Nebraska Total Care
2018 Deleted CPT and HCPCS Codes

End date of current active code span	Code	Description (Note: This is the current National Coding Standard code description, which may or may not match Amisys. Please do not update Amisys description with Industry Standard. This is informational only.)	New effective date of deleted code
12/31/2017	0008M	ONC BREAST RISK SCORE	1/1/2018
12/31/2017	0051T	IMPLANT TOTAL HEART SYSTEM	1/1/2018
12/31/2017	0052T	REPLACE THRC UNIT HRT SYST	1/1/2018
12/31/2017	0053T	REPLACE IMPLANTABLE HRT SYST	1/1/2018
12/31/2017	00740	ANESTH UPPER GI VISUALIZE	1/1/2018
12/31/2017	00810	ANESTH LOW INTESTINE SCOPE	1/1/2018
12/31/2017	01180	ANESTH PELVIS NERVE REMOVAL	1/1/2018
12/31/2017	01190	ANESTH PELVIS NERVE REMOVAL	1/1/2018
12/31/2017	01682	ANESTH AIRPLANE CAST	1/1/2018
12/31/2017	0178T	64 LEAD ECG W/I&R	1/1/2018
12/31/2017	0179T	64 LEAD ECG W/TRACING	1/1/2018
12/31/2017	0180T	64 LEAD ECG W/I&R ONLY	1/1/2018
12/31/2017	0255T	EVASC RPR ILIAC ART BIFR S&I	1/1/2018
12/31/2017	0293T	INS LT ATRL PRESS MONITOR	1/1/2018
12/31/2017	0294T	INS LT ATRL MONT PRES LEAD	1/1/2018
12/31/2017	0299T	ESW WOUND HEALING INIT WOUND	1/1/2018
12/31/2017	0300T	ESW WOUND HEALING ADDL WOUND	1/1/2018
12/31/2017	0301T	MW THERAPY FOR BREAST TUMOR	1/1/2018
12/31/2017	0302T	ICAR ISCHM MNTRNG SYS COMPL	1/1/2018
12/31/2017	0303T	ICAR ISCHM MNTRNG SYS ELTRD	1/1/2018
12/31/2017	0304T	ICAR ISCHM MNTRNG SYS DEVICE	1/1/2018
12/31/2017	0305T	ICAR ISCHM MNTRNG PRGRM EVAL	1/1/2018
12/31/2017	0306T	ICAR ISCHM MNTR INTERR EVAL	1/1/2018
12/31/2017	0307T	RMVL ICAR ISCHM MNTRNG DVCE	1/1/2018
12/31/2017	0309T	PRESCRL FUSE W/ INSTR L4/L5	1/1/2018
12/31/2017	0310T	MOTOR FUNCTION MAPPING NTMS	1/1/2018
12/31/2017	0340T	ABLATE PULM TUMORS EXTNSN	1/1/2018
12/31/2017	0438T	TPRNL PLMT BIODEGRDABL MATRL	1/1/2018
12/31/2017	15732	MUSCLE-SKIN GRAFT HEAD/NECK	1/1/2018
12/31/2017	29582	APPLY MULTLAY COMPRS UPR LEG	1/1/2018
12/31/2017	29583	APPLY MULTLAY COMPRS UPR ARM	1/1/2018
12/31/2017	31320	DIAGNOSTIC INCISION LARYNX	1/1/2018
12/31/2017	34800	ENDOVAS AAA REPR W/SM TUBE	1/1/2018
12/31/2017	34802	ENDOVAS AAA REPR W/2-P PART	1/1/2018

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12/31/2017	34803	ENDOVAS AAA REPR W/3-P PART	1/1/2018
12/31/2017	34804	ENDOVAS AAA REPR W/1-P PART	1/1/2018
12/31/2017	34805	ENDOVAS AAA REPR W/LONG TUBE	1/1/2018
12/31/2017	34806	ANEURYSM PRESS SENSOR ADD-ON	1/1/2018
12/31/2017	34825	ENDOVASC EXTEND PROSTH INIT	1/1/2018
12/31/2017	34826	ENDOVASC EXTEN PROSTH ADDL	1/1/2018
12/31/2017	34900	ENDOVASC ILIAC REPR W/GRAFT	1/1/2018
12/31/2017	36120	ESTABLISH ACCESS TO ARTERY	1/1/2018
12/31/2017	36515	APHERESIS ADSORP/REINFUSE	1/1/2018
12/31/2017	55450	LIGATION OF SPERM DUCT	1/1/2018
12/31/2017	64565	IMPLANT NEUROELECTRODES	1/1/2018
12/31/2017	69820	ESTABLISH INNER EAR WINDOW	1/1/2018
12/31/2017	69840	REVISE INNER EAR WINDOW	1/1/2018
12/31/2017	71010	CHEST X-RAY 1 VIEW FRONTAL	1/1/2018
12/31/2017	71015	CHEST X-RAY STEREO FRONTAL	1/1/2018
12/31/2017	71020	CHEST X-RAY 2VW FRONTAL&LATL	1/1/2018
12/31/2017	71021	CHEST X-RAY FRNT LAT LORDOTC	1/1/2018
12/31/2017	71022	CHEST X-RAY FRNT LAT OBLIQUE	1/1/2018
12/31/2017	71023	CHEST X-RAY AND FLUOROSCOPY	1/1/2018
12/31/2017	71030	CHEST X-RAY 4/> VIEWS	1/1/2018
12/31/2017	71034	CHEST X-RAY&FLUORO 4/> VIEWS	1/1/2018
12/31/2017	71035	CHEST X-RAY SPECIAL VIEWS	1/1/2018
12/31/2017	74000	X-RAY EXAM OF ABDOMEN	1/1/2018
12/31/2017	74010	X-RAY EXAM OF ABDOMEN	1/1/2018
12/31/2017	74020	X-RAY EXAM OF ABDOMEN	1/1/2018
12/31/2017	75658	ARTERY X-RAYS ARM	1/1/2018
12/31/2017	75952	ENDOVASC REPAIR ABDOM AORTA	1/1/2018
12/31/2017	75953	ABDOM ANEURYSM ENDOVAS RPR	1/1/2018
12/31/2017	75954	ILIAC ANEURYSM ENDOVAS RPR	1/1/2018
12/31/2017	77422	NEUTRON BEAM TX SIMPLE	1/1/2018
12/31/2017	78190	PLATELET SURVIVAL KINETICS	1/1/2018
12/31/2017	83499	ASSAY OF PROGESTERONE 20-	1/1/2018
12/31/2017	84061	PHOSPHATASE FORENSIC EXAM	1/1/2018
12/31/2017	86185	COUNTERIMMUNOELECTROPHORESIS	1/1/2018
12/31/2017	86243	FC RECEPTOR	1/1/2018
12/31/2017	86378	MIGRATION INHIBITORY FACTOR	1/1/2018
12/31/2017	86729	LYMPHO VENEREUM ANTIBODY	1/1/2018
12/31/2017	86822	LYMPHOCYTE CULTURE PRIMED	1/1/2018
12/31/2017	87277	LEGIONELLA MICDADEI AG IF	1/1/2018
12/31/2017	87470	BARTONELLA DNA DIR PROBE	1/1/2018
12/31/2017	87477	LYME DIS DNA QUANT	1/1/2018
12/31/2017	87515	HEPATITIS B DNA DIR PROBE	1/1/2018

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12/31/2017	88154	CYTOPATH C/V SELECT	1/1/2018
12/31/2017	93982	ANEURYSM PRESSURE SENS STUDY	1/1/2018
12/31/2017	94620	PULMONARY STRESS TEST/SIMPLE	1/1/2018
12/31/2017	97532	COGNITIVE SKILLS DEVELOPMENT	1/1/2018
12/31/2017	97762	C/O FOR ORTHOTIC/PROSTH USE	1/1/2018
12/31/2017	99363	ANTICOAGULANT MGMT INITIAL	1/1/2018
12/31/2017	99364	ANTICOAGULANT MGMT SUBSEQ	1/1/2018
12/31/2017	A9599	RADIOPH DX B AMYLOID PET NOS	1/1/2018
12/31/2017	C9140	AFSTYLA FACTOR VIII RECOMB	1/1/2018
12/31/2017	C9483	INJECTION, ATEZOLIZUMAB	1/1/2018
12/31/2017	C9484	INJECTION, ETEPLIRSEN	1/1/2018
12/31/2017	C9485	INJECTION, OLARATUMAB	1/1/2018
12/31/2017	C9486	INJ, GRANISETRON EXT	1/1/2018
6/30/2017	C9487	USTEKINUMAB INTRAVENOUS INJ 1 MG	7/1/2017
12/31/2017	C9489	INJECTION, NUSINERSEN	1/1/2018
12/31/2017	C9490	INJECTION, BEZLOTOXUMAB	1/1/2018
12/31/2017	C9491	INJECTION, AVELUMAB	1/1/2018
12/31/2017	C9494	INJECTION, OCRELIZUMAB	1/1/2018
12/31/2017	G0202	SCR MAMMO BI INCL CAD	1/1/2018
12/31/2017	G0204	DX MAMMO INCL CAD BI	1/1/2018
12/31/2017	G0206	DX MAMMO INCL CAD UNI	1/1/2018
12/31/2017	G0364	BN MARROW ASPIR PRFRM BX SAME INCI	1/1/2018
12/31/2017	G0502	INT PS CCM 1ST 70 M 1ST CAL M B HCM	1/1/2018
12/31/2017	G0503	SB PS CCM 1ST 60 M SB MO BEH HCM AC	1/1/2018
12/31/2017	G0504	INIT/SB PS CCM E ADD 30 MN CM B HCM	1/1/2018
12/31/2017	G0505	CF ASMT STD INST OFF/OTH OP/HOME	1/1/2018
12/31/2017	G0507	CM BH CND AL 20 M CL STF TM PER CM	1/1/2018
12/31/2017	G8696	ANTITHROMB THX PRESC	1/1/2018
12/31/2017	G8697	ANTITHROMB NO PRESC DOC REAS	1/1/2018
12/31/2017	G8698	ANTITHROMB NO PRESC NO REAS	1/1/2018
12/31/2017	G8879	NODE NEG INV BRST CNCR	1/1/2018
12/31/2017	G8947	1 OR MORE NEUROPSYCH	1/1/2018
12/31/2017	G8971	WARFRN OR OTHR ANTCOG NO RX	1/1/2018
12/31/2017	G8972	1>=RISK OR>= MOD RISK FOR TE	1/1/2018
12/31/2017	G9381	DOC MED REAS NO OFFER EOL	1/1/2018
12/31/2017	G9496	DOC RSN NO ADENO/NEOPL DETEC	1/1/2018
12/31/2017	J1725	HYDROXYPROGESTERONE CAPROATE	1/1/2018
12/31/2017	J9300	GEMTUZUMAB OZOGAMICIN INJ	1/1/2018
12/31/2017	P9072	PLATE PATH RED/RAPID BAC TES	1/1/2018
12/31/2017	Q9984	KYLEENA, 19.5 MG	1/1/2018
12/31/2017	Q9985	INJ HYDROXYPROGST CAPOAT NOS	1/1/2018
12/31/2017	Q9986	MAKENA, 10 MG	1/1/2018

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12/31/2017	Q9987	PATHOGEN TEST FOR PLATELETS	1/1/2018
12/31/2017	Q9988	PLATELETS, PATHOGEN REDUCED	1/1/2018
12/31/2017	Q9989	USTEKINUMAB, IV INJECT,1 MG	1/1/2018
3/31/2018	Q5102	INJ, INFLIXIMAB BIOSIMILAR	4/1/2018
12/31/9999	0004U	NFCT DS DNA 27 RESIST GENES	1/1/2018
12/31/9999	0015U	RX METAB ADVRS RX RXN DNA	1/1/2018
12/31/9999	G9890	DIL MAC EXAM PERF LVL MAC DEGEN SEV	1/1/2018
12/31/9999	G9891	DOC MED RSN NOT PERF DIL MACULAR EX	1/1/2018