

HIV MEDICAL SERVICES PROGRAM Indiana EIP Covered Services

SERVICE DESCRIPTION	CPT/HCPCS CODE	REVENUE CODE
Evaluation & Management		
Office/Outpatient Visit	99201-99205, 99211-99215, 99241-99245	0510-0529
Medicine		
MENTAL HEALTH		
Diagnostic interview	90791-90792	
Pharmacology management	90863	
Testing	96101-96103, 96105, 96110, 96111, 96116	
VISION		
Exam	92002, 92004, 92012, 92014	
Refraction	92015	
Nerve Fiber Scan	92133-92134	
Glaucoma Screening	92140 G0117-8	
Fundus A Scan Biometry	76519	
OTHER		
Pentamidine, inhalation solution	94642, 94644, 94645, 94664, J2545	0410-0412 0636
Injection, Immune Globulin	90281, J1460, J1560	0636
VACCINES, TOXOIDS		
Administration	90460-90461, 90471-90474, G0008-G0010 S0195	0770-0779
Hepatitis A	90632-90634	0770-0779
Hepatitis A/B	90636	0770-0779
Hepatitis B	90740, 90743, 90744, 90746, 90747	0770-0779
Hepatitis B/Haemophilus influenzae type b	90748	0770-0779
Influenza	90645-90648, 90655-90658, 90660, 90685-90688	0770-0779
Mumps	90704	0770-0779
Measles	90705	0770-0779
Rubella	90706	0770-0779
MMR (not MMRV)	90707	0770-0779
Measles/Rubella	90708	0770-0779
Meningococcal A/C/Y	90734	0770-0779
Pneumococcal	90670,90732	0770-0779
Diphtheria, Tetanus, Acellular Pertussis, Haemophilus influenza Type B and Polio	90715, 90698, 90723	0770-0779
Polio	90712, 90713	0770-0779
Varicella	90716	0770-0779

Pathology & Laboratory		
ORGAN/DISEASE PANELS		
Basic Metabolic	80048	0300-0309
Comprehensive Metabolic	80053	0300-0309
Lipid	80061	0300-0309
Acute Hepatitis	80074	0300-0309
Hepatic Function	80076	0300-0309
Urinalysis	81000-81003, 81005, 81007, 81015, 81020, 81025, 81050	0300-0309
Amylase	82150	0300-0309
Creatine kinase	82550, 82552-82554	0300-0309
Glucose	82947, 82948, 82950-82953, 82955, 82960, 82962	0300-0309
Lactate dehydrogenase	83615, 83625	0300-0309
Lipase	83690	0300-0309
Western Blot	84181, 84182, 88371, 88372	0300-0309
Thyroid Stimulating Hormone	84443	0300-0309
Testosterone (free and total)	84402, 84403	0300-0309
OTHER		
HLA-B*5701 (Abacavir hypersensitivity)	81381	0300-0309
Hematology & Coagulation		
Blood Count	85004, 85007-85009, 85013, 85014, 85018, 85025, 85027, 85032, 85041, 85044, 85046, 85048, 85049, G0306, G0307	0300-0309
Prothrombin Time	85610, 85611	0300-0309
Immunology		
T-cell	86359-86361	0300-0309
TB	86480 (Quantiferon), 86481 (T-Spot), 86580	0300-0309
Syphilis	86592, 86593	0300-0309
Chlamydia	86631, 86632	0300-0309
Cytomegalovirus (CMV)	86644, 86645	0300-0309
HIV	86689, 86701-86703, 87389 S3645	0300-0309
Hepatitis B	86704-86707	0300-0309
Hepatitis A	86708, 86709	0300-0309
Hepatitis C	86803, 86804	0300-0309
Toxoplasma	86777, 86778	0300-0309
Treponema pallidum	86780	
Microbiology		
Culture, bacterial (e.g., Gonorrhea)	87070, 87077	0300-0309
Chlamydia	87110	0300-0309
Bacillary angiomatosis (TB)	87116	0300-0309
Hepatitis	87340, 87341, 87350, 87380	0300-0309
Histoplasma capsulatum	87385	0300-0309
HIV	87390, 87391	0300-0309
HPV	87621	0300-0309
Infectious Agent Detection (includes HIV viral load, geno/phenotyping, co-receptor tropism assay, trichomonas testing)	87270, 87271, 87285, 87320, 87332, 87485-87487, 87490-87492, 87495-87497, 87515- 87517, 87520-87522, 87534-87539, 87555-87557, 87590-87592, 87797-87799, 87810, 87850, 87900- 87904, 87906, 87999	0300-0309
Varicella	87290	0300-0309

Cytopathology		
Pap (cervical or vaginal)	88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88172-88175, G0123, P3000-P3001, Q0091	0311, 0923
Pap (any other source)	88160-88162	0311, 0923
Flow Cytometry	88182, 88184, 88185, 88187-88189	0311
Radiology		
Chest X-ray	71010, 71015, 71020-71023, 71030, 71034, 71035	0324
Surgery		
Biopsy (skin lesion & floor of mouth)	11100, 11101, 41108	0300-0309
Bronchoscopy	31622-31625, 31628-31633	0300-0309
Venipuncture	36400, 36405, 36406, 36410, 36415, 36416, 36420, 36425	0300-0309
Dental Procedures*		
Oral Examination	D0120, D0140, D0150, D0160, D0170, D0180	
X-ray	D0210, D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0274, D0277, D0330	
Prophylaxis	D1110, D1120	
Amalgam (filling)	D2140, D2150, D2160, D2161,	
Composit (materials)	D2330, D2331, D2332, D2335,	
Sedative filling	D2940	
Extraction/Root Removal/Alveoloplasty	D7111, D7120, D7130, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7310, D7311	
Vision Services		
Eye Glass Frame (\$200 max.)	V2020	
Eye Glass Lens	V2100-V2118, V2121, V2199, V2200-V2221, V2299, V2300-V2321	
Chemical Dependency		
Methadone maintenance	H0020	Not to exceed \$25 per day

* To be utilized only when Delta Dental coverage is unavailable or exhausted

For more information, contact the Medical Services Program at 866-588-4948 (option 1).