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## Medicine: Other Services

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This section contains billing instructions for procedures not included in the medicine sections. Subsequent medicine sections are categorized by headings used in the CPT® code book.

### **Therapeutic Phlebotomy**

Therapeutic phlebotomy (CPT code 99195) is reimbursable only when the recipient is diagnosed with a disease that requires the removal of blood to relieve symptoms or complications.

**Note:** Code 99195 must not be used to bill for routine blood draws. Code 99000 (handling and/or conveyance of specimen) is the appropriate code to bill for this procedure. (See “Blood Specimens – Collection and Handling” in the *Pathology: Blood Collection and Handling* section of the appropriate Part 2 manual.)

### **Vitiligo**

Providers may use CPT code 96912 to bill psoralen with ultraviolet light (PUVA) treatments for vitiligo. Code 96900 is used to bill ultraviolet treatment alone for psoriasis. CPT codes 96900, 96910 (ultraviolet treatment Goeckerman type) and 96912 do not require authorization.

## **Caregiver Training Services**

**Caregiver Training Service Codes Table**

<b>HCPCS Code</b>	<b>General Code Description</b>
G0539	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes
G0540	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes
G0541	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes
G0542	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (use G0542 in conjunction with G0541)
G0543	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers

## **«Mechanical Scalp Cooling**

Scalp cooling services are used to address chemotherapy induced alopecia. Scalp hypothermia minimizes delivery of chemotherapeutic agents to the scalp and reduces metabolism of hair follicle cells, thereby decreasing the risk of alopecia.

The following CPT codes in the table below are reimbursable for mechanical scalp cooling:

<b>CPT Code</b>	<b>Description</b>
97007	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education
97008	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period
97009	Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure)

CPT codes 97007,97008 and 97009 require an approved TAR for reimbursement.

Mechanical scalp cooling is reimbursable for any FDA approved automated scalp cooling systems.

Scalp cooling is not approved for the following conditions:

- Children under 18 years of age.
- Central nervous system tumor.
- Malignancies that require radiation therapy to the skull.
- Hematological malignancies including but not limited to leukemia, lymphoma, or multiple myeloma.
- Beneficiaries preparing for a bone marrow (stem cell) transplant.
- Beneficiaries with a cold-agglutinin disease, cryoglobulinemia, or post-traumatic cold dystrophy.
- Beneficiaries with solid tumors receiving continuous infusion chemotherapy greater than or equal to 24 hours.>>

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.