 2003.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

This change is made in conjunction with May 1999 ADP Manual, Change No. 46.

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ATTACHMENT(S): 42 PAGE(S)  
DISTRIBUTION: 6010.47-M

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## SUMMARY OF CHANGES

CPT changes for 2003 include 189 additions, 205 code revisions and 34 code deletions (not including changes in indexing). In addition, CPT 2003 created a new modifier -63 for the additional work involved in surgical procedures performed on small infants. CPT 2003 includes a new section for Neonatal and Pediatric Critical Care Services and a new section for Special Otorhinolaryngologic Services. For the first time, the CPT book contains the list of Place-of-Service codes. In addition, this update includes a Note to the policy for the TRICARE Senior Pharmacy Program explaining that Y code has been changed to R code in the DEERS database.

### CHAPTER 1

1. Section 3.1. HOME SERVICES. (Physician Code Range: 90801, 90802, 90804-90815, 90847, 90862, 99341-99350. Non-Physician Code Range: 90801, 90802, 90804-90815, 90847, 90862, 99500-99507, 99511, 99512, 99539, 99551, 99552, 99554-99569).

CPT codes 99341-99350 were added to the non-physician's procedure code range to include skilled nursing services. The AMA added 99600-99602 to replace CPT codes 99551, 99552, 99554 and 99569 for home infusions. Therefore, new CPT code range 99600-99602 is added to non-physician procedure code range and deletes CPT codes 99551, 99552 and 99554-99569. CPT codes 99341-99350 are not new codes. This change also deletes CPT code 99508 from exclusions and instructs the use of CPT code 95806 to report sleep study, unattended by a technologist.

The new procedure code range for physicians remains: 90801, 90802, 90804-90815, 90847, 90862, 99341-99350.

The new procedure code range for non-physicians is: 90801, 90802, 90804-90815, 90847, 90862, 99341-99350, 99500-99507, 99511, 99512 and 99600-99602.

2. Section 7.2. NEONATAL AND PEDIATRIC CRITICAL CARE SERVICES (new section). This new section is provided to be consistent with the format of the CPT Manual. CPT added two new codes, 99293 and 99294 for Pediatrics Critical Care. Added a new code 99299 for Intensive (non-Critical) Low Birth Weight Services. The procedure code range is 99293-99296, 99298, 99299.
3. Section 10.1A. TRICARE PRIME-CLINICAL PREVENTIVE SERVICES (no procedure code range). Added new codes 88174, 88175 under Papanicolaou smears. Not a new benefit. Deleted G0203 and added G0204 and G0206 under mammography.
4. Section 12.5. PSYCHOLOGICAL TESTING (96100). Clarified policy by adding the following note: Psychological tests are considered diagnostic services and are not counted against the 2 psychotherapy visits per week. Copays for retirees and their dependents would be \$12.00 per visit. No new CPT codes.

## SUMMARY OF CHANGES (Continued)

### CHAPTER 1 (Continued)

5. Section 12.8. PSYCHOTROPIC PHARMACOLOGIC MANAGEMENT (90862). Added a note to clarify policy: Office visits for psychotropic pharmacologic management are routine medical services and do not count against the 2 visits per week or the initial 8 visits for psychotherapy.
6. Section 17.2. SPECIAL OTORHINOLARYNGOLOGIC SERVICES (new section). Combined Chapter 1, Section 17.2 and Chapter 1, Section 17.3 into Chapter 1, Section 17.2 and renamed the chapter from "Audiology Service" to "Special Otorhinolaryngologic Services". Eighteen new codes were added, three were deleted and one code was revised in the Special Otorhinolaryngologic Services subsection. This revision does not represent a new benefit. The purpose of combining the policies is to be consistent with the CPT format.  
  
New CPT codes are: 92601-92617 and 92700. The procedure code range is 92502-92512, 92516, 92520, 92526, 92551-92597, 92601-92617 and 92700. CPT codes 92590-92596 and 92605-92609 and coverable only for eligible beneficiaries through the Program for Persons with Disability.
7. Section 17.3. AUDIOLOGY SERVICE. This section was deleted and combined with Section 17.2. See number 6 above.
8. Section 22.2. NEUROLOGY AND NEUROMUSCULAR SERVICE (95812-95999). No Change. New CPT code 95990 is within procedure code range. This code was established to report refilling and maintenance of implantable pumps or reservoirs for spinal and brain drug delivery to specifically identify drug delivery systems.
9. Section 24.1. DERMATOLOGICAL PROCEDURES - GENERAL (96900-96999). No change. New CPT codes 96920-96922 are within current procedure code range.

### CHAPTER 2

10. Section 1.2. ANESTHESIA ADMINISTERED BY OPERATING SURGEON (no procedure code range). Added procedure code range 00100-01999 to policy. New CPT codes are not new benefits. The new codes 00326, 00539, 00541, 00640, 00834, 00836 were added to reflect the additional effort necessary for anesthesia provided in support of procedures performed on children less than one year. The remaining new codes were added to identify anesthesia for various diagnostic procedures on different parts of the anatomy.

**SUMMARY OF CHANGES (Continued)**

**CHAPTER 3**

11. Section 1.1A. CATEGORY III CODES (0001T-0026T). New procedure codes 0027T-0044T were added to procedure code range. The new procedure code range is 0001T-0044T.
12. Section 3.1. MUSCULOSKELETAL SYSTEM (2000-22505, 22548-29902, 29999). No change. New CPT codes 20612, 21046-21049, 21742, 21743, 29827, 29873 and 29899 are within current procedure code range.
13. Section 5.1. CARDIOVASCULAR SYSTEM (33010-33130, 33200-37799, 92950-93744, 93770, 93797-93799). New CPT codes 33215, 33224-33226, 33508, 34833, 34834, 34900, 35572, 36416, 36511, 33516, 36536, 36537, 37182, 37183, 37500, 37501, 93580 and 93581 are within current procedure range. The new CPT codes 34900, 93580 and 93581 are considered unproven; therefore, these codes are not covered under TRICARE at this time. Added CPT codes 34900, 93580 and 93581 to Exclusions. The new range is 33010-33130, 33200-34834, 35001-37799, 92950-93572, 93600-93744, 93770, 93797-93799.
14. Section 6.2. HEMIC AND LYMPHATIC SYSTEMS (38100-38200, 38220, 38221, 38300-38999). New CPT codes 38204-38215 and 38242 were added to procedure code range. New procedure code range is 38100-38200, 38204-38242, 38300-38999.
15. Section 8.1. DIGESTIVE SYSTEM (40490-40831, 40899-47362, 47371, 47379, 47381, 47399-49999, 91123, 96570, 96571). No change. The new CPT codes 43201, 43236, 44206-44208, 44210-44212, 44238, 44239, 44701, 45335, 45340, 45381, 45386, 46706, 49419 and 49904 are within current procedure code range.
16. Section 9.1. URINARY SYSTEM (50010-53899). New CPT codes 50543, 50562, 51701-51703 and 51798 are within current procedure code range. New CPT code 50542 is considered unproven and was added to Exclusions. The new procedure code range is 50010-50541, 50543-53899.
17. Section 10.1. MALE GENITAL SYSTEM (5400-55300, 55450-55899, 55970). No change. New CPT code 55866 is within current procedure code range.
18. Section 12.1. FEMALE GENITAL SYSTEM (11975-11977, 55980, 56405-58301, 58340, 58345, 58346, 58350, 58353, 58400-58671, 58679, 58800-58960, 58999, 59001). No change. The new CPT codes 56820, 56821, 57420, 57421, 57455, 57456, 57461, 58146, 58290, 58291-58294 are within current procedure code range.
19. Section 15.1. NERVOUS SYSTEM (6100-64999). No change. New CPT codes 61316, 61322, 61323, 61517, 61623, 62148, 62160-62165, 62264, 64416, 64446-64448 are within current procedure code range.

## SUMMARY OF CHANGES (Continued)

### CHAPTER 3 (Continued)

20. Section 15.3. STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES (61760, 61795, 61855, 61880, 61885, 95970-95975, 99211-99215). Added CPT codes 61862, 95961 and 95962 to procedure code range. CPT code 61855 was deleted. The new procedure code range is 61795, 61862, 61880, 61885, 95961, 95962, 95970-95975 and 99211-99215. These are not new CPT codes for 2003.
21. Section 15.5. CENTRAL NERVOUS SYSTEM STIMULATION (61850-61888, 63650-63688, 95970, 95971). Deleted "or any condition other than chronic intractable pain" which contradicts Chapter 3, Section 15.3.
22. Section 16.1. EYE AND OCCULAR ADNEXA (65091-65755, 65772-6889). No change. New code 66990 is within CPT code range.
23. Section 17.2. COCHLEAR IMPLANTATION (69930, 92510). New procedure codes (92601-92604) added to procedure code range. The new procedure code range is 69930, 92510, 92601-92604.

### CHAPTER 4

24. Section 1.1. DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING) (70010-76499, 95965-95967). New CPT codes 75901, 75902, 75954, 76071, 76496-76498 are within current procedure code range. Deleted HCPCS code G02005 and G0207 from procedure code range. Clarification added that CPT codes 76093 and 76094 (MRIs) are excluded (unproven) for screening for breast cancer, to evaluate breasts before biopsy, to differentiate benign from malignant breast disease and to differentiate cysts from solid lesions.
25. Section 2.1. DIAGNOSTIC ULTRASOUND (76506-76886). No change. New CPT codes 76801, 76802, 76811, 76812 and 76817 are within procedure code range for diagnostic ultrasound.

### CHAPTER 5

26. PATHOLOGY AND LABORATORY SERVICES (80048-89399). No change. New CPT codes 83880, 84302, 85004, 85032, 85049, 85380, 87255, 87267, 87271, 88174, 88175 and 89055 are within current procedure code range.

## SUMMARY OF CHANGES (Continued)

### CHAPTER 7

27. Section 7.2. TRICARE SENIOR PHARMACY PROGRAM (no procedure code range).  
Adds Note: "As of October 31, 2003 all "Y" codes previously carried in the legacy DEERS database, will be converted to an "R" as the "Y" indicator will no longer be supported on DEERS.
28. Section 19.1. STANDBY CHARGES (99360). New codes 99026 and 99027 added to procedure code range. (Hospital mandated on call services). The new procedure code range is 99026, 99027 and 99360.
29. Section 20.2 EXCLUSIONS (no procedure code range). Changed cross reference in paragraph I.A.51. from Chapter 1, Section 17.3 to Chapter 1, Section 17.2.

### CHAPTER 12

30. Section 8.1. TRICARE OVERSEAS PROGRAM (TOP) PRIME - CLINICAL PREVENTIVE SERVICES (no procedure code range). New codes 88174 and 88175 were added under Papanicolaou smears. Deleted G0203 and changed range to G0202, G0204 and G0206 under mammography to be consistent with HCPCS 2003.