

# HCPCS Level II

A resourceful compilation of HCPCS codes  
Supports HIPAA compliance

SAMPLE

**2022**

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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.

**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.

● **S0013** Esketamine, nasal spray, 1 mg  
 ▲ **Q4176** Neopatch or Therion, per sq cm  
 ○ **G0088** Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min  
 ● **C9055** Injection, brexanolone, 1mg

### 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

<b>A</b>			
<p><b>Abdomen/abdominal</b> dressing holder/binder, A4461, A4463 pad, low profile, L1270</p> <p><b>Abduction</b> control, each, L2624 pillow, E1399 rotation bar, foot, L3140-L3170</p> <p><b>Ablation</b> robotic, waterjet, C2596 transbronchial, C9751 ultrasound, C9734</p> <p><b>Abortion</b>, S0199, S2260-S2267</p> <p><b>Absorption dressing</b>, A6251-A6256</p> <p><b>Access system</b>, A4301</p> <p><b>Accessories</b> ambulation devices, E0153-E0159 artificial kidney and machine (see also 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</p> <p><b>AccuChek</b> blood glucose meter, E0607 test strips, box of 50, A4253</p> <p><b>Accurate</b> prosthetic sock, L8420-L8435 stump sock, L8470-L8485</p> <p><b>Acetate concentrate for hemodialysis</b>, A4708</p> <p><b>Acid concentrate for hemodialysis</b>, A4709</p> <p><b>ACO Model</b>, G9868-G9870</p> <p><b>Action Patriot manual wheelchair</b>, K0004</p> <p><b>Action Xtra, Action MVP, Action Pro-T, manual wheelchair</b>, K0005</p> <p><b>Active Life</b> convex one-piece urostomy pouch, A4421 flush away, A5051 one-piece drainable custom pouch, A5061 pre-cut closed-end pouch, A5051 stoma cap, A5055</p> <p><b>Activity therapy</b>, G0176</p> <p><b>Adaptor</b> electric/pneumatic ventricular assist device, Q0478 neurostimulator, C1883 pacing lead, C1883</p> <p><b>Addition</b> 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</p> <p><b>Adhesive</b> 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</p> <p><b>Adjunctive blue light cystoscopy</b>, C9738</p> <p><b>Adjustabrace 3</b>, L2999</p> <p><b>Adjustment</b> bariatric band, S2083</p> <p><b>Administration</b> aerosolized drug therapy, home, S9061</p>	<p><b>Administration</b> — continued chemotherapy infusion continued in community, G0498 hepatitis B vaccine, G0010 influenza virus vaccine, G0008 medication, T1502-T1503 direct observation, H0033 monoclonal antibody therapy, M0239, M0243 pneumococcal vaccine, G0009</p> <p><b>Adoptive immunotherapy</b>, S2107</p> <p><b>Adrenal transplant</b>, S2103</p> <p><b>AdvantaJet</b>, A4210</p> <p><b>Affinity</b>, Q4159</p> <p><b>AFO</b>, E1815, E1830, L1900-L1990, L4392, L4396</p> <p><b>Aimsclo Ultra Thin syringe, 1 cc or 1/2 cc, each</b>, A4206</p> <p><b>Air bubble detector, dialysis</b>, E1530</p> <p><b>Air fluidized bed</b>, E0194</p> <p><b>Air pressure pad/mattress</b>, E0186, E0197</p> <p><b>Air travel and nonemergency transportation</b>, A0140</p> <p><b>Aircast air stirrup ankle brace</b>, L1906</p> <p><b>Airlife Brand Misty-Neb nebulizer</b>, E0580</p> <p><b>AirSep</b>, E0601</p> <p><b>Airway device</b>, E0485-E0486</p> <p><b>Alarm</b> device, A9280 enuresis, S8270 pressure, dialysis, E1540</p> <p><b>Albumarc</b>, P9041</p> <p><b>Albumin, human</b>, P9041, P9045-P9047</p> <p><b>Alcohol</b> abuse service, H0047 assessment, G0396-G0397, G2011, H0001 pint, A4244 testing, H0048 wipes, A4245</p> <p><b>Alert device</b>, A9280</p> <p><b>Algiderm, alginate dressing</b>, A6196-A6199</p> <p><b>Alginate dressing</b>, A6196-A6199</p> <p><b>Algosteril, alginate dressing</b>, A6196-A6199</p> <p><b>Alkaline battery for blood glucose monitor</b>, A4233-A4236</p> <p><b>AlloDerm</b>, Q4116</p> <p><b>AlloGen</b>, Q4212</p> <p><b>Allogenic cord blood harvest</b>, S2140</p> <p><b>Allograft</b> small intestine and liver, S2053</p> <p><b>AlloPatch HD</b>, Q4128</p> <p><b>AlloSkin</b>, Q4115</p> <p><b>AlloSkin AC</b>, Q4141</p> <p><b>AlloSkin RT</b>, Q4123</p> <p><b>AlloWrap DS</b>, Q4150</p> <p><b>Alternating pressure mattress/pad</b>, E0181, E0277 pump, E0182</p> <p><b>Alternative communication device, i.e., communication board</b>, E1902</p> <p><b>AltiPly</b>, Q4235</p> <p><b>Ambulance</b>, A0021-A0999 air, A0436 disposable supplies, A0382-A0398 non-emergency, S9960-S9961 oxygen, A0422 response, treatment, no transport, A0998</p> <p><b>Ambulation device</b>, E0100-E0159</p> <p><b>Ambulation stimulator</b> spinal cord injured, E0762</p> <p><b>Aminaid, enteral nutrition</b>, B4154</p> <p><b>Amirosyn-RF, parenteral nutrition</b>, B5000</p> <p><b>Ammonia test paper</b>, A4774</p> <p><b>Amnio Bio</b>, Q4211</p> <p><b>AmnioAmp-MP</b>, Q4250</p> <p><b>AmnioArmor</b>, Q4168</p> <p><b>AmnioBand</b>, Q4151, Q4168</p> <p><b>AmnioCore</b>, Q4227</p> <p><b>AmnioCyte 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- 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.

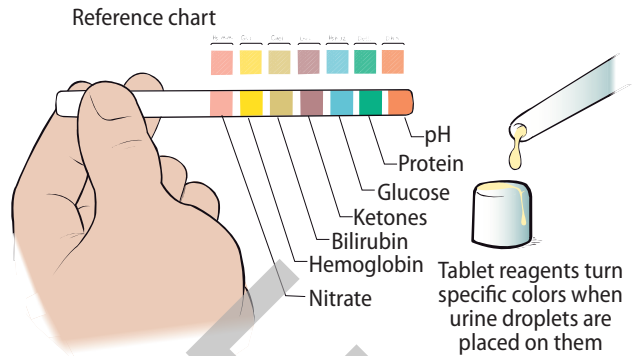
**Batteries**

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

**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.
- 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.
- 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.
- 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.
- 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.
- A4264** Permanent implantable contraceptive intratubal occlusion device(s) and delivery system M
- A4265** Paraffin, per pound N
- A4266** Diaphragm for contraceptive use M
- A4267** Contraceptive supply, condom, male, each O





<b>C1766</b>	<b>Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 10-15; 4Q, '04, 4-5; 3Q, '02, 4-5; 3Q, '01, 4-5	<b>C1787</b>	<b>Patient programmer, neurostimulator</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C1767</b>	<b>Generator, neurostimulator (implantable), nonrechargeable</b> <span style="float:right">NI NI</span> 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	<b>C1788</b>	<b>Port, indwelling (implantable)</b> <span style="float:right">NI NI</span> 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
<b>C1768</b>	<b>Graft, vascular</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<b>C1789</b>	<b>Prosthesis, breast (implantable)</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C1769</b>	<b>Guide wire</b> <span style="float:right">NI NI</span> 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	<b>C1813</b>	<b>Prosthesis, penile, inflatable</b> <span style="float:right">NI NI</span> CMS: 100-04,14,40.8 AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C1770</b>	<b>Imaging coil, magnetic resonance (insertable)</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<b>C1814</b>	<b>Retinal tamponade device, silicone oil</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 2Q, '06, 12
<b>C1771</b>	<b>Repair device, urinary, incontinence, with sling graft</b> <span style="float:right">NI NI</span> 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	<b>C1815</b>	<b>Prosthesis, urinary sphincter (implantable)</b> <span style="float:right">NI NI</span> CMS: 100-04,14,40.8 AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C1772</b>	<b>Infusion pump, programmable (implantable)</b> <span style="float:right">NI NI</span> CMS: 100-04,14,40.8 AHA: 3Q, '16, 10-15; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6	<b>C1816</b>	<b>Receiver and/or transmitter, neurostimulator (implantable)</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C1773</b>	<b>Retrieval device, insertable (used to retrieve fractured medical devices)</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<b>C1817</b>	<b>Septal defect implant system, intracardiac</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C1776</b>	<b>Joint device (implantable)</b> <span style="float:right">NI NI</span> 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	<b>C1818</b>	<b>Integrated keratoprosthesis</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 4-5
<b>C1777</b>	<b>Lead, cardioverter-defibrillator, endocardial single coil (implantable)</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 10-15; 2Q, '06, 11; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6	<b>C1819</b>	<b>Surgical tissue localization and excision device (implantable)</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 10-15; 1Q, '04, 10
<b>C1778</b>	<b>Lead, neurostimulator (implantable)</b> <span style="float:right">NI NI</span> 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	<b>C1820</b>	<b>Generator, neurostimulator (implantable), with rechargeable battery and charging system</b> <span style="float:right">NI NI</span> 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
<b>C1779</b>	<b>Lead, pacemaker, transvenous VDD single pass</b> <span style="float:right">NI NI</span> 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	<b>C1821</b>	<b>Interspinous process distraction device (implantable)</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 10-15; 2Q, '09, 1
<b>C1780</b>	<b>Lens, intraocular (new technology)</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6	<b>C1822</b>	<b>Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system</b> <span style="float:right">NI NI</span> Use to report neurostimulator generators that are high frequency. AHA: 3Q, '16, 10-15; 2Q, '16, 7; 1Q, '16, 9
<b>C1781</b>	<b>Mesh (implantable)</b> <span style="float:right">NI NI</span> 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	<b>C1823</b>	<b>Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads</b> <span style="float:right">J7</span> CMS: 100-04,4,260.1; 100-04,4,260.1.1
<b>C1782</b>	<b>Morcellator</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6	<b>C1824</b>	<b>Generator, cardiac contractility modulation (implantable)</b> <span style="float:right">J7</span>
<b>C1783</b>	<b>Ocular implant, aqueous drainage assist device</b> <span style="float:right">NI NI</span> AHA: 1Q, '17, 5; 3Q, '16, 10-15	<b>C1825</b>	<b>Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation lead(s)</b> <span style="float:right">J7</span>
<b>C1784</b>	<b>Ocular device, intraoperative, detached retina</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6	<b>C1830</b>	<b>Powered bone marrow biopsy needle</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 10-15; 4Q, '11, 10
<b>C1785</b>	<b>Pacemaker, dual chamber, rate-responsive (implantable)</b> <span style="float:right">NI NI</span> 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	<b>C1839</b>	<b>Iris prosthesis</b> <span style="float:right">J7</span>
<b>C1786</b>	<b>Pacemaker, single chamber, rate-responsive (implantable)</b> <span style="float:right">NI NI</span> 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	<b>C1840</b>	<b>Lens, intraocular (telescopic)</b> <span style="float:right">NI NI</span> AHA: 3Q, '16, 10-15; 3Q, '12, 10; 4Q, '11, 10
		<b>C1841</b>	<b>Retinal prosthesis, includes all internal and external components</b> <span style="float:right">NI J7</span> AHA: 1Q, '17, 6; 3Q, '16, 10-15
		<b>C1842</b>	<b>Retinal prosthesis, includes all internal and external components; add-on to C1841</b> <span style="float:right">E J7</span> In the ASC setting, C1842 must be reported with C1841 and CPT code 0100T. AHA: 1Q, '17, 6
		<b>C1849</b>	<b>Skin substitute, synthetic, resorbable, per sq cm</b> <span style="float:right">NI</span>



- G0157** Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes B ✓  
CMS: 100-04,10,40.2; 100-04,11,10
- G0158** Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes B ✓  
CMS: 100-04,10,40.2; 100-04,11,10
- G0159** Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes B ✓  
CMS: 100-04,10,40.2
- G0160** Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes B ✓  
CMS: 100-04,10,40.2
- G0161** Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes B ✓  
CMS: 100-04,10,40.2
- 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) B ✓  
CMS: 100-04,10,40.2; 100-04,11,10
- G0166** External counterpulsation, per treatment session Q1 ✓ ○  
CMS: 100-04,32,130; 100-04,32,130.1
- G0168** Wound closure utilizing tissue adhesive(s) only B ○  
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 B2 ○
- 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



<b>J0364</b>	<b>Injection, apomorphine HCl, 1 mg</b> Use this code for Apokyn. <b>CMS: 100-02,15,50.5</b>	E ✓	<b>J0572</b>	<b>Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine</b> Use this code for Bunavail, Suboxone, Zubsolv. <b>AHA: 1Q, '15, 6</b>	E ✓
<b>J0365</b>	<b>Injection, aprotinin, 10,000 kiu</b> Use this code for Trasylol.	E ✓	<b>J0573</b>	<b>Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine</b> Use this code for Bunavail, Suboxone, Zubsolv. <b>AHA: 1Q, '16, 6-8; 1Q, '15, 6</b>	E ✓
<b>J0380</b>	<b>Injection, metaraminol bitartrate, per 10 mg</b> Use this code for Aramine.	N ✓	<b>J0574</b>	<b>Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine</b> Use this code for Bunavail, Suboxone. <b>AHA: 1Q, '16, 6-8; 1Q, '15, 6</b>	E ✓
<b>J0390</b>	<b>Injection, chloroquine HCl, up to 250 mg</b> Use this code for Aralen.	N NI ✓	<b>J0575</b>	<b>Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine</b> Use this code for Suboxone. <b>AHA: 1Q, '16, 6-8; 1Q, '15, 6</b>	E ✓
<b>J0395</b>	<b>Injection, arbutamine HCl, 1 mg</b>	E ✓	<b>J0583</b>	<b>Injection, bivalirudin, 1 mg</b> Use this code for Angiomax.	N NI ✓
<b>J0400</b>	<b>Injection, aripiprazole, intramuscular, 0.25 mg</b> Use this code for Abilify. <b>AHA: 1Q, '08, 6</b>	K NI ✓	<b>J0584</b>	<b>Injection, burosumab-twza, 1 mg</b> Use this code for Crysvida. <b>CMS: 100-04,4,260.1; 100-04,4,260.1.1</b>	K2
<b>J0401</b>	<b>Injection, aripiprazole, extended release, 1 mg</b> Use this code for the Abilify Maintena kit. <b>AHA: 1Q, '14, 6</b>	K K2 ✓	<b>J0585</b>	<b>Injection, onabotulinumtoxinA, 1 unit</b> Use this code for Botox, Botox Cosmetic.	K K2 ✓
<b>J0456</b>	<b>Injection, azithromycin, 500 mg</b> Use this code for Zithromax.	N NI ✓	<b>J0586</b>	<b>Injection, abobotulinumtoxinA, 5 units</b> Use this code for Dysport.	K K2 ✓
<b>J0461</b>	<b>Injection, atropine sulfate, 0.01 mg</b> Use this code for AtroPen.	N NI ✓	<b>J0587</b>	<b>Injection, rimabotulinumtoxinB, 100 units</b> Use this code for Myobloc. <b>AHA: 2Q, '02, 8-9; 1Q, '02, 5</b>	K K2 ✓
<b>J0470</b>	<b>Injection, dimercaprol, per 100 mg</b> Use this code for BAL.	K NI ✓	<b>J0588</b>	<b>Injection, incobotulinumtoxinA, 1 unit</b> Use this code for XEOMIN.	K K2 ✓
<b>J0475</b>	<b>Injection, baclofen, 10 mg</b> Use this code for Lioresal, Gablofen.	K K2 ✓	<b>J0591</b>	<b>Injection, deoxycholic acid, 1 mg</b> Use this code for Kybella.	K K2 ✓
<b>J0476</b>	<b>Injection, baclofen, 50 mcg for intrathecal trial</b> Use this code for Lioresal, Gablofen.	K NI ✓	<b>J0592</b>	<b>Injection, buprenorphine HCl, 0.1 mg</b> Use this code for Buprenex.	N NI ✓
<b>J0480</b>	<b>Injection, basiliximab, 20 mg</b> Use this code for Simulect.	K K2 ✓	<b>J0593</b>	<b>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)</b>	K2
<b>J0485</b>	<b>Injection, belatacept, 1 mg</b> Use this code for Nulojix.	K K2 ✓	<b>J0594</b>	<b>Injection, busulfan, 1 mg</b> Use this code for Busulfex.	K K2 ✓
<b>J0490</b>	<b>Injection, belimumab, 10 mg</b> Use this code for BENLYSTA.	K K2 ✓	<b>J0595</b>	<b>Injection, butorphanol tartrate, 1 mg</b> Use this code for Stadol. <b>AHA: 2Q, '05, 11</b>	N NI ✓
<b>J0500</b>	<b>Injection, dicyclomine HCl, up to 20 mg</b> Use this code for Bentyl.	N NI ✓	<b>J0596</b>	<b>Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units</b> <b>CMS: 100-02,15,50.5</b>	K K2 ✓
<b>J0515</b>	<b>Injection, benztropine mesylate, per 1 mg</b> Use this code for Cogentin.	N NI ✓	<b>J0597</b>	<b>Injection, C1 esterase inhibitor (human), Berinert, 10 units</b>	K K2 ✓
<b>J0517</b>	<b>Injection, benralizumab, 1 mg</b> Use this code for Fasena.	K2	<b>J0598</b>	<b>Injection, C1 esterase inhibitor (human), Cinryze, 10 units</b>	K K2 ✓
<b>J0520</b>	<b>Injection, bethanechol chloride, Myotonachol or Urecholine, up to 5 mg</b>	E ✓	<b>J0599</b>	<b>Injection, C1 esterase inhibitor (human), (Haegarda), 10 units</b>	K2
<b>J0558</b>	<b>Injection, penicillin G benzathine and penicillin G procaine, 100,000 units</b> Use this code for Bicillin CR, Bicillin CR 900/300, Bicillin CR Tubex.	N K2 ✓	<b>J0600</b>	<b>Injection, edetate calcium disodium, up to 1,000 mg</b> Use this code for Calcium Disodium Versenate, Calcium EDTA.	K K2 ✓
<b>J0561</b>	<b>Injection, penicillin G benzathine, 100,000 units</b> <b>AHA: 2Q, '13, 5</b>	K K2 ✓	<b>J0604</b>	<b>Cinacalcet, oral, 1 mg, (for ESRD on dialysis)</b>	B
<b>J0565</b>	<b>Injection, bezlotoxumab, 10 mg</b> Use this code for Zinplava.	G K2	<b>J0606</b>	<b>Injection, etelcalcetide, 0.1 mg</b> Use this code for Parsabiv.	K K2
<b>J0567</b>	<b>Injection, cerliponase alfa, 1 mg</b> Use this code for Brineura.	K2			
<b>J0570</b>	<b>Buprenorphine implant, 74.2 mg</b> Use this code for Probuphine. <b>AHA: 1Q, '17, 9-10</b>	G K2 ✓			
<b>J0571</b>	<b>Buprenorphine, oral, 1 mg</b> Use this code for Subutex. <b>AHA: 1Q, '15, 6</b>	E ✓			







**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  

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

# Appendix 1 — Table of Drugs and Biologicals

## INTRODUCTION AND DIRECTIONS

The HCPCS 2021 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	40 MG	IM, IV	J2920
A-METHAPRED	125 MG	IM, IV	J2930
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
ADAKVEO	1 MG	IV	C9053
ADAKVEO	5 MG	IV	J0791
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
AFAMELANOTIDE IMPLANT	1 MG	OTH	J7352
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

# 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.

<b>A1</b>	Dressing for one wound	<b>BO</b>	Orally administered nutrition, not by feeding tube
<b>A2</b>	Dressing for two wounds	<b>BP</b>	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
<b>A3</b>	Dressing for three wounds	<b>BR</b>	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
<b>A4</b>	Dressing for four wounds	<b>BU</b>	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
<b>A5</b>	Dressing for five wounds	<b>CA</b>	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
<b>A6</b>	Dressing for six wounds	<b>CC</b>	Procedure code change (use CC when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
<b>A7</b>	Dressing for seven wounds	<b>CD</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
<b>A8</b>	Dressing for eight wounds	<b>CE</b>	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
<b>A9</b>	Dressing for nine or more wounds	<b>CF</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
<b>AA</b>	Anesthesia services performed personally by anesthesiologist	<b>CG</b>	Policy criteria applied
<b>AD</b>	Medical supervision by a physician: more than four concurrent anesthesia procedures	<b>CH</b>	Zero percent impaired, limited or restricted
<b>AE</b>	Registered dietician	<b>CI</b>	At least 1 percent but less than 20 percent impaired, limited or restricted
<b>AF</b>	Specialty physician	<b>CJ</b>	At least 20 percent but less than 40 percent impaired, limited or restricted
<b>AG</b>	Primary physician	<b>CK</b>	At least 40 percent but less than 60 percent impaired, limited or restricted
<b>AH</b>	Clinical psychologist	<b>CL</b>	At least 60 percent but less than 80 percent impaired, limited or restricted
<b>AI</b>	Principal physician of record	<b>CM</b>	At least 80 percent but less than 100 percent impaired, limited or restricted
<b>AJ</b>	Clinical social worker	<b>CN</b>	100 percent impaired, limited or restricted
<b>AK</b>	Nonparticipating physician	<b>CO</b>	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
<b>AM</b>	Physician, team member service	<b>CQ</b>	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
<b>AO</b>	Alternate payment method declined by provider of service	<b>CR</b>	Catastrophe/disaster related
<b>AP</b>	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination	<b>CS</b>	Cost-sharing waived for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency
<b>AQ</b>	Physician providing a service in an unlisted health professional shortage area (HPSA)	<b>CT</b>	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
<b>AR</b>	Physician provider services in a physician scarcity area	<b>DA</b>	Oral health assessment by a licensed health professional other than a dentist
<b>AS</b>	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery	<b>E1</b>	Upper left, eyelid
<b>AT</b>	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)	<b>E2</b>	Lower left, eyelid
<b>AU</b>	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply	<b>E3</b>	Upper right, eyelid
<b>AV</b>	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic		
<b>AW</b>	Item furnished in conjunction with a surgical dressing		
<b>AX</b>	Item furnished in conjunction with dialysis services		
<b>AY</b>	Item or service furnished to an ESRD patient that is not for the treatment of ESRD		
<b>AZ</b>	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment		
<b>BA</b>	Item furnished in conjunction with parenteral enteral nutrition (PEN) services		
<b>BL</b>	Special acquisition of blood and blood products		



# Appendix 4 — Medicare Internet-only Manuals (IOMs)

The Centers for Medicare and Medicaid Services (CMS) 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.

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	Reserved
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 *HCPCS Level II* 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. The manual contains four sections and is organized in accordance with CPT category sequence and contains a list of HCPCS codes related to coverage determinations, where appropriate.

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.

## Medicare IOM References

A printed version of the Medicare IOM references will no longer be published in Optum360's *HCPCS Level II* product. Complete versions of all the manuals can be found online at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>.