

HARRIS COUNTY PUBLIC HEALTH - RYAN WHITE GRANT ADMINISTRATION

APPROVED LIST OF DIAGNOSTIC PROCEDURES

(For Part A Primary Medical Care Subcontractors)

The diagnostic code and client's 11-digit code must be written on the invoice to process reimbursement. The code on invoice and CPCDMS SubCat code on Billing History Report must match.

Diagnostic Procedure	CPCDMS SubCat Code	Diagnostic Code (for Invoice)
HEP C RNA	HCRNA	DP01
Bronchoscopy	BRONC	DP02
EGD	EGD	DP03
Flexible Sigmoidoscopy	SIGM	DP04
Barium Studies	BARM	DP05
Colposcopy	COLPO	DP06
Echocardiogram	ECHO	DP07
Liver Biopsies	LVRBX	DP08
Gastrosopies	GASTR	DP09
Sonogram	SONO	DP10
Radiological Procedures: non-routine chest, cervical spine, lumbar spine, upper extremities, lower extremities, KUB-abdomen, I.V.P. - Intravenous Pyleograms, Barium Swallow, and Ultrasound	RSPRC ULTRA	DP11
Bone Densitometry/Bone Density Testing	BONE	DP12
Stress EKG/EKG 12 lead	EKG	DP13
Biopsy – Other	BIOP	DP14
MRI Scan as dictated by exam/clinical course	MRI	DP15
Upper & Lower GI	GI	DP16
KS Lesion – punch biopsy	KSBX	DP17
Lumbar Puncture	LUMB	DP18
Incision/removal of cyst	CYST	DP19
Mammogram	MAMM	DP20
Lumpectomy	LUMP	DP21
CAT Scan	CSCAN	DP22
Genotypic testing	GENO	DP23
Phenotypic testing	PHENO	DP24
Liquid Cytology	LCPAP	DP25
Colonoscopy	COLON	DP26
Condyloma excision (outpatient procedure only)	CONDY	DP27
Trofile test	TRFL	DP28
Other Diagnostic Procedure Approved With Waiver	WAIVR	DP99

This information and updates are available at www.hcphtx.org/Services-Programs/Programs/RyanWhite