

CHAPTER 1
SECTION 2.2

No GOVERNMENT PAY CODES

ISSUE DATE: January 1, 2005

AUTHORITY: 32 CFR 199.4(g)(15)

This listing of No Government Pay Codes contains codes that are excluded from coverage and are not payable under TRICARE. However, codes that may have moved from unproven to proven are appealable and must go through the appeal process for reconsideration. The following CPT codes and short/long descriptions are valid for claims on or after January 1, 2005.

CPT-4		CPT-4 (CONTINUED)	
CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**	CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**
0003T	CERVICOGRAPHY	0043T	CO EXPIRED GAS ANALYSIS
0008T	UPPER GI ENDOSCOPY W/SUTURE	0044T	WHOLE BODY PHOTOGRAPHY
0010T	TB TEST, GAMMA INTERFERON	0045T	WHOLE BODY PHOTOGRAPHY
0016T	THERMOTX CHOROID VASC LESION	0046T	CATH LAVAGE, MAMMARY DUCT(S)
0017T	PHOTOCOAGULAT MACULAR DRUSEN	0047T	CATH LAVAGE, MAMMARY DUCT(S)
0018T	TRANSCRANIAL MAGNETIC STIMUL	0048T	IMPLANT VENTRICULAR DEVICE
0019T	EXTRACORP SHOCK WAVE TX, MS	0049T	EXTERNAL CIRCULATION ASSIST
0020T	EXTRACORP SHOCK WAVE TX, FT	0050T	REMOVAL CIRCULATION ASSIST
0021T	FETAL OXIMETRY, TRNSVAG/CERV	0051T	IMPLANT TOTAL HEART SYSTEM
0023T	PHENOTYPE DRUG TEST, HIV 1	0052T	REPLACE COMPONENT HEART SYST
0026T	MEASURE REMNANT LIPOPROTEINS	0053T	REPLACE COMPONENT HEART SYST
0027T	ENDOSCOPIC EPIDURAL LYSIS	0054T	BONE SURGERY USING COMPUTER
0028T	DEXA BODY COMPOSITION STUDY	0055T	BONE SURGERY USING COMPUTER
0029T	MAGNETIC TX FOR INCONTINENCE	0056T	BONE SURGERY USING COMPUTER
0030T	ANTIPROTHROMBIN ANTIBODY	0058T	CRYOPRESERVATION, OVARY TISS
0031T	SPECULOSCOPY	0059T	CRYOPRESERVATION, OOCYTE
0032T	SPECULOSCOPY W/DIRECT SAMPLE	0060T	ELECTRICAL IMPEDANCE SCAN
0033T	ENDOVASC TAA REPR INCL SUBCL	0061T	DESTRUCTION OF TUMOR, BREAST
0034T	ENDOVASC TAA REPR W/O SUBCL	0062T	REP INTRADISC ANNULUS;1 LEV
0035T	INSERT ENDOVASC PROSTH, TAA	0063T	REP INTRADISC ANNULUS;>1LEV
0036T	ENDOVASC PROSTH, TAA, ADD-ON	0064T	SPECTROSCOP EVAL EXPIRED GAS
0037T	ARTERY TRANSPOSE/ENDOVAS TAA	0065T	OCULAR PHOTOSCREEN BILAT
0038T	RAD ENDOVASC TAA RPR W/COVER	0066T	CT COLONOGRAPHY;SCREEN
0039T	RAD S/I, ENDOVASC TAA REPAIR	0067T	CT COLONOGRAPHY;DX
0040T	RAD S/I, ENDOVASC TAA PROSTH	0068T	INTERP/REPT HEART SOUND
0041T	DETECT UR INFECT AGNT W/CPAS	0069T	ANALYSIS ONLY HEART SOUND
0042T	CT PERFUSION W/CONTRAST, CBF	0070T	INTERP ONLY HEART SOUND

* The number following the procedure code is the TRICARE payment group.

** CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 1, SECTION 2.2

NO GOVERNMENT PAY CODES

CPT-4 (CONTINUED)		CPT-4 (CONTINUED)	
CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**	CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**
0071T	U/S LEIOMYOMATA ABLATE <200	43845	GASTROPLASTY DUODENAL SWITCH
0072T	U/S LEIOMYOMATA ABLATE >200	50542	LAPARO ABLATE RENAL MASS
0073T	DELIVERY, COMP IMRT	52510	DILATION PROSTATIC URETHRA
0074T	ONLINE PHYSICIAN E/M	58321	ARTIFICIAL INSEMINATION
0075T	PERQ STENT/CHEST VERT ART	58322	ARTIFICIAL INSEMINATION
0076T	S&I STENT/CHEST VERT ART	58323	SPERM WASHING
0077T	CEREB THERM PERFUSION PROBE	58970	RETRIEVAL OF OOCYTE
0078T	ENDOVASC AORT REPR W/DEVICE	58974	TRANSFER OF EMBRYO
0079T	ENDOVASC VISC EXTNSN REPR	58976	TRANSFER OF EMBRYO
0080T	ENDOVASC AORT REPR RAD S&I	63050	CERVICAL LAMINOPLASTY
0081T	ENDOVASC VISC EXTNSN S&I	63051	C-LAMINOPLASTY W/GRAFT/PLATE
0082T	STEREOTACTIC RAD DELIVERY	65771	RADIAL KERATOTOMY
0083T	STEREOTACTIC RAD TX MNGMT	69090	PIERCE EARLOBES
0084T	TEMP PROSTATE URETHRAL STENT	78807	NUCLEAR LOCALIZATION/ABSCSS
0085T	BREATH TEST HEART REJECT	78890	NUCLEAR MEDICINE DATA PROC
0086T	L VENTRICLE FILL PRESSURE	78891	NUCLEAR MED DATA PROC
0087T	SPERM EVAL HYALURONAN	84061	PHOSPHATASE, FORENSIC EXAM
0088T	RF TONGUE BASE VOL REDUXN	86910	BLOOD TYPING, PATERNITY TEST
0500F	INITIAL PRENATAL CARE VISIT	86911	BLOOD TYPING, ANTIGEN SYSTEM
0501F	PRENATAL FLOW SHEET	88000	AUTOPSY (NECROPSY), GROSS
0502F	SUBSEQUENT PRENATAL CARE	88005	AUTOPSY (NECROPSY), GROSS
0503F	POSTPARTUM CARE VISIT	88007	AUTOPSY (NECROPSY), GROSS
1000F	TOBACCO USE, SMOKING, ASSESS	88012	AUTOPSY (NECROPSY), GROSS
1001F	TOBACCO USE, NON-SMOKING	88014	AUTOPSY (NECROPSY), GROSS
1002F	ASSESS ANGINAL SYMPTOM/LEVEL	88016	AUTOPSY (NECROPSY), GROSS
15775	HAIR TRANSPLANT PUNCH GRAFTS	88020	AUTOPSY (NECROPSY), COMPLETE
15776	HAIR TRANSPLANT PUNCH GRAFTS	88025	AUTOPSY (NECROPSY), COMPLETE
15825	REMOVAL OF NECK WRINKLES	88027	AUTOPSY (NECROPSY), COMPLETE
15826	REMOVAL OF BROW WRINKLES	88028	AUTOPSY (NECROPSY), COMPLETE
15829	REMOVAL OF SKIN WRINKLES	88029	AUTOPSY (NECROPSY), COMPLETE
15850	REMOVAL OF SUTURES	88036	LIMITED AUTOPSY
17380	HAIR REMOVAL BY ELECTROLYSIS	88037	LIMITED AUTOPSY
2000F	BLOOD PRESSURE, MEASURED	88040	FORENSIC AUTOPSY (NECROPSY)
20930	SPINAL BONE ALLOGRAFT	88045	CORONER'S AUTOPSY (NECROPSY)
20936	SPINAL BONE AUTOGRAFT	88099	NECROPSY (AUTOPSY) PROCEDURE
22841	INSERT SPINE FIXATION DEVICE	89250	CULTR OOCYTE/EMBRYO <4 DAYS
29730	WINDOWING OF CAST	89251	CULTR OOCYTE/EMBRYO <4 DAYS
29866	AUTGRFT IMPLNT, KNEE W/SCOPE	89253	EMBRYO HATCHING
29867	ALLGRFT IMPLNT, KNEE W/SCOPE	89254	OOCYTE IDENTIFICATION
29868	MENISCAL TRNSPL, KNEE W/SCPE	89255	PREPARE EMBRYO FOR TRANSFER
4000F	TOBACCO USE TXMNT COUNSELING	89257	SPERM IDENTIFICATION
4001F	TOBACCO USE TXMNT, PHARMACOL	89258	CRYOPRESERVATION; EMBRYO(S)
4002F	STATIN THERAPY, RX	89259	CRYOPRESERVATION, SPERM
4006F	BETA-BLOCKER THERAPY, RX	89260	SPERM ISOLATION, SIMPLE
4009F	ACE INHIBITOR THERAPY, RX	89261	SPERM ISOLATION, COMPLEX
4011F	ORAL ANTIPLATELET TX, RX	89264	IDENTIFY SPERM TISSUE
43843	GASTROPLASTY W/O V-BAND	89268	INSEMINATION OF OOCYTES

* The number following the procedure code is the TRICARE payment group.

** CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 1, SECTION 2.2

NO GOVERNMENT PAY CODES

CPT-4 (CONTINUED)		CPT-4 (CONTINUED)	
CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**	CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**
89272	EXTENDED CULTURE OF OOCYTES	97005	ATHLETIC TRAIN EVAL
89280	ASSIST OOCYTE FERTILIZATION	97006	ATHLETIC TRAIN REEVAL
89281	ASSIST OOCYTE FERTILIZATION	97010	HOT OR COLD PACKS THERAPY
89290	BIOPSY, OOCYTE POLAR BODY	97537	COMMUNITY/WORK REINTEGRATION
89291	BIOPSY, OOCYTE POLAR BODY	97810	ACUPUNCT W/O STIMUL 15 MIN
89329	SPERM EVALUATION TEST	97811	ACUPUNCT W/O STIMUL ADDL 15M
89335	CRYOPRESERVE TESTICULAR TISS	97813	ACUPUNCT W/STIMUL 15 MIN
89342	STORAGE/YEAR; EMBRYO(S)	97814	ACUPUNCT W/STIMUL ADDL 15M
89343	STORAGE/YEAR; SPERM/SEMEN	98940	CHIROPRACTIC MANIPULATION
89344	STORAGE/YEAR; REPROD TISSUE	98941	CHIROPRACTIC MANIPULATION
89346	STORAGE/YEAR; OOCYTE(S)	98942	CHIROPRACTIC MANIPULATION
89352	THAWING CRYOPRESERVED; EMBRYO	98943	CHIROPRACTIC MANIPULATION
89353	THAWING CRYOPRESERVED; SPERM	99024	POSTOP FOLLOW-UP VISIT
89354	THAW CRYOPRSVRD; REPROD TISS	99050	MEDICAL SERVICES AFTER HRS
89356	THAWING CRYOPRESERVED; OOCYTE	99052	MEDICAL SERVICES AT NIGHT
90875	PSYCHOPHYSIOLOGICAL THERAPY	99054	MEDICAL SERVCS, UNUSUAL HRS
90876	PSYCHOPHYSIOLOGICAL THERAPY	99056	NON-OFFICE MEDICAL SERVICES
90882	ENVIRONMENTAL MANIPULATION	99058	OFFICE EMERGENCY CARE
90885	PSY EVALUATION OF RECORDS	99071	PATIENT EDUCATION MATERIALS
90889	PREPARATION OF REPORT	99080	SPECIAL REPORTS OR FORMS
90989	DIALYSIS TRAINING, COMPLETE	99288	DIRECT ADVANCED LIFE SUPPORT
90993	DIALYSIS TRAINING, INCOMPL	99358	PROLONGED SERV, W/O CONTACT
92340	FITTING OF SPECTACLES	99359	PROLONGED SERV, W/O CONTACT
92341	FITTING OF SPECTACLES	99374	HOME HEALTH CARE SUPERVISION
92342	FITTING OF SPECTACLES	99375	HOME HEALTH CARE SUPERVISION
92352	SPECIAL SPECTACLES FITTING	99377	HOSPICE CARE SUPERVISION
92353	SPECIAL SPECTACLES FITTING	99378	HOSPICE CARE SUPERVISION
92354	SPECIAL SPECTACLES FITTING	99379	NURSING FAC CARE SUPERVISION
92355	SPECIAL SPECTACLES FITTING	99380	NURSING FAC CARE SUPERVISION
92358	EYE PROSTHESIS SERVICE	99401	PREVENTIVE COUNSELING, INDIV
92370	REPAIR & ADJUST SPECTACLES	99402	PREVENTIVE COUNSELING, INDIV
92371	REPAIR & ADJUST SPECTACLES	99403	PREVENTIVE COUNSELING, INDIV
92531	SPONTANEOUS NYSTAGMUS STUDY	99404	PREVENTIVE COUNSELING, INDIV
92532	POSITIONAL NYSTAGMUS TEST	99411	PREVENTIVE COUNSELING, GROUP
92533	CALORIC VESTIBULAR TEST	99412	PREVENTIVE COUNSELING, GROUP
92534	OPTOKINETIC NYSTAGMUS TEST	99509	HOME VISIT DAY LIFE ACTIVITY
92548	POSTUROGRAPHY	99510	HOME VISIT, SING/M/FAM COUNS
93278	ECG/SIGNAL-AVERAGED		
93760	CEPHALIC THERMOGRAM		
93762	PERIPHERAL THERMOGRAM		
93784	AMBULATORY BP MONITORING		
93786	AMBULATORY BP RECORDING		
93788	AMBULATORY BP ANALYSIS		
93790	REVIEW/REPORT BP RECORDING		
94150	VITAL CAPACITY TEST		
95806	SLEEP STUDY, UNATTENDED		
96902	TRICHOGRAM		

* The number following the procedure code is the TRICARE payment group.

** CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 1, SECTION 2.2

NO GOVERNMENT PAY CODES

HCPCS		HCPCS (CONTINUED)	
CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**	CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**
A0080	NONINTEREST ESCORT IN NON ER	E1310	WHIRLPOOL NON-PORTABLE
A0090	INTEREST ESCORT IN NON ER	E2120	PULSE GEN SYS TX ENDOLYMP FL
A0160	NONER TRANSPORT CASE WORKER	G0117	GLAUCOMA SCRN HGH RISK DIREC
A0180	NONER TRANSPORT LODGNG RECIP	G0118	GLAUCOMA SCRN HGH RISK DIREC
A0190	NONER TRANSPORT MEALS RECIP	G0129	PARTIAL HOSP PROG SERVICE
A0200	NONER TRANSPORT LODGNG ESCRT	G0177	OPPS/PHP; TRAIN & EDUC SERV
A0210	NONER TRANSPORT MEALS ESCORT	G0179	MD RECERTIFICATION HHA PT
A0888	NONCOVERED AMBULANCE MILEAGE	G0180	MD CERTIFICATION HHA PATIENT
A4267	MALE CONDOM	G0181	HOME HEALTH CARE SUPERVISION
A4268	FEMALE CONDOM	G0182	HOSPICE CARE SUPERVISION
A4269	SPERMICIDE	G0265	CRYOPRESEVATION FREEZE+STORA
A4520	INCONTINENCE GARMENT ANYTYPE	G0266	THAWING + EXPANSION FROZ CEL
A4534	YOUTH SIZE BRIEF EACH	G0270	MNT SUBS TX FOR CHANGE DX
A4554	DISPOSABLE UNDERPADS	G0271	GROUP MNT 2 OR MORE 30 MINS
A4575	HYPERBARIC O2 CHAMBER DISPS	G0279	EXCORP SHOCK TX, ELBOW EPI
A4670	AUTOMATIC BP MONITOR, DIAL	G0280	EXCORP SHOCK TX OTHER THAN
A9152	SINGLE VITAMIN NOS	G0293	NON-COV SURG PROC,CLIN TRIAL
A9153	MULTI-VITAMIN NOS	G0294	NON-COV PROC, CLINICAL TRIAL
E0203	THERAPEUTIC LIGHTBOX TABLET	G0336	PET IMAGING BRAIN ALZHEIMERS
E0210	ELECTRIC HEAT PAD STANDARD	G0341	PERCUTANEOUS ISLET CELLTRANS
E0215	ELECTRIC HEAT PAD MOIST	G0342	LAPAROSCOPY ISLET CELL TRANS
E0217	WATER CIRC HEAT PAD W PUMP	G0343	LAPAROTOMY ISLET CELL TRANSP
E0218	WATER CIRC COLD PAD W PUMP	G9016	DEMO-SMOKING CESSATION COUN
E0220	HOT WATER BOTTLE	H0036	COMM PSY FACE-FACE PER 15MIN
E0221	INFRARED HEATING PAD SYSTEM	H0037	COMM PSY SUP TX PGM PER DIEM
E0225	HYDROCOLLATOR UNIT	H0038	SELF-HELP/PEER SVC PER 15MIN
E0230	ICE CAP OR COLLAR	H0039	ASSER COM TX FACE-FACE/15MIN
E0236	PUMP FOR WATER CIRCULATING P	H0040	ASSERT COMM TX PGM PER DIEM
E0238	HEAT PAD NON-ELECTRIC MOIST	H0041	FOS C CHLD NON-THER PER DIEM
E0239	HYDROCOLLATOR UNIT PORTABLE	H0042	FOS C CHLD NON-THER PER MON
E0241	BATH TUB WALL RAIL	H0043	SUPPORTED HOUSING, PER DIEM
E0242	BATH TUB RAIL FLOOR	H0044	SUPPORTED HOUSING, PER MONTH
E0243	TOILET RAIL	H0045	RESPIRE NOT-IN-HOME PER DIEM
E0244	TOILET SEAT RAISED	H0046	MENTAL HEALTH SERVICE, NOS
E0245	TUB STOOL OR BENCH	H1010	NONMED FAMILY PLANNING ED
E0249	PAD WATER CIRCULATING HEAT U	H1011	FAMILY ASSESSMENT
E0270	HOSPITAL BED INSTITUTIONAL T	H2001	REHABILITATION PROGRAM 1/2 D
E0273	BED BOARD	H2014	SKILLS TRAIN AND DEV, 15 MIN
E0274	OVER-BED TABLE	H2015	COMP COMM SUPP SVC, 15 MIN
E0315	BED ACCESSORY BRD/TBL/SUPPRT	H2016	COMP COMM SUPP SVC, PER DIEM
E0602	MANUAL BREAST PUMP	H2023	SUPPORTED EMPLOY, PER 15 MIN
E0603	ELECTRIC BREAST PUMP	H2024	SUPPORTED EMPLOY, PER DIEM
E0625	PATIENT LIFT BATHROOM OR TOI	H2025	SUPP MAINT EMPLOY, 15 MIN
E0701	HELMET W FACE GUARD PREFAB	H2026	SUPP MAINT EMPLOY, PER DIEM
E0740	INCONTINENCE TREATMENT SYSTM	H2027	PSYCHOED SVC, PER 15 MIN
E0755	ELECTRONIC SALIVARY REFLEX S	H2028	SEX OFFEND TX SVC, 15 MIN
E1300	WHIRLPOOL PORTABLE	H2029	SEX OFFEND TX SVC, PER DIEM

* The number following the procedure code is the TRICARE payment group.

** CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 1, SECTION 2.2

NO GOVERNMENT PAY CODES

HCPCS (CONTINUED)		HCPCS (CONTINUED)	
CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**	CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**
H2030	MH CLUBHOUSE SVC, PER 15 MIN	S4990	NICOTINE PATCH LEGEND
H2031	MH CLUBHOUSE SVC, PER DIEM	S4991	NICOTINE PATCH NONLEGEND
H2032	ACTIVITY THERAPY, PER 15 MIN	S4993	CONTRACEPTIVE PILLS FOR BC
H2033	MULTISYS THER/JUVENILE 15MIN	S4995	SMOKING CESSATION GUM
H2037	DEV DELAY PREV DP CH, 15 MIN	S5100	ADULT DAYCARE SERVICES 15MIN
J3570	LAETRILE AMYGDALIN VIT B17	S5101	ADULT DAY CARE PER HALF DAY
P2031	HAIR ANALYSIS	S5102	ADULT DAY CARE PER DIEM
P9010	WHOLE BLOOD FOR TRANSFUSION	S5105	CENTERBASED DAY CARE PERDIEM
S0320	RN TELEPHONE CALLS TO DMP	S5120	CHORE SERVICES PER 15 MIN
S0800	LASER IN SITU KERATOMILEUSIS	S5121	CHORE SERVICES PER DIEM
S0810	PHOTOREFRACTIVE KERATECTOMY	S5125	ATTENDANT CARE SERVICE /15M
S1040	CRANIAL REMOLDING ORTHOSIS	S5126	ATTENDANT CARE SERVICE /DIEM
S2082	LAP ADJUSTABLE GASTRIC BAND	S5130	HOMAKER SERVICE NOS PER 15M
S2102	ISLET CELL TISSUE TRANSPLANT	S5131	HOMEMAKER SERVICE NOS /DIEM
S2103	ADRENAL TISSUE TRANSPLANT	S5135	ADULT COMPANIONCARE PER 15M
S2265	ABORTION 25-28WKS FETAL INDI	S5136	ADULT COMPANIONCARE PER DIEM
S2266	ABORTION 29-31WKS FETAL INDI	S5140	ADULT FOSTER CARE PER DIEM
S2267	ABORTION >=32WKS FETAL INDIC	S5141	ADULT FOSTER CARE PER MONTH
S2348	DECOMPRESS DISC RF LUMBAR	S5145	CHILD FOSTERCARE TH PER DIEM
S2362	KYPHOPLASTY, FIRST VERTEBRA	S5146	THER FOSTERCARE CHILD /MONTH
S2363	KYPHOPLASTY, EACH ADDL	S5150	UNSKILLED RESPITE CARE /15M
S2370	INTRADISCAL ELECTROTHERMAL	S5151	UNSKILLED RESPITECARE /DIEM
S2371	EACH ADDITIONAL INTERSPACE	S5160	EMER RESPONSE SYS INSTAL&TST
S3902	BALLISTOCARDIOGRAM	S5161	EMER RSPNS SYS SERV PERMONTH
S3904	MASTERS TWO STEP	S5162	EMER RSPNS SYSTEM PURCHASE
S4011	IVF PACKAGE	S5165	HOME MODIFICATIONS PER SERV
S4013	COMPL GIFT CASE RATE	S5170	HOMEDELIVERED PREPARED MEAL
S4014	COMPL ZIFT CASE RATE	S5175	LAUNDRY SERV,EXT,PROF,/ORDER
S4015	COMPLETE IVF NOS CASE RATE	S5185	MED REMINDER SERV PER MONTH
S4016	FROZEN IVF CASE RATE	S5190	WELLNESS ASSESSMENT BY NONPH
S4017	IVF CANC A STIM CASE RATE	S5199	PERSONAL CARE ITEM NOS EACH
S4018	F EMB TRNS CANC CASE RATE	S9001	HOME UTERINE MONITOR WITH OR
S4020	IVF CANC A ASPIR CASE RATE	S9075	SMOKING CESSATION TREATMENT
S4021	IVF CANC P ASPIR CASE RATE	S9125	RESPITE CARE, IN THE HOME, P
S4022	ASST OOCYTE FERT CASE RATE	S9434	MOD SOLID FOOD SUPPL
S4023	INCOMPL DONOR EGG CASE RATE	S9436	LAMAZE CLASS
S4025	DONOR SERV IVF CASE RATE	S9437	CHILDBIRTH REFRESHER CLASS
S4026	PROCURE DONOR SPERM	S9438	CESAREAN BIRTH CLASS
S4027	STORE PREV FROZ EMBRYOS	S9439	VBAC CLASS
S4028	MICROSURG EPI SPERM ASP	S9441	ASTHMA EDUCATION
S4030	SPERM PROCURE INIT VISIT	S9442	BIRTHING CLASS
A4031	SPERM PROCURE SUBS VISIT	S9443	LACTATION CLASS
S4035	STIMULATED IUI CASE RATE	S9444	PARENTING CLASS
S4036	INTRAVAG CULT CASE RATE	S9445	PT EDUCATION NOC INDIVID
S4037	CRYO EMBRYO TRANSF CASE RATE	S9446	PT EDUCATION NOC GROUP
S4040	MONIT STORE CRYO EMBRYO 30 D	S9447	INFANT SAFETY CLASS
S4042	OVULATION MGMT PER CYCLE	S9449	WEIGHT MGMT CLASS

* The number following the procedure code is the TRICARE payment group.

** CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 1, SECTION 2.2

NO GOVERNMENT PAY CODES

HCPCS (CONTINUED)		HCPCS (CONTINUED)	
CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**	CODE	SHORT DESCRIPTION (WHEN AVAILABLE)**
S9451	EXERCISE CLASS	T2049	N-ET; STRETCHER VAN, MILEAGE
S9452	NUTRITION CLASS	T2101	BREAST MILK PROC/STORE/DIST
S9453	SMOKING CESSATION CLASS	T4521	ADULT SIZE BRIEF/DIAPER SM
S9454	STRESS MGMT CLASS	T4522	ADULT SIZE BRIEF/DIAPER MED
S9470	NUTRITIONAL COUNSELING, DIET	T4523	ADULT SIZE BRIEF/DIAPER LG
S9475	AMBULATORY SETTING SUBSTANCE	T4524	ADULT SIZE BRIEF/DIAPER XL
S9480	INTENSIVE OUTPATIENT PSYCHIA	T4525	ADULT SIZE PULL-ON SM
S9485	CRISIS INTERVENTION MENTAL H	T4526	ADULT SIZE PULL-ON MED
S9970	HEALTH CLUB MEMBERSHIP YR	T4527	ADULT SIZE PULL-ON LG
S9975	TRANSPLANT RELATED PER DIEM	T4528	ADULT SIZE PULL-ON XL
S9976	LODGING PER DIEM	T4529	PED SIZE BRIEF/DIAPER SM/MED
S9977	MEALS PER DIEM	T4530	PED SIZE BRIEF/DIAPER LG
S9981	MED RECORD COPY ADMIN	T4531	PED SIZE PULL-ON SM/MED
S9982	MED RECORD COPY PER PAGE	T4532	PED SIZE PULL-ON LG
S9986	NOT MEDICALLY NECESSARY SVC	T4533	YOUTH SIZE BRIEF/DIAPER
S9988	SERV PART OF PHASE I TRIAL	T4534	YOUTH SIZE PULL-ON
T1004	NSG AIDE SERVICE UP TO 15MIN	T4535	DISPOSABLE LINER/SHIELD/PAD
T1005	RESPIRE CARE SERVICE 15 MIN	T4536	REUSABLE PULL-ON ANY SIZE
T1009	CHILD SITTING SERVICES	T4537	REUSABLE UNDERPAD BED SIZE
T1018	SCHOOL-BASED IEP SER BUNDLED	T4538	DIAPER SERV REUSABLE DIAPER
T1019	PERSONAL CARE SER PER 15 MIN	T4539	REUSE DIAPER/BRIEF ANY SIZE
T1020	PERSONAL CARE SER PER DIEM	T4540	REUSABLE UNDERPAD CHAIR SIZE
T1021	HH AIDE OR CN AIDE PER VISIT	T4541	LARGE DISPOSABLE UNDERPAD
T1027	FAMILY TRAINING & COUNSELING	T4542	SMALL DISPOSABLE UNDERPAD
T2010	PASRR LEVEL I	T5001	SPECIAL POSITION SEAT/VEHICL
T2011	PASRR LEVEL II	T5999	SUPPLY, NOS
T2012	HABIL ED WAIVER, PER DIEM	V2121	LENTICULAR LENS, SINGLE
T2013	HABIL ED WAIVER PER HOUR	V2221	LENTICULAR LENS, BIFOCAL
T2014	HABIL PREVOC WAIVER, PER D	V2321	LENTICULAR LENS, TRIFOCAL
T2015	HABIL PREVOC WAIVER PER HR	V2702	DELUXE LENS FEATURE
T2016	HABIL RES WAIVER PER DIEM	V2745	TINT, ANY COLOR/SOLID/GRAD
T2017	HABIL RES WAIVER 15 MIN	V2756	EYE GLASS CASE
T2018	HABIL SUP EMPL WAIVER/DIEM	V2761	MIRROR COATING
T2019	HABIL SUP EMPL WAIVER 15MIN	V2762	POLARIZATION, ANY LENS
T2020	DAY HABIL WAIVER PER DIEM	V2782	LENS, 1.54-1.65 P/1.60-1.79G
T2021	DAY HABIL WAIVER PER 15 MIN	V2783	LENS, >= 1.66 P/>=1.80 G
T2026	SPECIAL CHILDCARE WAIVER/D	V2784	LENS POLYCARB OR EQUAL
T2027	SPEC CHILDCARE WAIVER 15 MIN	V2786	OCCUPATIONAL MULTIFOCAL LENS
T2030	ASSIST LIVING WAIVER/MONTH	V2797	VIS ITEM/SVC IN OTHER CODE
T2031	ASSIST LIVING WAIVER/DIEM	V5362	SPEECH SCREENING
T2035	UTILITY SERVICES WAIVER	V5363	LANGUAGE SCREENING
T2036	CAMP OVERNITE WAIVER/SESSION	V5364	DYSPHAGIA SCREENING
T2037	CAMP DAY WAIVER/SESSION		
T2038	COMM TRANS WAIVER/SERVICE		
T2039	VEHICLE MOD WAIVER/SERVICE		
T2040	FINANCIAL MGT WAIVER/15MIN		
T2041	SUPPORT BROKER WAIVER/15 MIN		

- END -

* The number following the procedure code is the TRICARE payment group.

** CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.