

HCPCS Level II

A resourceful compilation of HCPCS codes
Supports HIPAA compliance

2021

optum360coding.com

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Introduction

Organization of HCPCS

The Optum360 2021 *HCPCS Level II* contains mandated changes and new codes for use as of January 1, 2021. Deleted codes have also been indicated and cross-referenced to active codes when possible. New codes have been added to the appropriate sections, eliminating the time-consuming step of looking in two places for a code. However, keep in mind that the information in this book is a reproduction of the 2021 HCPCS; additional information on coverage issues may have been provided to Medicare contractors after publication. All contractors periodically update their systems and records throughout the year. If this book does not agree with your contractor, it is either because of a mid-year update or correction, or a specific local or regional coverage policy.

Index

Because HCPCS is organized by code number rather than by service or supply name, the index enables the coder to locate any code without looking through individual ranges of codes. Just look up the medical or surgical supply, service, orthotic, or prosthetic in question to find the

appropriate codes. This index also refers to many of the brand names by which these items are known.

Table of Drugs and Biologicals

The brand names of drugs and biologicals listed are examples only and may not include all products available for that type. The table lists HCPCS codes from any available section including A codes, C codes, J codes, S codes, and Q codes under brand and generic names with amount, route of administration, and code numbers. While every effort is made to make the table comprehensive, it is not all-inclusive.

Color-coded Coverage Instructions

The Optum360 *HCPCS Level II* book provides colored symbols for each coverage and reimbursement instruction. A legend to these symbols is provided on the bottom of each two-page spread.

HOW TO USE OPTUM360 HCPCS LEVEL II BOOKS

Green Color Bar—Special Coverage Instructions

A green bar for “special coverage instructions” over a code means that special coverage instructions apply to that code. These special instructions are also typically given in the form of Medicare Internet Only Manuals (IOM) reference numbers. The appendixes provide the full text of the cited Medicare IOM.

A4336 Incontinence supply, urethral insert, any type, each

Yellow Color Bar—Carrier Discretion

Issues that are left to “carrier discretion” are covered with a yellow bar. Contact the carrier for specific coverage information on those codes.

A9581 Injection, gadoxetate disodium, 1 ml

Pink Color Bar—Not Covered by or Invalid for Medicare

Codes that are not covered by or are invalid for Medicare are covered by a pink bar. The pertinent Medicare Internet-only Manuals (IOMs) reference numbers are also given explaining why a particular code is not covered. These numbers refer to the appendixes, where the Medicare references are listed.

A4264 Permanent implantable contraceptive intratubal occlusion device(s) and delivery system

Codes in the Optum360 *HCPCS Level II* follow the AMA CPT book conventions to indicate new, revised, and deleted codes.

- A black circle (●) precedes a new code.
- A black triangle (▲) precedes a code with revised terminology or rules.
- A circle (○) precedes a recycled/reinstated code.
- Codes deleted from the current active codes appear with a strike-out.

● **K1003** Whirlpool tub, walk in, portable
 ▲ **B4185** Parenteral nutrition solution, not otherwise specified, 10 g lipids
 ○ **J3245** Injection, tildrakizumab, 1 mg
~~○~~ **M1000** Pain screened as moderate to severe

Quantity Alert

Many codes in HCPCS report quantities that may not coincide with quantities available in the marketplace. For instance, a HCPCS code for an ostomy pouch with skin barrier reports each pouch, but the product is generally sold in a package of 10; “10” must be indicated in the quantity box on the CMS claim form to ensure proper reimbursement. This symbol indicates that care should be taken to verify quantities in this code. These quantity alerts do not represent Medicare Unlikely Edits (MUEs) and should not be used for MUEs.

☑ **J0120** Injection, tetracycline, up to 250 mg

| A | | | |
|---|---|---|--|
| Abdomen/abdominal dressing holder/binder, A4461, A4463 pad, low profile, L1270 | Adjustment bariatric band, S2083 | Amputee — <i>continued</i> wheelchair, E1170-E1190, E1200 | ArthroFlex , Q4125 |
| Abduction control, each, L2624 pillow, E1399 rotation bar, foot, L3140-L3170 | Administration aerosolized drug therapy, home, S9061 chemotherapy infusion continued in community, G0498 hepatitis B vaccine, G0010 influenza virus vaccine, G0008 medication, T1502-T1503 direct observation, H0033 pneumococcal vaccine, G0009 | Analysis dose optimization, S3722 gene sequence hypertrophic cardiomyopathy, S3865, S3866 semen, G0027 | Arthroscopy knee harvest of cartilage, S2112 removal loose body, FB, G0289 shoulder with capsulorrhaphy, S2300 |
| Ablation prostate, transrectal high intensity focused ultrasound, C9747 robotic, waterjet, C2596 transbronchial, C9751 ultrasound, C9734 | Adoptive immunotherapy , S2107 | Anchor, screw , C1713 | Artificial kidney machines and accessories (<i>see also</i> Dialysis), E1510-E1699 larynx, L8500 saliva, A9155 |
| Abortion , S0199, S2260-S2267 | Adrenal transplant , S2103 | Anesthesia dialysis, A4736-A4737 monitored (MAC), G9654 | Ascent , Q4213 |
| Absorption dressing , A6251-A6256 | AdvantaJet , A4210 | Angiography fluorescent nonocular, C9733 iliac artery, G0278 magnetic resonance, C8901-C8914, C8918- C8920 reconstruction, G0288 | Assertive community treatment , H0039-H0040 |
| Access system , A4301 | Affinity , Q4159 | Ankle foot system , L5973 | Assessment alcohol and/or substance, G0396-G0397, G2011, H0001 audiologic, V5008-V5020 chronic care management services comprehensive, G0506 family, H1011 functional outcome, G9227 geriatric, S0250 mental health, H0031 online qualified nonphysician professional, G2061-G2063 pain, G8442 speech, V5362-V5364 wellness, S5190 |
| Accessories ambulation devices, E0153-E0159 artificial kidney and machine (<i>see also</i> ES- RD), E1510-E1699 beds, E0271-E0280 Medicare IVIG demonstration, Q2052 oxygen, E1352, E1354-E1358 retinal prosthesis, L8608 total artificial heart, L8698 ventricular assist device, Q0477, Q0501- Q0509 wheelchairs, E0950-E1012, E1050-E1298, E2201-E2231, E2295, E2300-E2367, K0001-K0108 | AFO , E1815, E1830, L1900-L1990, L4392, L4396 | Ankle orthosis , L1902, L1904, L1907 | Assisted living , T2030-T2031 |
| AccuChek blood glucose meter, E0607 test strips, box of 50, A4253 | Aimsco Ultra Thin syringe, 1 cc or 1/2 cc, each , A4206 | Ankle-foot orthotic (AFO) , L1900, L1906, L1910- L1940, L2106-L2116 Dorsiwedge Night Splint, A4570, L2999, L4398 Specialist Ankle Foot Orthotic, L1930 Tibial Pre-formed Fracture Brace, L2116 Surround Ankle Stirrup Braces with Foam, L1906 | Assistive listening device , V5268-V5274 alerting device, V5269 cochlear implant assistive device, V5273 FM/DM, V5281 accessories, V5283-V5290 system, V5281-V5282 supplies and accessories, V5267 TDD, V5272 telephone amplifier, V5268 television caption decoder, V5271 |
| Accurate prosthetic sock, L8420-L8435 stump sock, L8470-L8485 | Air bubble detector, dialysis , E1530 | Annual wellness visit , G0438-G0439 | Asthma education, S9441 kit, S8097 |
| Acetate concentrate for hemodialysis , A4708 | Air fluidized bed , E0194 | Antenna replacement diaphragmatic/phrenic nerve stimu- lator, L8696 | Attendant care , S5125-S5126 |
| Acid concentrate for hemodialysis , A4709 | Air pressure pad/mattress , E0186, E0197 | Anterior-posterior orthotic lateral orthotic, L0700, L0710 | Attends, adult diapers , A4335 |
| ACO Model , G9868-G9870 | Air travel and nonemergency transportation , A0140 | Antibiotic home infusion therapy , S9494-S9504 | Audiologic assessment , V5008-V5020 |
| Action Patriot manual wheelchair , K0004 | Aircast air stirrup ankle brace , L1906 | Antibiotic regimen , G9286-G9287 | Audiometry , S0618 |
| Action Xtra, Action MVP, Action Pro-T, manual wheelchair , K0005 | Airlife Brand Misty-Neb nebulizer , E0580 | Antibody testing, HIV-1 , S3645 | Auditory osseointegrated device , L8690, L8691, L8692-L8693 |
| Active Life convex one-piece urostomy pouch, A4421 flush away, A5051 one-piece drainable custom pouch, A5061 pre-cut closed-end pouch, A5051 stoma cap, A5055 | AirSep , E0601 | Anticoagulation clinic , S9401 | Autoclix lancet device , A4258 |
| Activity therapy , G0176 | Airway device , E0485-E0486 | Antifungal home infusion therapy , S9494- S9504 | Auto-Glide folding walker , E0143 |
| Adaptor electric/pneumatic ventricular assist device, Q0478 neurostimulator, C1883 pacing lead, C1883 | Alarm device, A9280 enuresis, S8270 pressure, dialysis, E1540 | Antimicrobial prophylaxis , G9196-G9198 | Autolance lancet device , A4258 |
| Addition cushion AK, L5648 cushion BK, L5646 harness upper extremity, L6675-L6676 to halo procedure, L0861 to lower extremity orthotic, K0672, L2750- L2760, L2780-L2861 to lower extremity prosthesis, L5970-L5990 to upper extremity orthotic, L3891 wrist, flexion, extension, L6620 | Albumarc , P9041 | Antisepic chlorhexidine, A4248 | Autolet lancet device , A4258 |
| Adhesive barrier, C1765 catheter, A4364 disc or foam pad, A5126 medical, A4364 Nu-Hope 1 oz bottle with applicator, A4364 3 oz bottle with applicator, A4364 ostomy, A4364 pads, A6203-A6205, A6212-A6214, A6219- A6221, A6237-A6239, A6245-A6247, A6254-A6256 remover, A4455, A4456 support, breast prosthesis, A4280 tape, A4450, A4452 tissue, G0168 | Albumin, human , P9041, P9045-P9047 | Antisperm antibodies , S3655 | Autolet Lite lancet device , A4258 |
| Adjunctive blue light cystoscopy , C9738 | Alcohol abuse service, H0047 assessment, G0396-G0397, G2011, H0001 pint, A4244 testing, H0048 wipes, A4245 | Antiviral home infusion therapy , S9494-S9504 | Autolet Mark II lancet device , A4258 |
| Adjustabrace 3 , L2999 | Alert device , A9280 | Apheresis low density lipid, S2120 | AxoBioMembrane , Q4211 |
| | Algiderm, alginate dressing , A6196-A6199 | Apigraf , Q4101 | Axolotl Ambient, Axolotl Cryo , Q4215 |
| | Alginate dressing , A6196-A6199 | Apnea monitor , E0618-E0619 electrodes, A4556 lead wires, A4557 with recording feature, E0619 | Axolotl Graft, Axolotl DualGraft , Q4210 |
| | Algiosteril, alginate dressing , A6196-A6199 | Appliance cleaner, A5131 pneumatic, E0655-E0673 | |
| | Alkaline battery for blood glucose monitor , A4233-A4236 | Application skin substitute, C5271-C5278 tantalum rings, S8030 | |
| | AlloDerm , Q4116 | Appropriate Use Criteria Clinic Decision Support Mechanism, G1000- G1011 | |
| | AlloGen , Q4212 | AquaPedic sectional gel flotation , E0196 | |
| | Allogenic cord blood harvest , S2140 | Aqueous shunt, L8612 | |
| | Allograft small intestine and liver, S2053 | Arch support , L3040-L3100 | |
| | AlloPatch HD , Q4128 | Architect, Architect PX, or Architect FX , Q4147 | |
| | AlloSkin , Q4115 | Arm sling deluxe, A4565 mesh cradle, A4565 universal arm, A4565 elevator, A4565 wheelchair, E0973 | |
| | AlloSkin AC , Q4141 | Arrow, power wheelchair , K0014 | |
| | AlloSkin RT , Q4123 | Artacent AC (fluid) , Q4189 | |
| | AlloWrap DS , Q4150 | Artacent AC , Q4190 | |
| | Alternating pressure mattress/pad , E0181, E0277 pump, E0182 | Artacent Cord , Q4216 | |
| | Alternative communication device, i.e., com- munication board , E1902 | Artacent Wound , Q4169 | |
| | Ambulance , A0021-A0999 air, A0436 disposable supplies, A0382-A0398 non-emergency, S9960-S9961 oxygen, A0422 response, treatment, no transport, A0998 | Arteriovenous fistula creation , C9754-C9755 | |
| | Ambulation device , E0100-E0159 | Arthroereisis subtalar, S2117 | |
| | Ambulation stimulator spinal cord injured, E0762 | | |
| | Aminaid, enteral nutrition , B4154 | | |
| | Amirosyn-RF, parenteral nutrition , B5000 | | |
| | Ammonia test paper , A4774 | | |
| | Amnio Bio , Q4211 | | |
| | AmnioArmor , Q4168 | | |
| | AmnioBand , Q4151, Q4168 | | |
| | AmnioExcel, AmnioExcel Plus , Q4137 | | |
| | AmnioMatrix , Q4139 | | |
| | AmnioPro , Q4163 | | |
| | AmnioPro Flow , Q4162 | | |
| | AmnioWound , Q4181 | | |
| | AmnioWrap2 , Q4221 | | |
| | Amputee adapter, wheelchair, E0959 prosthesis, L5000-L7510, L7520, L8400- L8465 stump sock, L8470 | | |

- A4211** Supplies for self-administered injections N
When a drug that is usually injected by the patient (e.g., insulin or calcitonin) is injected by the physician, it is excluded from Medicare coverage unless administered in an emergency situation (e.g., diabetic coma).
- A4212** Noncoring needle or stylet with or without catheter N
- A4213** Syringe, sterile, 20 cc or greater, each N
- A4215** Needle, sterile, any size, each N
- A4216** Sterile water, saline and/or dextrose, diluent/flush, 10 ml N
- A4217** Sterile water/saline, 500 ml N (AU)
CMS: 100-04,20,30.9
- A4218** Sterile saline or water, metered dose dispenser, 10 ml N
- A4220** Refill kit for implantable infusion pump N
- A4221** Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately) N
- A4222** Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately) N
- A4223** Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately) N
- A4224** Supplies for maintenance of insulin infusion catheter, per week N
- A4225** Supplies for external insulin infusion pump, syringe type cartridge, sterile, each N
- A4226** Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week N
- A4230** Infusion set for external insulin pump, nonneedle cannula type N
Covered by some commercial payers as ongoing supply to preauthorized pump.
- A4231** Infusion set for external insulin pump, needle type N
Covered by some commercial payers as ongoing supply to preauthorized pump.
- A4232** Syringe with needle for external insulin pump, sterile, 3 cc E
Covered by some commercial payers as ongoing supply to preauthorized pump.

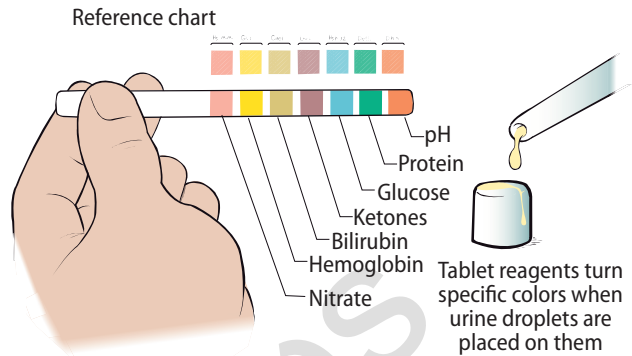
Batteries

- A4233** Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each E (NU)
CMS: 100-04,23,60.3
- A4234** Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each E (NU)
CMS: 100-04,23,60.3
- A4235** Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each E (NU)
CMS: 100-04,23,60.3
- A4236** Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each E (NU)
CMS: 100-04,23,60.3

Other Supplies

- A4244** Alcohol or peroxide, per pint N
- A4245** Alcohol wipes, per box N

- A4246** Betadine or pHisoHex solution, per pint N
- A4247** Betadine or iodine swabs/wipes, per box N
- A4248** Chlorhexidine containing antiseptic, 1 ml N
- A4250** Urine test or reagent strips or tablets (100 tablets or strips) E
CMS: 100-02,15,110



Dipstick urinalysis: The strip is dipped and color-coded squares are read at timed intervals (e.g., pH immediately; ketones at 15 seconds, etc.). Results are compared against a reference chart



- A4252** Blood ketone test or reagent strip, each E
- A4253** Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips N (NU)
Medicare covers glucose strips for diabetic patients using home glucose monitoring devices prescribed by their physicians.
CMS: 100-04,23,60.3
- A4255** Platforms for home blood glucose monitor, 50 per box N
Some Medicare contractors cover monitor platforms for diabetic patients using home glucose monitoring devices prescribed by their physicians. Some commercial payers also provide this coverage to noninsulin dependent diabetics.
- A4256** Normal, low, and high calibrator solution/chips N
Some Medicare contractors cover calibration solutions or chips for diabetic patients using home glucose monitoring devices prescribed by their physicians. Some commercial payers also provide this coverage to noninsulin dependent diabetics.
CMS: 100-04,23,60.3
- A4257** Replacement lens shield cartridge for use with laser skin piercing device, each E
AHA: 1Q, '02, 5
- A4258** Spring-powered device for lancet, each N
Some Medicare contractors cover lancing devices for diabetic patients using home glucose monitoring devices prescribed by their physicians. Medicare jurisdiction: DME regional contractor. Some commercial payers also provide this coverage to noninsulin dependent diabetics.
CMS: 100-04,23,60.3
- A4259** Lancets, per box of 100 N
Medicare covers lancets for diabetic patients using home glucose monitoring devices prescribed by their physicians. Medicare jurisdiction: DME regional contractor. Some commercial payers also provide this coverage to noninsulin dependent diabetics.
CMS: 100-04,23,60.3
- A4261** Cervical cap for contraceptive use M
- A4262** Temporary, absorbable lacrimal duct implant, each N
Always report concurrent to the implant procedure.
- A4263** Permanent, long-term, nondissolvable lacrimal duct implant, each N
Always report concurrent to the implant procedure.



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|--------------|---|
| C1767 | Generator, neurostimulator (implantable), nonrechargeable N NI CMS: 100-04,14,40.8; 100-04,32,40.1 AHA: 3Q, '16, 10-15; 4Q, '06, 4; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '02, 9; 1Q, '01, 6 |
| C1768 | Graft, vascular N NI AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1769 | Guide wire N NI AHA: 3Q, '16, 10-15; 3Q, '16; 3Q, '14, 5; 2Q, '07, 6; 4Q, '03, 8; 3Q, '02, 4-5; 3Q, '01, 4-5; 1Q, '01, 6 |
| C1770 | Imaging coil, magnetic resonance (insertable) N NI AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1771 | Repair device, urinary, incontinence, with sling graft N NI CMS: 100-04,14,40.8 AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 3Q, '01, 4-5; 1Q, '01, 6 |
| C1772 | Infusion pump, programmable (implantable) N NI CMS: 100-04,14,40.8 AHA: 3Q, '16, 10-15; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1773 | Retrieval device, insertable (used to retrieve fractured medical devices) N NI AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1776 | Joint device (implantable) N NI CMS: 100-04,14,40.8 AHA: 3Q, '16, 3; 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '10, 6; 4Q, '08, 6, 8; 3Q, '02, 4-5; 3Q, '01, 4-5; 1Q, '01, 6 |
| C1777 | Lead, cardioverter-defibrillator, endocardial single coil (implantable) N NI AHA: 3Q, '16, 10-15; 2Q, '06, 11; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1778 | Lead, neurostimulator (implantable) N NI CMS: 100-04,14,40.8; 100-04,32,40.1 AHA: 3Q, '16, 10-15; 4Q, '11, 10; 3Q, '02, 4-5; 1Q, '02, 9; 1Q, '01, 6 |
| C1779 | Lead, pacemaker, transvenous VDD single pass N NI CMS: 100-04,14,40.8 AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1780 | Lens, intraocular (new technology) N NI AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1781 | Mesh (implantable) N NI Use this code for OrthADAPT Bioimplant. AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 2Q, '12, 3; 2Q, '10, 3; 2Q, '10, 2, 3; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1782 | Morcellator N NI AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1783 | Ocular implant, aqueous drainage assist device N NI AHA: 1Q, '17, 5; 3Q, '16, 10-15 |
| C1784 | Ocular device, intraoperative, detached retina N NI AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1785 | Pacemaker, dual chamber, rate-responsive (implantable) N NI CMS: 100-04,14,40.8; 100-04,21,320.4.7; 100-04,32,320.4.1; 100-04,32,320.4.2; 100-04,32,320.4.4; 100-04,32,320.4.6; 100-04,32,320.4.7 AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1786 | Pacemaker, single chamber, rate-responsive (implantable) N NI CMS: 100-04,14,40.8; 100-04,21,320.4.7; 100-04,32,320.4.1; 100-04,32,320.4.2; 100-04,32,320.4.4; 100-04,32,320.4.6; 100-04,32,320.4.7 AHA: 3Q, '16, 10-15; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1787 | Patient programmer, neurostimulator N NI AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6 |

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| C1788 | Port, indwelling (implantable) N NI AHA: 3Q, '16, 10-15; 3Q, '14, 5; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 3Q, '01, 4-5; 1Q, '01, 6 |
| C1789 | Prosthesis, breast (implantable) N NI AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1813 | Prosthesis, penile, inflatable N NI CMS: 100-04,14,40.8 AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1814 | Retinal tamponade device, silicone oil N NI AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 2Q, '06, 12 |
| C1815 | Prosthesis, urinary sphincter (implantable) N NI CMS: 100-04,14,40.8 AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1816 | Receiver and/or transmitter, neurostimulator (implantable) N NI AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1817 | Septal defect implant system, intracardiac N NI AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6 |
| C1818 | Integrated keratoprosthesis N NI AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 4-5 |
| C1819 | Surgical tissue localization and excision device (implantable) N NI AHA: 3Q, '16, 10-15; 1Q, '04, 10 |
| C1820 | Generator, neurostimulator (implantable), with rechargeable battery and charging system N NI Use to report neurostimulator generators that are not high frequency. CMS: 100-04,14,40.8; 100-04,4,10.12 AHA: 3Q, '16, 10-15; 2Q, '16, 7; 1Q, '16, 9 |
| C1821 | Interspinous process distraction device (implantable) N NI AHA: 3Q, '16, 10-15; 2Q, '09, 1 |
| C1822 | Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system N NI Use to report neurostimulator generators that are high frequency. AHA: 3Q, '16, 10-15; 2Q, '16, 7; 1Q, '16, 9 |
| C1823 | Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads J7 CMS: 100-04,4,260.1; 100-04,4,260.1.1 |
| C1824 | Generator, cardiac contractility modulation (implantable) |
| C1830 | Powered bone marrow biopsy needle N NI AHA: 3Q, '16, 10-15; 4Q, '11, 10 |
| C1839 | Iris prosthesis |
| C1840 | Lens, intraocular (telescopic) N NI AHA: 3Q, '16, 10-15; 3Q, '12, 10; 4Q, '11, 10 |
| C1841 | Retinal prosthesis, includes all internal and external components N J7 AHA: 1Q, '17, 6; 3Q, '16, 10-15 |
| C1842 | Retinal prosthesis, includes all internal and external components; add-on to C1841 E J7 In the ASC setting, C1842 must be reported with C1841 and CPT code 0100T. AHA: 1Q, '17, 6 |
| C1874 | Stent, coated/covered, with delivery system N NI AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '04, 4-5; 3Q, '04, 11-13; 4Q, '03, 8; 3Q, '02, 7; 3Q, '02, 4-5; 3Q, '01, 4-5; 1Q, '01, 6 |
| C1875 | Stent, coated/covered, without delivery system N NI AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 7; 3Q, '02, 4-5; 1Q, '01, 6 |



- G0162** Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting) [E] [✓] [⊙]
CMS: 100-04,10,40.2; 100-04,11,10
- G0166** External counterpulsation, per treatment session [M] [✓] [⊙]
CMS: 100-04,32,130; 100-04,32,130.1
- G0168** Wound closure utilizing tissue adhesive(s) only [E] [⊙]
AHA: 1Q, '05, 5; 4Q, '01, 10; 3Q, '01, 13
- G0175** Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present [V]
CMS: 100-04,4,160
AHA: 3Q, '01, 6; 3Q, '01, 3
- G0176** Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) [P]
CMS: 100-04,4,260.1; 100-04,4,260.1.1; 100-04,4,260.5
AHA: 4Q, '12, 11-14
- G0177** Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) [N]
CMS: 100-04,4,260.1; 100-04,4,260.1.1
AHA: 4Q, '12, 11-14
- G0179** Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period [M] [⊙]
CMS: 100-04,10,20.1.2; 100-04,12,180; 100-04,12,180.1
- G0180** Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period [M] [⊙]
CMS: 100-04,10,20.1.2; 100-04,12,180; 100-04,12,180.1
- G0181** Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more [M] [⊙]
CMS: 100-04,12,180; 100-04,12,180.1
AHA: 2Q, '15, 10
- G0182** Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more [M] [⊙]
CMS: 100-04,11,40.1.3.1; 100-04,12,180; 100-04,12,180.1
AHA: 2Q, '15, 10
- G0186** Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions) [T] [E] [⊙]
- G0219** PET imaging whole body; melanoma for noncovered indications [E]
CMS: 100-03,220.6.10; 100-03,220.6.12; 100-03,220.6.17; 100-03,220.6.3; 100-03,220.6.4; 100-03,220.6.6; 100-03,220.6.7; 100-04,13,60; 100-04,13,60.16
AHA: 1Q, '02, 5; 1Q, '02, 10; 2Q, '01, 5
- G0235** PET imaging, any site, not otherwise specified [E]
CMS: 100-03,220.6.10; 100-03,220.6.12; 100-03,220.6.13; 100-03,220.6.17; 100-03,220.6.2; 100-03,220.6.3; 100-03,220.6.4; 100-03,220.6.5; 100-03,220.6.6; 100-03,220.6.7; 100-03,220.6.9; 100-04,13,60; 100-04,13,60.13; 100-04,13,60.14; 100-04,13,60.16; 100-04,13,60.17
AHA: 1Q, '07, 6
- G0237** Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring) [S] [✓] [⊙]
CMS: 100-02,12,30.1; 100-02,12,40.5
AHA: 1Q, '02, 5
- G0238** Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring) [S] [✓]
CMS: 100-02,12,30.1; 100-02,12,40.5
AHA: 1Q, '02, 5
- G0239** Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring) [S]
CMS: 100-02,12,30.1; 100-02,12,40.5
AHA: 1Q, '02, 5
- G0245** Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education [V] [⊙]
CMS: 100-04,32,80.2; 100-04,32,80.3; 100-04,32,80.6; 100-04,32,80.8
AHA: 4Q, '02, 9-10; 3Q, '02, 11
- G0246** Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education [V] [⊙]
CMS: 100-03,70.2.1; 100-04,32,80; 100-04,32,80.2; 100-04,32,80.3; 100-04,32,80.6; 100-04,32,80.8
AHA: 4Q, '02, 9-10; 3Q, '02, 11
- G0247** Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails [M] [⊙]
CMS: 100-03,70.2.1; 100-04,32,80; 100-04,32,80.2; 100-04,32,80.3; 100-04,32,80.6; 100-04,32,80.8
AHA: 4Q, '02, 9-10; 3Q, '02, 11



| | | |
|--------------|--|--------|
| J0364 | Injection, apomorphine HCl, 1 mg Use this code for Apokyn. CMS: 100-02,15,50.5 | E ✓ |
| J0365 | Injection, aprotinin, 10,000 kiu Use this code for Trasylol. | E ✓ |
| J0380 | Injection, metaraminol bitartrate, per 10 mg Use this code for Aramine. | N NI ✓ |
| J0390 | Injection, chloroquine HCl, up to 250 mg Use this code for Aralen. | N NI ✓ |
| J0395 | Injection, arbutamine HCl, 1 mg | E ✓ |
| J0400 | Injection, aripiprazole, intramuscular, 0.25 mg Use this code for Abilify. AHA: 1Q, '08, 6 | K NI ✓ |
| J0401 | Injection, aripiprazole, extended release, 1 mg Use this code for the Abilify Maintena kit. AHA: 1Q, '14, 6 | K K2 ✓ |
| J0456 | Injection, azithromycin, 500 mg Use this code for Zithromax. | N NI ✓ |
| J0461 | Injection, atropine sulfate, 0.01 mg Use this code for AtroPen. | N NI ✓ |
| J0470 | Injection, dimercaprol, per 100 mg Use this code for BAL. | K NI ✓ |
| J0475 | Injection, baclofen, 10 mg Use this code for Lioresal, Gablofen. | K K2 ✓ |
| J0476 | Injection, baclofen, 50 mcg for intrathecal trial Use this code for Lioresal, Gablofen. | K NI ✓ |
| J0480 | Injection, basiliximab, 20 mg Use this code for Simulect. | K K2 ✓ |
| J0485 | Injection, belatacept, 1 mg Use this code for Nulojix. | K K2 ✓ |
| J0490 | Injection, belimumab, 10 mg Use this code for BENLYSTA. | K K2 ✓ |
| J0500 | Injection, dicyclomine HCl, up to 20 mg Use this code for Bentyl. | N NI ✓ |
| J0515 | Injection, benzotropine mesylate, per 1 mg Use this code for Cogentin. | N NI ✓ |
| J0517 | Injection, benralizumab, 1 mg Use this code for Fasena. | K2 |
| J0520 | Injection, bethanechol chloride, Myotonachol or Urecholine, up to 5 mg | E ✓ |
| J0558 | Injection, penicillin G benzathine and penicillin G procaine, 100,000 units Use this code for Bicillin CR, Bicillin CR 900/300, Bicillin CR Tubex. | N K2 ✓ |
| J0561 | Injection, penicillin G benzathine, 100,000 units AHA: 2Q, '13, 5 | K K2 ✓ |
| J0565 | Injection, bezlotoxumab, 10 mg Use this code for Zinplava. | G K2 |
| J0567 | Injection, cerliponase alfa, 1 mg Use this code for Brineura. | K2 |
| J0570 | Buprenorphine implant, 74.2 mg Use this code for Probuphine. AHA: 1Q, '17, 9-10 | G K2 ✓ |
| J0571 | Buprenorphine, oral, 1 mg Use this code for Subutex. AHA: 1Q, '15, 6 | E ✓ |
| J0572 | Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine Use this code for Bunavail, Suboxone, Zubsolv. AHA: 1Q, '15, 6 | E ✓ |
| J0573 | Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine Use this code for Bunavail, Suboxone, Zubsolv. AHA: 1Q, '16, 6-8; 1Q, '15, 6 | E ✓ |
| J0574 | Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine Use this code for Bunavail, Suboxone. AHA: 1Q, '16, 6-8; 1Q, '15, 6 | E ✓ |
| J0575 | Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine Use this code for Suboxone. AHA: 1Q, '16, 6-8; 1Q, '15, 6 | E ✓ |
| J0583 | Injection, bivalirudin, 1 mg Use this code for Angiomax. | N NI ✓ |
| J0584 | Injection, burosumab-twza, 1 mg Use this code for Crysvisa. CMS: 100-04,4,260.1; 100-04,4,260.1.1 | K2 |
| J0585 | Injection, onabotulinumtoxinA, 1 unit Use this code for Botox, Botox Cosmetic. | K K2 ✓ |
| J0586 | Injection, abobotulinumtoxinA, 5 units Use this code for Dysport. | K K2 ✓ |
| J0587 | Injection, rimabotulinumtoxinB, 100 units Use this code for Myobloc. AHA: 2Q, '02, 8-9; 1Q, '02, 5 | K K2 ✓ |
| J0588 | Injection, incobotulinumtoxinA, 1 unit Use this code for XEOMIN. | K K2 ✓ |
| J0592 | Injection, buprenorphine HCl, 0.1 mg Use this code for Buprenex. | N NI ✓ |
| J0593 | Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered) Use this code for Takhzyro. | K2 |
| J0594 | Injection, busulfan, 1 mg Use this code for Busulfex. | K K2 ✓ |
| J0595 | Injection, butorphanol tartrate, 1 mg Use this code for Stadol. AHA: 2Q, '05, 11 | N NI ✓ |
| J0596 | Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units CMS: 100-02,15,50.5 | K K2 ✓ |
| J0597 | Injection, C1 esterase inhibitor (human), Berinert, 10 units | K K2 ✓ |
| J0598 | Injection, C1 esterase inhibitor (human), Cinryze, 10 units | K K2 ✓ |
| J0599 | Injection, C1 esterase inhibitor (human), (Haegarda), 10 units | K2 |
| J0600 | Injection, edetate calcium disodium, up to 1,000 mg Use this code for Calcium Disodium Versenate, Calcium EDTA. | K K2 ✓ |
| J0604 | Cinacalcet, oral, 1 mg, (for ESRD on dialysis) Use this code for Sensipar. | B |
| J0606 | Injection, etelcalcetide, 0.1 mg Use this code for Parsabiv. | K K2 |
| J0610 | Injection, calcium gluconate, per 10 ml | N NI ✓ |



L0491 Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment  

L0492 Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment  



Cervical-Thoracic-Lumbar-Sacral Orthoses



L0621 Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf  



L0622 Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated  



L0623 Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf  



L0624 Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated  



L0625 Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf  



L0626 Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise  



L0627 Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise  



L0628 Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf  



L0629 Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated  



L0630 Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise  



L0631 Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise  

L0632 Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated  

L0633 Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise  

L0634 Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated  

L0635 Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment  

L0636 Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated  

| | | | | | |
|--------------|--|-------------------------------------|--------------|---|-------------------------------------|
| S0169 | Calcitrol, 0.25 mcg Use this code for Calcijex. | <input checked="" type="checkbox"/> | S0250 | Comprehensive geriatric assessment and treatment planning performed by assessment team | <input checked="" type="checkbox"/> |
| S0170 | Anastrozole, oral, 1 mg Use this code for Arimidex. | <input checked="" type="checkbox"/> | S0255 | Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff CMS: 100-04,11,10 | <input checked="" type="checkbox"/> |
| S0171 | Injection, bumetanide, 0.5 mg Use this code for Bumex. | <input checked="" type="checkbox"/> | S0257 | Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service) | <input checked="" type="checkbox"/> |
| S0172 | Chlorambucil, oral, 2 mg Use this code for Leukeran. | <input checked="" type="checkbox"/> | S0260 | History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appropriate evaluation and management service) | <input checked="" type="checkbox"/> |
| S0174 | Dolasetron mesylate, oral 50 mg (for circumstances falling under the Medicare statute, use Q0180) Use this code for Anzemet. | <input checked="" type="checkbox"/> | S0265 | Genetic counseling, under physician supervision, each 15 minutes | <input checked="" type="checkbox"/> |
| S0175 | Flutamide, oral, 125 mg Use this code for Eulexin. | <input checked="" type="checkbox"/> | S0270 | Physician management of patient home care, standard monthly case rate (per 30 days) | <input checked="" type="checkbox"/> |
| S0176 | Hydroxyurea, oral, 500 mg Use this code for Droxia, Hydrea, Mylocel. | <input checked="" type="checkbox"/> | S0271 | Physician management of patient home care, hospice monthly case rate (per 30 days) | <input checked="" type="checkbox"/> |
| S0177 | Levamisole HCl, oral, 50 mg Use this code for Ergamisol. | <input checked="" type="checkbox"/> | S0272 | Physician management of patient home care, episodic care monthly case rate (per 30 days) | <input checked="" type="checkbox"/> |
| S0178 | Lomustine, oral, 10 mg Use this code for Ceenu. | <input checked="" type="checkbox"/> | S0273 | Physician visit at member's home, outside of a capitation arrangement | <input checked="" type="checkbox"/> |
| S0179 | Megestrol acetate, oral, 20 mg Use this code for Megace. | <input checked="" type="checkbox"/> | S0274 | Nurse practitioner visit at member's home, outside of a capitation arrangement | <input checked="" type="checkbox"/> |
| S0182 | Procarbazine HCl, oral, 50 mg Use this code for Matulane. | <input checked="" type="checkbox"/> | S0280 | Medical home program, comprehensive care coordination and planning, initial plan | <input checked="" type="checkbox"/> |
| S0183 | Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the Medicare statute, use Q0164) Use this code for Compazine. | <input checked="" type="checkbox"/> | S0281 | Medical home program, comprehensive care coordination and planning, maintenance of plan | <input checked="" type="checkbox"/> |
| S0187 | Tamoxifen citrate, oral, 10 mg Use this code for Nolvadex. | <input checked="" type="checkbox"/> | S0285 | Colonoscopy consultation performed prior to a screening colonoscopy procedure | <input checked="" type="checkbox"/> |
| S0189 | Testosterone pellet, 75 mg | <input checked="" type="checkbox"/> | S0302 | Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service) | <input checked="" type="checkbox"/> |
| S0190 | Mifepristone, oral, 200 mg Use this code for Mifoprex 200 mg oral. | <input checked="" type="checkbox"/> | S0310 | Hospitalist services (list separately in addition to code for appropriate evaluation and management service) | <input checked="" type="checkbox"/> |
| S0191 | Misoprostol, oral, 200 mcg | <input checked="" type="checkbox"/> | S0311 | Comprehensive management and care coordination for advanced illness, per calendar month | <input checked="" type="checkbox"/> |
| S0194 | Dialysis/stress vitamin supplement, oral, 100 capsules | <input checked="" type="checkbox"/> | S0315 | Disease management program; initial assessment and initiation of the program | <input checked="" type="checkbox"/> |
| S0197 | Prenatal vitamins, 30-day supply | <input checked="" type="checkbox"/> | S0316 | Disease management program, follow-up/reassessment | <input checked="" type="checkbox"/> |
| S0199 | Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs | <input checked="" type="checkbox"/> | S0317 | Disease management program; per diem | <input checked="" type="checkbox"/> |
| S0201 | Partial hospitalization services, less than 24 hours, per diem | <input checked="" type="checkbox"/> | S0320 | Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month | <input checked="" type="checkbox"/> |
| S0207 | Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport | <input checked="" type="checkbox"/> | S0340 | Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage | <input checked="" type="checkbox"/> |
| S0208 | Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport | <input checked="" type="checkbox"/> | S0341 | Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage | <input checked="" type="checkbox"/> |
| S0209 | Wheelchair van, mileage, per mile | <input checked="" type="checkbox"/> | S0342 | Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage | <input checked="" type="checkbox"/> |
| S0215 | Nonemergency transportation; mileage, per mile See also codes A0021-A0999 for transportation. | <input checked="" type="checkbox"/> | S0353 | Treatment planning and care coordination management for cancer initial treatment | <input checked="" type="checkbox"/> |
| S0220 | Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes | <input checked="" type="checkbox"/> | S0354 | Treatment planning and care coordination management for cancer established patient with a change of regimen | <input checked="" type="checkbox"/> |
| S0221 | Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes | <input checked="" type="checkbox"/> | S0390 | Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit | <input checked="" type="checkbox"/> |

Appendix 1 — Table of Drugs and Biologicals

INTRODUCTION AND DIRECTIONS

The HCPCS 2020 Table of Drugs and Biologicals is designed to quickly and easily direct the user to drug names and their corresponding codes. Both generic and brand or trade names are alphabetically listed in the “Drug Name” column of the table. The associated A, C, J, K, Q, or S code is given only for the generic name of the drug. While every effort is made to make the table comprehensive, it is not all-inclusive.

The “Unit Per” column lists the stated amount for the referenced generic drug as provided by CMS. “Up to” listings are inclusive of all quantities up to and including the listed amount. All other listings are for the amount of the drug as listed. The editors recognize that the availability of some drugs in the quantities listed is dependent on many variables beyond the control of the clinical ordering clerk. The availability in your area of regularly used drugs in the most cost-effective quantities should be relayed to your third-party payers.

The “Route of Administration” column addresses the most common methods of delivering the referenced generic drug as described in current pharmaceutical literature. The official definitions for Level II drug codes generally describe administration other than by oral method. Therefore, with a handful of exceptions, oral-delivered options for most drugs are omitted from the Route of Administration column.

Intravenous administration includes all methods, such as gravity infusion, injections, and timed pushes. When several routes of administration are listed, the first listing is simply the first, or most common, method as described in current reference literature. The “VAR” posting denotes various routes of administration and is used for drugs that are commonly administered into joints, cavities, tissues, or topical applications, in addition to other parenteral administrations. Listings posted with “OTH” alert the user to other administration methods, such as suppositories or catheter injections.

Please be reminded that the Table of Drugs and Biologicals, as well as all HCPCS Level II national definitions and listings, constitutes a post-treatment medical reference for billing purposes only. Although the editors have exercised all normal precautions to ensure the accuracy of the table and related material, the use of any of this information to select medical treatment is entirely inappropriate. Do not code directly from the table. Refer to the tabular section for complete information.

See Appendix 3 for abbreviations.

| Drug Name | Unit Per | Route | Code |
|--|----------|------------|-------|
| 10% LMD | 500 ML | IV | J7100 |
| 4-FACTOR PROTHROMBRIN COMPLEX CONCENTRATE | 1 IU | IV | C9132 |
| 5% DEXTROSE AND .45% NORMAL SALINE | 1000 ML | IV | S5010 |
| 5% DEXTROSE IN LACTATED RINGERS | 1000 CC | IV | J7121 |
| 5% DEXTROSE WITH POTASSIUM CHLORIDE | 1000 ML | IV | S5012 |
| 5% DEXTROSE/.45% NS WITH KCL AND MAG SULFATE | 1000ML | IV | S5013 |
| 5% DEXTROSE/.45% NS WITH KCL AND MAG SULFATE | 1500 ML | IV | S5014 |
| 5% DEXTROSE/NORMAL SALINE | 5% | VAR | J7042 |
| 5% DEXTROSE/WATER | 500 ML | IV | J7060 |
| A-HYDROCORT | 100 MG | IV, IM, SC | J1720 |
| A-METHAPRED | 125 MG | IM, IV | J2930 |
| A-METHAPRED | 40 MG | IM, IV | J2920 |
| ABATACEPT | 10 MG | IV | J0129 |
| ABCIXIMAB | 10 MG | IV | J0130 |

| Drug Name | Unit Per | Route | Code |
|--|-------------------------|-------------|-------|
| ABELCET | 10 MG | IV | J0287 |
| ABILIFY | 0.25 MG | IM | J0400 |
| ABILIFY MAINTENA KIT | 1 MG | IM | J0401 |
| ABLAVAR | 1 ML | IV | A9583 |
| ABOBOTULINUMTOXINA | 5 UNITS | IM | J0586 |
| ABRAXANE | 1 MG | IV | J9264 |
| ACCELULAR PERICARDIAL TISSUE MATRIX NONHUMAN | SQ CM | OTH | C9354 |
| ACCUNEB NONCOMPOUNDED, CONCENTRATED | 1 MG | INH | J7611 |
| ACCUNEB NONCOMPOUNDED, UNIT DOSE | 1 MG | INH | J7613 |
| ACETADOTE | 1 G | INH | J7608 |
| ACETADOTE | 100 MG | IV | J0132 |
| ACETAMINOPHEN | 10 MG | IV | J0131 |
| ACETAZOLAMIDE SODIUM | 500 MG | IM, IV | J1120 |
| ACETYLCYSTEINE COMPOUNDED | PER G | INH | J7604 |
| ACETYLCYSTEINE NONCOMPOUNDED | 1 G | INH | J7608 |
| ACTEMRA | 1 MG | IV | J3262 |
| ACTHREL | 1 MCG | IV | J0795 |
| ACTIMMUNE | 3 MU | SC | J9216 |
| ACTIVASE | 1 MG | IV | J2997 |
| ACUTECT | STUDY DOSE UP TO 20 MCI | IV | A9504 |
| ACYCLOVIR | 5 MG | IV | J0133 |
| ADAGEN | 25 IU | IM | J2504 |
| ADALIMUMAB | 20 MG | SC | J0135 |
| ADASUVE | 1 MG | INH | J2062 |
| ADCETRIS | 1 MG | IV | J9042 |
| ADENOCARD | 1 MG | IV | J0153 |
| ADENOSINE | 1 MG | IV | J0153 |
| ADENSOSCAN | 1 MG | IV | J0153 |
| ADO-TRASTUZUMAB EMTANSINE | 1 MG | IV | J9354 |
| ADRENALIN | 0.1 MG | IM, IV, SC | J0171 |
| ADRENOCORT | 1 MG | IM, IV, OTH | J1100 |
| ADRIAMYCIN | 10 MG | IV | J9000 |
| ADRUCIL | 500 MG | IV | J9190 |
| ADYNOVATE | 1 IU | IV | J7207 |
| AEROBID | 1 MG | INH | J7641 |
| AFFINITY | SQ CM | OTH | Q4159 |
| AFINITOR | 0.25 MG | ORAL | J7527 |
| AFLIBERCEPT | 1 MG | OTH | J0178 |
| AFLURIA | EA | IM | Q2035 |
| AFSTYLA | 1 I.U. | IV | J7210 |
| AGALSIDASE BETA | 1 MG | IV | J0180 |
| AGGRASTAT | 12.5 MG | IM, IV | J3246 |
| AGRIFLU | UNKNOWN | IM | Q2034 |
| AJOVY | 1 MG | SC | C9040 |

Appendix 2 — Modifiers

A modifier is a two-position code that is added to the end of a code to clarify the services being billed. Modifiers provide a means by which a service can be altered without changing the procedure code. They add more information, such as the anatomical site, to the code. In addition, they help to eliminate the appearance of duplicate billing and unbundling. Modifiers are used to increase accuracy in reimbursement, coding consistency, editing, and to capture payment data.

| | | | |
|-----------|--|----------------------|--|
| A1 | Dressing for one wound | BO | Orally administered nutrition, not by feeding tube |
| A2 | Dressing for two wounds | BP | The beneficiary has been informed of the purchase and rental options and has elected to purchase the item |
| A3 | Dressing for three wounds | BR | The beneficiary has been informed of the purchase and rental options and has elected to rent the item |
| A4 | Dressing for four wounds | BU | The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision |
| A5 | Dressing for five wounds | CA | Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission |
| A6 | Dressing for six wounds | CB | Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable |
| A7 | Dressing for seven wounds | CC | Procedure code change (use CC when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed) |
| A8 | Dressing for eight wounds | CD | AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable |
| A9 | Dressing for nine or more wounds | CE | AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity |
| AA | Anesthesia services performed personally by anesthesiologist | CF | AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable |
| AD | Medical supervision by a physician: more than four concurrent anesthesia procedures | CG | Policy criteria applied |
| AE | Registered dietician | CH | Zero percent impaired, limited or restricted |
| AF | Specialty physician | CI | At least 1 percent but less than 20 percent impaired, limited or restricted |
| AG | Primary physician | CJ | At least 20 percent but less than 40 percent impaired, limited or restricted |
| AH | Clinical psychologist | CK | At least 40 percent but less than 60 percent impaired, limited or restricted |
| AI | Principal physician of record | CL | At least 60 percent but less than 80 percent impaired, limited or restricted |
| AJ | Clinical social worker | CM | At least 80 percent but less than 100 percent impaired, limited or restricted |
| AK | Nonparticipating physician | CN | 100 percent impaired, limited or restricted |
| AM | Physician, team member service | CO | Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant |
| AO | Alternate payment method declined by provider of service | CQ | Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant |
| AP | Determination of refractive state was not performed in the course of diagnostic ophthalmological examination | CR | Catastrophe/disaster related |
| AQ | Physician providing a service in an unlisted health professional shortage area (HPSA) | CS | Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean-up activities |
| AR | Physician provider services in a physician scarcity area | CT | Computed tomography services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (NEMA) XR-29-2013 standard |
| AS | Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery | DA | Oral health assessment by a licensed health professional other than a dentist |
| AT | Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942) | E1 | Upper left, eyelid |
| AU | Item furnished in conjunction with a urological, ostomy, or tracheostomy supply | E2 | Lower left, eyelid |
| AV | Item furnished in conjunction with a prosthetic device, prosthetic or orthotic | | |
| AW | Item furnished in conjunction with a surgical dressing | | |
| AX | Item furnished in conjunction with dialysis services | | |
| AY | Item or service furnished to an ESRD patient that is not for the treatment of ESRD | | |
| AZ | Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment | | |
| BA | Item furnished in conjunction with parenteral enteral nutrition (PEN) services | | |
| BL | Special acquisition of blood and blood products | | |

Appendix 4 — Internet-only Manuals (IOMs)

The Centers for Medicare and Medicaid Services restructured its paper-based manual system as a web-based system on October 1, 2003. Called the online CMS manual system, it combines all of the various program instructions into Internet-only Manuals (IOMs), which are used by all CMS programs and contractors. In many instances, the references from the online manuals in appendix 4 contain a mention of the old paper manuals from which the current information was obtained when the manuals were converted. This information is shown in the header of the text, in the following format, when applicable, as A3-3101, HO-210, and B3-2049. Complete versions of all of the manuals can be found at <http://www.cms.gov/manuals>.

Effective with implementation of the IOMs, the former method of publishing program memoranda (PMs) to communicate program instructions was replaced by the following four templates:

- One-time notification
- Manual revisions
- Business requirements
- Confidential requirements

The web-based system has been organized by functional area (e.g., eligibility, entitlement, claims processing, benefit policy, program integrity) in an effort to eliminate redundancy within the manuals, simplify updating, and make CMS program instructions available more quickly. The web-based system contains the functional areas included below:

Pub. 100 Introduction

| | |
|-------------|--|
| Pub. 100-01 | Medicare General Information, Eligibility, and Entitlement Manual |
| Pub. 100-02 | Medicare Benefit Policy Manual |
| Pub. 100-03 | Medicare National Coverage Determinations (NCD) Manual |
| Pub. 100-04 | Medicare Claims Processing Manual |
| Pub. 100-05 | Medicare Secondary Payer Manual |
| Pub. 100-06 | Medicare Financial Management Manual |
| Pub. 100-07 | State Operations Manual |
| Pub. 100-08 | Medicare Program Integrity Manual |
| Pub. 100-09 | Medicare Contractor Beneficiary and Provider Communications Manual |
| Pub. 100-10 | Quality Improvement Organization Manual |
| Pub. 100-11 | Programs of All-Inclusive Care for the Elderly (PACE) Manual |
| Pub. 100-12 | State Medicaid Manual (under development) |
| Pub. 100-13 | Medicaid State Children's Health Insurance Program (under development) |
| Pub. 100-14 | Medicare ESRD Network Organizations Manual |
| Pub. 100-15 | Medicaid Integrity Program (MIP) |
| Pub. 100-16 | Medicare Managed Care Manual |
| Pub. 100-17 | CMS/Business Partners Systems Security Manual |
| Pub. 100-18 | Medicare Prescription Drug Benefit Manual |
| Pub. 100-19 | Demonstrations |
| Pub. 100-20 | One-Time Notification |
| Pub. 100-21 | Recurring Update Notification |
| Pub. 100-22 | Medicare Quality Reporting Incentive Programs Manual |
| Pub. 100-24 | State Buy-In Manual |
| Pub. 100-25 | Information Security Acceptable Risk Safeguards Manual |

A brief description of the Medicare manuals primarily used for *CPC Expert* follows:

The **National Coverage Determinations Manual (NCD)**, is organized according to categories such as diagnostic services, supplies, and medical procedures. The table of contents lists each category and subject within that category. Revision transmittals identify any new or background material, recap the changes, and provide an effective date for the change.

When complete, the manual will contain two chapters. Chapter 1 currently includes a description of CMS's national coverage determinations. When available, chapter 2 will

contain a list of HCPCS codes related to each coverage determination. The manual is organized in accordance with CPT category sequences.

The **Medicare Benefit Policy Manual** contains Medicare general coverage instructions that are not national coverage determinations. As a general rule, in the past these instructions have been found in chapter II of the **Medicare Carriers Manual**, the **Medicare Intermediary Manual**, other provider manuals, and program memoranda.

The **Medicare Claims Processing Manual** contains instructions for processing claims for contractors and providers.

The **Medicare Program Integrity Manual** communicates the priorities and standards for the Medicare integrity programs.

100-01, 3, 20.5 Blood Deductibles (Part A and Part B)

(Rev.1, 09-11-02)

Program payment may not be made for the first 3 pints of whole blood or equivalent units of packed red cells received under Part A and Part B combined in a calendar year. However, blood processing (e.g., administration, storage) is not subject to the deductible.

The blood deductibles are in addition to any other applicable deductible and coinsurance amounts for which the patient is responsible.

The deductible applies only to the first 3 pints of blood furnished in a calendar year, even if more than one provider furnished blood.

100-01, 3, 20.5.2 Part B Blood Deductible

(Rev.1, 09-11-02)

Blood is furnished on an outpatient basis or is subject to the Part B blood deductible and is counted toward the combined limit. It should be noted that payment for blood may be made to the hospital under Part B only for blood furnished in an outpatient setting. Blood is not covered for inpatient Part B services.

100-01, 3, 20.5.3 Items Subject to Blood Deductibles

(Rev.18, Issued: 03-04-05, Effective: 07-01-05, Implementation: 07-05-05)

The blood deductibles apply only to whole blood and packed red cells. The term whole blood means human blood from which none of the liquid or cellular components have been removed. Where packed red cells are furnished, a unit of packed red cells is considered equivalent to a pint of whole blood. Other components of blood such as platelets, fibrinogen, plasma, gamma globulin, and serum albumin are not subject to the blood deductible. However, these components of blood are covered as biologicals.

Refer to Pub. 100-04, Medicare Claims Processing Manual, chapter 4, Sec.231 regarding billing for blood and blood products under the Hospital Outpatient Prospective Payment System (OPPS).

100-02, 1, 10 Covered Inpatient Hospital Services Covered Under Part A

(Rev.1, 10-01-03) A3-3101, HO-210

Patients covered under hospital insurance are entitled to have payment made on their behalf for inpatient hospital services. (Inpatient hospital services do not include extended care services provided by hospitals pursuant to swing bed approvals. See Pub. 100-01, Chapter 8, Sec.10.1, "Hospital Providers of Extended Care Services."). However, both inpatient hospital and inpatient SNF benefits are provided under Part A - Hospital Insurance Benefits for the Aged and Disabled, of Title XVIII.

Additional information concerning the following topics can be found in the following manual chapters:

- Benefit periods is found in Chapter 3, "Duration of Covered Inpatient Services";
- Copayment days is found in Chapter 2, "Duration of Covered Inpatient Services";
- Lifetime reserve days is found in Chapter 5, "Lifetime Reserve Days";