HCPCS Level II Expert
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**ADMINISTRATIVE, MISCELLANEOUS & INVESTIGATIONAL**

**A9000-A9999**

This section of codes reports items such as nonprescription drugs, noncovered items/services, exercise equipment and, most notably, radiopharmaceutical diagnostic imaging agents.

- **A9150** Nonprescription drugs
  - MED: 100-2,15,30
- **A9152** Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
- **A9153** Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
- **A9155** Artificial saliva, 30 ml
- **A9180** Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker
- **A9270** Noncovered item or service
  - MED: 100-2,16,20
- **A9273** Hot water bottle, ice cap or collar, heat and/or cold wrap, any type
- **A9274** External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
- **A9275** Home glucose disposable monitor, includes test strips
- **A9276** Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
- **A9277** Transmitter; external, for use with interstitial continuous glucose monitoring system
- **A9278** Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
- **A9279** Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
- **A9280** Alert or alarm device, not otherwise classified
- **A9281** Reaching/grabbing device, any type, any length, each
- **A9282** Wig, any type, each
- **A9283** Foot pressure off loading/supportive device, any type, each
- **A9284** Spirometer, nonelectronic, includes all accessories
- **A9300** Exercise equipment
  - MED: 100-2,15,110.1

**RADIOPHARMACEUTICALS**

- **A9500** Technetium Tc-99m sestamibi, diagnostic, per study dose
  - Use this code for Cardiolite.
- **A9501** Technetium Tc-99m teboroxime, diagnostic, per study dose
  - Use this code for Myoview.
- **A9502** Technetium Tc-99m tetrofosmin, diagnostic, per study dose
  - Use this code for Myoview.
- **A9503** Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
  - Use this code for CIS-MDP, Draximage MDP-10, Draximage MDP-25, MDP-Bracco, Technetium Tc-99m MPI-MDP
  - AHA: 20-'29.9

- **A9504** Technetium Tc-99m capitate, diagnostic, per study dose, up to 20 millicuries
  - Use this code for AcuteCT
- **A9505** Thallium TI-201 thallous chloride, diagnostic, per millicurie
  - Use this code for MIBG, Thallous Chloride USP.
- **A9507** Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
  - Use this code for Prostascint.
- **A9508** Iodine I-131 lobengula sulfate, diagnostic, per 0.5 millicurie
  - Use this code for MIBG.
- **A9509** Iodine I-123 sodium iodide, diagnostic, per millicurie
  - Use this code for Technelit, Ultra-Technelit.
- **A9510** Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries
  - Use this code for Hepatoline.
- **A9512** Technetium Tc-99m pertechnetate, diagnostic, per millicurie
  - Use this code for Technelit, Ultra-Technelit.
- **A9516** Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, to 999 microcuries
  - Use this code for Technelit, Ultra-Technelit.
- **A9517** Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie
  - Use this code for Technelit, Ultra-Technelit.
- **A9521** Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries
  - Use this code for Exemazime.
- **A9524** Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries
  - Use this code for Ultra-Technelit.
- **A9526** Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries
  - MED: 100-4,13,60.3; 100-4,13,60.3.1; 100-4,13,60.3.2
- **A9527** Iodine I-125, sodium iodide solution, therapeutic, per millicurie
  - MED: 100-4,4,61.4,1
- **A9528** Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie
  - Use this code for Technelit, Ultra-Technelit.
- **A9529** Iodine I-131 sodium iodide solution, diagnostic, per millicurie
  - Use this code for Technelit, Ultra-Technelit.
- **A9530** Iodine I-131 sodium iodide solution, therapeutic, per millicurie
  - Use this code for Technelit, Ultra-Technelit.
- **A9531** Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)
  - Use this code for Technelit, Ultra-Technelit.
- **A9532** Iodine I-125 serum albumin, diagnostic, per 5 microcuries
  - Use this code for Technelit, Ultra-Technelit.
- **A9536** Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
  - Use this code for Technelit, Ultra-Technelit.
- **A9537** Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
  - Use this code for Technelit, Ultra-Technelit.
- **A9538** Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries
  - Use this code for CIS-PYRO, Phosphostec, Technescan Pyp Kit
  - Use this code for AN-DTPA, DTPA, MPI-DTPA Kit-Chelate, MPI Indium DTPA IN-111, Pentate Calcium Trisodium, Pentate Zinc Trisodium
### HCPGS OUTPATIENT PPS

**OUTPATIENT PPS C1300 - C9899**

This section reports drugs, biologicals, and devices codes that must be used by OPPS hospitals. Non-OPPS hospitals, Critical Access Hospitals (CAHs), Indian Health Service Hospitals (HIS), hospitals located in American Samoa, Guam, Saipan, or the Virgin Islands, and Maryland waiver hospitals may report these codes at their discretion. The codes can only be reported for facility (technical) services.

The C series of HCPCS may include device categories, new technology procedures, and drugs, biologicals and radiopharmaceuticals that do not have other HCPCS codes assigned. Some of these items and services are eligible for transitional pass-through payments for OPPS hospitals, have separate APC payments, or are items that are packaged. Hospitals are encouraged to report all appropriate C codes regardless of payment status.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1300</td>
<td>Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval</td>
</tr>
<tr>
<td>C1713</td>
<td>Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)</td>
</tr>
<tr>
<td>C1714</td>
<td>Catheter, transluminal atherectomy, directional</td>
</tr>
<tr>
<td>C1715</td>
<td>Brachytherapy needle</td>
</tr>
<tr>
<td>C1716</td>
<td>Brachytherapy source, nonstranded, gold-198, per source</td>
</tr>
<tr>
<td>C1717</td>
<td>Brachytherapy source, nonstranded, high dose rate iridium-192, per source</td>
</tr>
<tr>
<td>C1719</td>
<td>Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source</td>
</tr>
<tr>
<td>C1721</td>
<td>Cardioverter-defibrillator, dual chamber (implantable)</td>
</tr>
<tr>
<td>C1722</td>
<td>Cardioverter-defibrillator, single chamber (implantable)</td>
</tr>
<tr>
<td>C1724</td>
<td>Catheter, transluminal atherectomy, rotational</td>
</tr>
<tr>
<td>C1725</td>
<td>Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)</td>
</tr>
<tr>
<td>C1726</td>
<td>Catheter, balloon dilatation, nonvascular</td>
</tr>
<tr>
<td>C1727</td>
<td>Catheter, balloon tissue dissector, nonvascular (insertable)</td>
</tr>
<tr>
<td>C1728</td>
<td>Catheter, brachytherapy seed administration</td>
</tr>
<tr>
<td>C1729</td>
<td>Catheter, drainage</td>
</tr>
<tr>
<td>C1730</td>
<td>Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)</td>
</tr>
<tr>
<td>C1731</td>
<td>Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)</td>
</tr>
<tr>
<td>C1732</td>
<td>Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping</td>
</tr>
<tr>
<td>C1733</td>
<td>Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip</td>
</tr>
<tr>
<td>C1749</td>
<td>Endoscope, retrograde imaging/illumination colonoscope device (implantable)</td>
</tr>
<tr>
<td>C1750</td>
<td>Catheter, hemodialysis/ peritoneal, long-term</td>
</tr>
<tr>
<td>C1751</td>
<td>Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)</td>
</tr>
<tr>
<td>C1752</td>
<td>Catheter, hemodialysis/peritoneal, short-term</td>
</tr>
<tr>
<td>C1753</td>
<td>Catheter, intravascular ultrasound</td>
</tr>
<tr>
<td>C1754</td>
<td>Catheter, intradiscal</td>
</tr>
<tr>
<td>C1755</td>
<td>Catheter, intraspinal</td>
</tr>
<tr>
<td>C1756</td>
<td>Catheter, pacing, transesophageal</td>
</tr>
<tr>
<td>C1757</td>
<td>Catheter, thrombectomy/ embolectomy</td>
</tr>
<tr>
<td>C1760</td>
<td>Closure device, vascular (implantable/insertable)</td>
</tr>
<tr>
<td>C1762</td>
<td>Connective tissue, human (includes fascia lata)</td>
</tr>
<tr>
<td>C1763</td>
<td>Connective tissue, human (includes synthetic)</td>
</tr>
<tr>
<td>C1764</td>
<td>Event recorder, cardiac (implantable)</td>
</tr>
</tbody>
</table>

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**Special Coverage Instructions**

**Noncovered by Medicare**

**Carrier Discretion**

**Quantity Alert**

**New Code**

**Recycled/Reinstated**

**Revised Code**

**January 2011 HCPCS**

**ASC Pmt**

**MED: Pub 100**

**DMEPOS Paid**

**SNF Excluded**

**PFS**

**C Codes — 21**
### HCPCS Drugs Administered Other Than Oral Method

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>J3590</th>
<th>Unclassified biologics</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MISCELLANEOUS DRUGS AND SOLUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>J7030</strong> Infusion, normal saline solution, 1,000 cc</td>
</tr>
<tr>
<td>MED: 100-215,50</td>
</tr>
<tr>
<td><strong>J7040</strong> Infusion, normal saline solution, sterile (500 ml-1 unit)</td>
</tr>
<tr>
<td>MED: 100-215,50</td>
</tr>
<tr>
<td><strong>J7042</strong> 5% dextrose/normal saline (500 ml = 1 unit)</td>
</tr>
<tr>
<td>MED: 100-215,50</td>
</tr>
<tr>
<td><strong>J7050</strong> Infusion, normal saline solution, 250 cc</td>
</tr>
<tr>
<td>MED: 100-215,50</td>
</tr>
<tr>
<td><strong>J7060</strong> 5% dextrose/water (500 ml = 1 unit)</td>
</tr>
<tr>
<td>MED: 100-215,50</td>
</tr>
<tr>
<td><strong>J7070</strong> Infusion, D-5-W, 1,000 cc</td>
</tr>
<tr>
<td>MED: 100-215,50</td>
</tr>
<tr>
<td><strong>J7100</strong> Infusion, dextan 40, 500 ml</td>
</tr>
<tr>
<td>Use this code for Gentran, 10%, LMD, Rheomacrodex.</td>
</tr>
<tr>
<td>MED: 100-215,50</td>
</tr>
<tr>
<td><strong>J7110</strong> Infusion, dextan 75, 500 ml</td>
</tr>
<tr>
<td>Use this code for Gentran 75.</td>
</tr>
<tr>
<td>MED: 100-215,50</td>
</tr>
<tr>
<td><strong>J7120</strong> Ringers lactate infusion, up to 1,000 cc</td>
</tr>
<tr>
<td>MED: 100-215,50</td>
</tr>
<tr>
<td><strong>J7130</strong> Hypertonic saline solution, 50 or 100 mEq 20 cc vial</td>
</tr>
<tr>
<td>MED: 100-215,50</td>
</tr>
</tbody>
</table>

- **J7184** Injection, von Willebrand factor complex (human), Wilate, per 100 IU VWF:RCo |
- **J7185** Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU |
  Use this code for Xyntha. |
- **J7186** Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII IU. |
  Use this code for Alphanate. |
  MED: 100-4,17,80.4.1 |
- **J7187** Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCo |
  MED: 100-4,17,80.4.1 |
- **J7188** Factor VIII (antihemophilic factor, recombinant), per 1 mcg |
  MED: 100-1,1-10.1; 100-2,6-10; 100-2,15,50; 100-4,3-20.7.3; 100-4,17,80.4.1 |
- **J7189** Factor VIII (antihemophilic factor, human), per IU |
  Use this code for Koate-DVI, Monarc-M, Monoclate-P. |
- **J7190** Factor VIII (antihemophilic factor) |
  An antihemophilic factor that is part of the intrinsic coagulation cascade used to treat Hemophilia A. The most common and oldest forms of this is human derived factor VIII that is concentrated from human plasma (HCPCS Level II code J7190). The Porcine variety (J7191) is supplied as lyophilized Factor VIII (VIII/von Willebrand factor) (porcine), per IU. |
- **J7191** Factor VIII (antihemophilic factor (porcine)), per IU |
  FACTOR VIII |
  An antihemophilic factor that is part of the intrinsic coagulation cascade used to treat Hemophilia A. The most common and oldest forms of this is human derived factor VIII (J7190) that is concentrated from human plasma (HCPCS Level II code J7190). The Porcine variety (J7191) is supplied as lyophilized Factor VIII from concentrated pig’s blood. Recombinant, purified factor VIII (J7192) without the albumin is produced by recombinant genes. May be sold under the brand names Hesxilte, Kogenate. |
  MED: 100-4,4,240; 100-4,17,80.4.1 |
- **J7192** Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified |
  Use this code for Recombinate, Kogenate FS, Helisys FX, Advate rAHF-PFM, Antihemophilic Factor Human Method M Monoclonal Purified, Refacto. |
  FACTOR VIII |
  An antihemophilic factor that is part of the intrinsic coagulation cascade used to treat Hemophilia A. The most common and oldest forms of this is human derived factor VIII that is concentrated from human plasma (HCPCS Level II code J7190). The Porcine variety (J7191) is supplied as lyophilized Factor VIII from concentrated pig’s blood. Recombinant, purified factor VIII (J7192) without the albumin is produced by recombinant genes. May be sold under the brand names Hesxilte, Kogenate. |
  MED: 100-4,4,240; 100-4,17,80.4.1 |
- **J7193** Factor IX (antihemophilic factor, purified, nonrecombinant) per IU |
  Use this code for Alphanine SD, Moninine. |
  MED: 100-4,4,240; 100-4,17,80.4.1 |
- **J7194** Factor IX complex, per IU |
  Use this code for Konyne-B, Profilnine SD, Proplex T, Proplex T, Bebulin VH, factor IX complex, Profilnine SD. |
  MED: 100-4,4,240; 100-4,17,80.4.1 |
- **J7195** Factor IX (antihemophilic factor, recombinant) per IU |
  Use this code for Benefix. |
  MED: 100-4,4,240; 100-4,17,80.4.1 |
- **J7196** Injection, antithrombin recombinant, 50 i.u. |
  Use this code for Atryn. |
- **J7197** Antithrombin III (human), per IU |
  Use this code for Thrombate III, ATixriv. |
  MED: 100-4,17,80.4.1 |
- **J7198** Antithrombin, per IU |
  Medicare jurisdiction: local contractor. Use this code for Antopherex T, Feiba VH AIICC. |
  MED: 100-4,4,240; 100-4,17,80.4.1 |
- **J7199** Hemophilia clotting factor, not otherwise classified |
  Medicare jurisdiction: local contractor. |
  MED: 100-4,4,240; 100-4,17,80.4.1 |
- **J7300** Intravenous copper contraceptive |
  Use this code for Paragard T380A. |
HCPCS HEARING SERVICES

Scleral cover shell
A scleral shell covers the cornea and the anterior sclera. Medicare covers a scleral shell when it is prescribed as an artificial support to a shrunken and sightless eye or as a barrier in the treatment of severe dry eye.

Fabrication and fitting of ocular conformer

Prosthetic eye, other type

INTRAOCULAR LENSES

Anterior chamber intraocular lens
The IOL must be FDA-approved for reimbursement. Medicare payment for an IOL is included in the payment for ASC facility services. Medicare jurisdiction: local contractor.
MED: 100-2,15,120; 100-4,3,10.4

Iris supported intraocular lens
The IOL must be FDA-approved for reimbursement. Medicare payment for an IOL is included in the payment for ASC facility services. Medicare jurisdiction: local contractor.
MED: 100-2,15,120; 100-4,3,10.4

Posterior chamber intraocular lens
The IOL must be FDA-approved for reimbursement. Medicare payment for an IOL is included in the payment for ASC facility services. Medicare jurisdiction: local contractor.
MED: 100-2,15,120; 100-4,3,10.4

MICROSCOPIC LENSES

Balance lens, per lens

Deluxe lens feature
MED: 100-2,15,120; 100-4,3,10.4

Slab off prism, glass or plastic, per lens

Prism, per lens

Press-on lens, Freanef prism, per lens

Special base curve, glass or plastic, per lens

Tint, photochromatic, per lens
MED: 100-2,15,120; 100-4,3,10.4

Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
MED: 100-2,15,120; 100-4,3,10.4

Antireflective coating, per lens
MED: 100-2,15,120; 100-4,3,10.4

U-V lens, per lens
MED: 100-2,15,120; 100-4,3,10.4

Eye glass case

Scratch resistant coating, per lens

Mirror coating, any type, solid, gradient or equal, any lens material, per lens
MED: 100-2,15,120; 100-4,3,10.4

Polarization, any lens material, per lens
MED: 100-2,15,120; 100-4,3,10.4

Occluder lens, per lens

Oversize lens, per lens

Progressive lens, per lens

Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
MED: 100-2,15,120; 100-4,3,10.4

Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
MED: 100-2,15,120; 100-4,3,10.4

Processing, preserving and transporting corneal tissue
Medicare jurisdiction: local contractor.
MED: 100-4,4,200.1

Specialty occupational multifocal lens, per lens
MED: 100-2,15,120; 100-4,3,10.4

Astigmatism correcting function of intraocular lens
MED: 100-4,14,40.9; 100-4,32,120.1; 100-4,32,120.2

Presbyopia correcting function of intraocular lens
MED: 100-4,14,40.9; 100-4,32,120.1; 100-4,32,120.2

Anitonic membrane for surgical reconstruction, per procedure
Medicare jurisdiction: local contractor.
MED: 100-4,4,200.4

Vision supply, accessory and/or service component of another HCPCS vision code

Vision service, miscellaneous
Determine if an alternative HCPCS Level II or a CPT code better describes the service being reported. This code should be used only if a more specific code is unavailable.

HEARING SERVICES V5000-V5999
This range of codes describes hearing tests and related supplies and equipment, speech-language pathology screenings, and repair of augmentative communicative system.

Hearing screening
MED: 100-2,16,90

Assessment for hearing aid

Fitting/orientation/checking of hearing aid

Repair/modification of a hearing aid

Conformity evaluation

Hearing aid, monaural, body worn, air conduction

Hearing aid, monaural, body worn, bone conduction

Hearing aid, monaural, in the ear

Hearing aid, monaural, behind the ear

Glasses, air conduction

Glasses, bone conduction

Dispensing fee, unspecified hearing aid

Semi-implantable middle ear hearing prosthesis

Hearing aid, bilateral, body worn

Dispensing fee, bilateral

Binaural, body

Binaural, in the ear

Binaural, behind the ear

Binaural, glasses

Dispensing fee, binaural

Hearing aid, CROS, in the ear

Hearing aid, CROS, behind the ear