

# HCPCS Level II

A resourceful compilation of HCPCS codes  
Supports HIPAA compliance

**2020**



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# Introduction

## Organization of HCPCS

The Optum360 2019 *HCPCS Level II* Expert contains mandated changes and new codes for use as of January 1, 2019. 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 2019 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.

## Quality Payment Program

Previously, this appendix contained lists of the numerators and denominators applicable to Medicare PQRS. However, with the implementation of the Quality Payment Program (QPP) mandated by passage of the Medicare Access and Chip Reauthorization Act (MACRA) of 2015, the PQRS system will be obsolete. This appendix now contains information pertinent to that legislation as well as a comprehensive overview of the QPP.

## 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 (Pub. 100) 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.

● **M1000** Pain screened as moderate to severe  
 ▲ **A9273** Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type  
 ○ **J3245** Injection, tildrakizumab, 1 mg  
 ○ **C8904** Magnetic resonance imaging without contrast, breast; unilateral

### 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

**Abduction**  
control, each, L2624  
pillow, E1399  
rotation bar, foot, L3140-L3170

**Ablation**  
prostate, transrectal  
high intensity focused ultrasound,  
C9747  
transbronchial, C9751  
ultrasound, C9734

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**Absorption dressing**, A6251-A6256

**Access system**, A4301

**Accessories**  
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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

**AccuChek**  
blood glucose meter, E0607  
test strips, box of 50, A4253

**Accurate**  
prosthetic sock, L8420-L8435  
stump sock, L8470-L8485

**Acetate concentrate for hemodialysis**, A4708

**Acid concentrate for hemodialysis**, A4709

**ACO Model**, G9868-G9870

**Action Patriot manual wheelchair**, K0004

**Action Xtra, Action MVP, Action Pro-T, manual  
wheelchair**, K0005

**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

**Activity therapy**, G0176

**Adaptor**  
electric/pneumatic ventricular assist device,  
Q0478  
neurostimulator, C1883  
pacing lead, C1883

**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

**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  
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A6221, A6237-A6239, A6245-A6247,  
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**Adjunctive blue light cystoscopy**, C9738

**Adjustabrace 3**, L2999

**Adjustment**  
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**Administration**  
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chemotherapy infusion  
continued in community, G0498  
hepatitis B vaccine, G0010  
influenza virus vaccine, G0008  
medication, T1502-T1503  
direct observation, H0033  
pneumococcal vaccine, G0009

**Adoptive immunotherapy**, S2107

**Adrenal transplant**, S2103

**AdvantaJet**, A4210

**AFO**, E1815, E1830, L1900-L1990, L4392, L4396

**Aimsco Ultra Thin syringe, 1 cc or 1/2 cc, each**,  
A4206

**Air bubble detector, dialysis**, E1530

**Air fluidized bed**, E0194

**Air pressure pad/mattress**, E0186, E0197

**Air travel and nonemergency transportation**,  
A0140

**Aircast air stirrup ankle brace**, L1906

**Airlife Brand Misty-Neb nebulizer**, E0580

**AirSep**, E0601

**Airway device**, E0485-E0486

**Alarm**  
device, A9280  
enuresis, S8270  
pressure, dialysis, E1540

**Albumarc**, P9041

**Albumin, human**, P9041, P9045-P9047

**Alcohol**  
abuse service, H0047  
assessment, G0396-G0397, G2011, H0001  
pint, A4244  
testing, H0048  
wipes, A4245

**Alert device**, A9280

**Algiderm, alginate dressing**, A6196-A6199

**Alginate dressing**, A6196-A6199

**Algosteril, alginate dressing**, A6196-A6199

**Alkaline battery for blood glucose monitor**,  
A4233-A4236

**Allogenic cord blood harvest**, S2140

**Allograft**  
small intestine and liver, S2053

**Alternating pressure mattress/pad**, E0181,  
E0277  
pump, E0182

**Alternative communication device, i.e., com-  
munication board**, E1902

**Ambulance**, A0021-A0999  
air, A0436  
disposable supplies, A0382-A0398  
non-emergency, S9960-S9961  
oxygen, A0422  
response, treatment, no transport, A0998

**Ambulation device**, E0100-E0159

**Ambulation stimulator**  
spinal cord injured, E0762

**Aminaid, enteral nutrition**, B4154

**Amirosyn-RF, parenteral nutrition**, B5000

**Ammonia test paper**, A4774

**AmnioBand wound matrix**, Q4168

**AmnioGen-A wound matrix**, Q4162

**AmnioGen-C wound matrix**, Q4162

**AmnioPro Flow wound matrix**, Q4162

**AmnioPro wound matrix**, Q4163

**Amputee**  
adapter, wheelchair, E0959  
prosthesis, L5000-L7510, L7520, L8400-  
L8465  
stump sock, L8470  
wheelchair, E1170-E1190, E1200

**Analysis**  
dose optimization, S3722  
gene sequence  
hypertrophic cardiomyopathy,  
S3865, S3866  
semen, G0027

**Anchor, screw**, C1713

**Anesthesia**  
dialysis, A4736-A4737  
monitored (MAC), G9654

**Angiography**  
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nonocular, C9733

**Angiography — continued**  
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reconstruction, G0288

**Ankle foot system**, L5973

**Ankle orthosis**, L1902, L1904, L1907

**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

**Annual wellness visit**, G0438-G0439

**Antenna**  
replacement  
diaphragmatic/phrenic nerve stimu-  
lator, L8696

**Anterior-posterior orthotic**  
lateral orthotic, L0700, L0710

**Antibiotic home infusion therapy**, S9494-S9504

**Antibiotic regimen**, G9286-G9287

**Antibody testing, HIV-1**, S3645

**Anticoagulation clinic**, S9401

**Antifungal home infusion therapy**, S9494-  
S9504

**Antimicrobial prophylaxis**, G9196-G9198

**Antiseptic**  
chlorhexidine, A4248

**Antisperm antibodies**, S3655

**Antiviral home infusion therapy**, S9494-S9504

**Apheresis**  
low density lipid, S2120

**Apnea monitor**, E0618-E0619  
electrodes, A4556  
lead wires, A4557  
with recording feature, E0619

**Appliance**  
cleaner, A5131  
pneumatic, E0655-E0673

**Application**  
skin substitute, C5271-C5278  
tantalum rings, S8030

**AquaPedic sectional gel flotation**, E0196

**Aqueous**  
shunt, L8612

**Arch support**, L3040-L3100

**Arm**  
sling  
deluxe, A4565  
mesh cradle, A4565  
universal  
arm, A4565  
elevator, A4565  
wheelchair, E0973

**Arrow, power wheelchair**, K0014

**Artacent wound matrix**, Q4169

**Arteriovenous fistula creation**, C9754-C9755

**Arthroereisis**  
subtalar, S2117

**Arthroscopy**  
knee  
harvest of cartilage, S2112  
removal loose body, FB, G0289  
shoulder  
with capsulorrhaphy, S2300

**Artificial**  
kidney machines and accessories (see also  
Dialysis), E1510-E1699  
larynx, L8500  
saliva, A9155

**Assertive community treatment**, H0039-H0040

**Assessment**  
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G2011, H0001  
audiologic, V5008-V5020  
chronic care management services  
comprehensive, G0506  
family, H1011  
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mental health, H0031

**Assessment — continued**  
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wellness, S5190

**Assisted living**, T2030-T2031

**Assistive listening device**, V5268-V5274  
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cochlear implant assistive device, V5273  
FM/DM, V5281  
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system, V5281-V5282  
supplies and accessories, V5267  
TDD, V5272  
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television caption decoder, V5271

**Asthma**  
education, S9441  
kit, S8097

**Attendant care**, S5125-S5126

**Attends, adult diapers**, A4335

**Audiologic assessment**, V5008-V5020

**Audiometry**, S0618

**Auditory osseointegrated device**, L8690, L8691,  
L8692-L8693

**Autoclix lancet device**, A4258

**Auto-Glide folding walker**, E0143

**Autolance lancet device**, A4258

**Autolet lancet device**, A4258

**Autolet Lite lancet device**, A4258

**Autolet Mark II lancet device**, A4258

## B

**Babysitter, child of parents in treatment**,  
T1009

**Back school**, S9117

**Back supports**, L0450-L0710

**Bacterial sensitivity study**, P7001

**Bag**  
drainage, A4357  
irrigation supply, A4398  
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spacer, for metered dose inhaler, A4627  
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**Balken, fracture frame**, E0946

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**Bandage**  
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**Bariatric**  
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brief/diaper, T4543  
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**Barium enema**, G0106  
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**Barrier**  
4 x 4, A4372  
adhesion, C1765  
with flange, A4373

**Baseball finger splint**, A4570

**Bath chair**, E0240

**Bathtub**  
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heat unit, E0249  
stool or bench, E0245  
transfer bench, E0247, E0248  
transfer rail, E0246  
wall rail, E0241, E0242

**Battery**, L7360, L7364  
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L8699, Q0495  
cochlear implant device  
alkaline, L8622  
lithium, L8623-L8624  
zinc, L8621

<b>A0426</b>	<b>Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 <b>AHA:</b> 4Q, '12, 1
<b>A0427</b>	<b>Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 <b>AHA:</b> 4Q, '12, 1
<b>A0428</b>	<b>Ambulance service, basic life support, nonemergency transport, (BLS)</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,20.6; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 <b>AHA:</b> 4Q, '12, 1
<b>A0429</b>	<b>Ambulance service, basic life support, emergency transport (BLS, emergency)</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 <b>AHA:</b> 4Q, '12, 1
<b>A0430</b>	<b>Ambulance service, conventional air services, transport, one way (fixed wing)</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,20.3; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 <b>AHA:</b> 4Q, '12, 1
<b>A0431</b>	<b>Ambulance service, conventional air services, transport, one way (rotary wing)</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,20.3; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 <b>AHA:</b> 4Q, '12, 1
<b>A0432</b>	<b>Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 <b>AHA:</b> 4Q, '12, 1
<b>A0433</b>	<b>Advanced life support, level 2 (ALS 2)</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 <b>AHA:</b> 4Q, '12, 1
<b>A0434</b>	<b>Specialty care transport (SCT)</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 <b>AHA:</b> 4Q, '12, 1

<b>A0435</b>	<b>Fixed wing air mileage, per statute mile</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,20.3; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 <b>AHA:</b> 4Q, '12, 1
<b>A0436</b>	<b>Rotary wing air mileage, per statute mile</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,20.3; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 <b>AHA:</b> 4Q, '12, 1
<b>A0888</b>	<b>Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)</b> <span style="float: right;">E</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-04,15,30.1.2; 100-04,15,30.2.4
<b>A0998</b>	<b>Ambulance response and treatment, no transport</b> <span style="float: right;">E</span>
	<b>CMS:</b> 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,30.1; 100-02,10,30.1.1
<b>A0999</b>	<b>Unlisted ambulance service</b> <span style="float: right;">A</span>
	<b>CMS:</b> 100-02,10,10.1; 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1

**Medical and Surgical Supplies A4206-A9999**

This section covers a wide variety of medical, surgical, and some durable medical equipment (DME) related supplies and accessories. DME-related supplies, accessories, maintenance, and repair required to ensure the proper functioning of this equipment is generally covered by Medicare under the prosthetic devices provision.

**Injection Supplies**

<b>A4206</b>	<b>Syringe with needle, sterile, 1 cc or less, each</b> <span style="float: right;">N ✓</span>
<b>A4207</b>	<b>Syringe with needle, sterile 2 cc, each</b> <span style="float: right;">N ✓</span>
<b>A4208</b>	<b>Syringe with needle, sterile 3 cc, each</b> <span style="float: right;">N ✓</span>
<b>A4209</b>	<b>Syringe with needle, sterile 5 cc or greater, each</b> <span style="float: right;">N ✓</span>
<b>A4210</b>	<b>Needle-free injection device, each</b> <span style="float: right;">E ✓</span> Sometimes covered by commercial payers with preauthorization and physician letter stating need (e.g., for insulin injection in young children).
<b>A4211</b>	<b>Supplies for self-administered injections</b> <span style="float: right;">N</span> 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).
<b>A4212</b>	<b>Noncoring needle or stylet with or without catheter</b> <span style="float: right;">N</span>
<b>A4213</b>	<b>Syringe, sterile, 20 cc or greater, each</b> <span style="float: right;">N ✓</span>
<b>A4215</b>	<b>Needle, sterile, any size, each</b> <span style="float: right;">N</span>
<b>A4216</b>	<b>Sterile water, saline and/or dextrose, diluent/flush, 10 ml</b> <span style="float: right;">N ✓ ♿</span>
<b>A4217</b>	<b>Sterile water/saline, 500 ml</b> <span style="float: right;">N ✓ ♿ (AU)</span> <b>CMS:</b> 100-04,20,30.9
<b>A4218</b>	<b>Sterile saline or water, metered dose dispenser, 10 ml</b> <span style="float: right;">N ✓</span>
<b>A4220</b>	<b>Refill kit for implantable infusion pump</b> <span style="float: right;">N</span>
<b>A4221</b>	<b>Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)</b> <span style="float: right;">N ♿</span>
<b>A4222</b>	<b>Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)</b> <span style="float: right;">N ♿</span>
<b>A4223</b>	<b>Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)</b> <span style="float: right;">N ✓</span>
<b>A4224</b>	<b>Supplies for maintenance of insulin infusion catheter, per week</b> <span style="float: right;">N ♿</span>

<b>C1880</b>	<b>Vena cava filter</b> AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1881</b>	<b>Dialysis access system (implantable)</b> CMS: 100-04,14,40.8 AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1882</b>	<b>Cardioverter-defibrillator, other than single or dual chamber (implantable)</b> CMS: 100-04,14,40.8 AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 2Q, '12, 9; 2Q, '06, 11; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1883</b>	<b>Adaptor/extension, pacing lead or neurostimulator lead (implantable)</b> CMS: 100-04,32,40.1 AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '02, 9; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1884</b>	<b>Embolization protective system</b> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '14, 5	<input type="checkbox"/> <input type="checkbox"/>
<b>C1885</b>	<b>Catheter, transluminal angioplasty, laser</b> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 1Q, '16, 5; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1886</b>	<b>Catheter, extravascular tissue ablation, any modality (insertable)</b> AHA: 3Q, '16, 10-15	<input type="checkbox"/> <input type="checkbox"/>
<b>C1887</b>	<b>Catheter, guiding (may include infusion/perfusion capability)</b> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '04, 4-5; 3Q, '02, 4-5; 3Q, '01, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1888</b>	<b>Catheter, ablation, noncardiac, endovascular (implantable)</b> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15	<input type="checkbox"/> <input type="checkbox"/>
<b>▲ C1889</b> <sup>Jan</sup>	<b>Implantable/insertable device, not otherwise classified</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>C1891</b>	<b>Infusion pump, nonprogrammable, permanent (implantable)</b> CMS: 100-04,14,40.8 AHA: 3Q, '16, 10-15; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1892</b>	<b>Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away</b> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1893</b>	<b>Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away</b> AHA: 3Q, '16, 10-15; 4Q, '04, 4-5; 3Q, '02, 4-5; 3Q, '01, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1894</b>	<b>Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser</b> AHA: 3Q, '16, 9; 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1895</b>	<b>Lead, cardioverter-defibrillator, endocardial dual coil (implantable)</b> AHA: 3Q, '16, 10-15; 2Q, '06, 11; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1896</b>	<b>Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)</b> AHA: 3Q, '16, 10-15; 2Q, '06, 11; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1897</b>	<b>Lead, neurostimulator test kit (implantable)</b> CMS: 100-04,14,40.8; 100-04,32,40.1 AHA: 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '02, 9; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1898</b>	<b>Lead, pacemaker, other than transvenous VDD single pass</b> CMS: 100-04,14,40.8 AHA: 3Q, '16, 10-15; 3Q, '02, 8; 3Q, '02, 4-5; 3Q, '01, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1899</b>	<b>Lead, pacemaker/cardioverter-defibrillator combination (implantable)</b> AHA: 3Q, '16, 10-15; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C1900</b>	<b>Lead, left ventricular coronary venous system</b> CMS: 100-04,14,40.8 AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '04, 4-5	<input type="checkbox"/> <input type="checkbox"/>
<b>C2613</b>	<b>Lung biopsy plug with delivery system</b> AHA: 3Q, '16, 10-15; 3Q, '15, 7	<input type="checkbox"/> <input type="checkbox"/>
<b>C2614</b>	<b>Probe, percutaneous lumbar discectomy</b> AHA: 3Q, '16, 10-15	<input type="checkbox"/> <input type="checkbox"/>
<b>C2615</b>	<b>Sealant, pulmonary, liquid</b> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C2616</b>	<b>Brachytherapy source, nonstranded, yttrium-90, per source</b> U1 H2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AHA: 3Q, '16, 11; 3Q, '16, 10-15; 2Q, '07, 11; 4Q, '04, 8; 2Q, '04, 10; 3Q, '03, 11; 3Q, '02, 4-5	<input type="checkbox"/> <input type="checkbox"/>
<b>C2617</b>	<b>Stent, noncoronary, temporary, without delivery system</b> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '16; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C2618</b>	<b>Probe/needle, cryoablation</b> AHA: 3Q, '16, 10-15; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C2619</b>	<b>Pacemaker, dual chamber, nonrate-responsive (implantable)</b> 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; 3Q, '02, 4-5; 3Q, '01, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C2620</b>	<b>Pacemaker, single chamber, nonrate-responsive (implantable)</b> 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	<input type="checkbox"/> <input type="checkbox"/>
<b>C2621</b>	<b>Pacemaker, other than single or dual chamber (implantable)</b> CMS: 100-04,14,40.8 AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C2622</b>	<b>Prosthesis, penile, noninflatable</b> CMS: 100-04,14,40.8 AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C2623</b>	<b>Catheter, transluminal angioplasty, drug-coated, non-laser</b> AHA: 3Q, '16, 10-15	<input type="checkbox"/> <input type="checkbox"/>
<b>C2624</b>	<b>Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components</b> AHA: 3Q, '16, 10-15; 3Q, '15, 1-2	<input type="checkbox"/> <input type="checkbox"/>
<b>C2625</b>	<b>Stent, noncoronary, temporary, with delivery system</b> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 2Q, '15, 9; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C2626</b>	<b>Infusion pump, nonprogrammable, temporary (implantable)</b> 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	<input type="checkbox"/> <input type="checkbox"/>
<b>C2627</b>	<b>Catheter, suprapubic/cystoscopic</b> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C2628</b>	<b>Catheter, occlusion</b> AHA: 3Q, '16, 10-15; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C2629</b>	<b>Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser</b> AHA: 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>
<b>C2630</b>	<b>Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip</b> AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6	<input type="checkbox"/> <input type="checkbox"/>



- 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 3 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:** 100-04,4,260.5  
**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  
**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:** 100-04,12,180; 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:** 100-04,12,180; 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

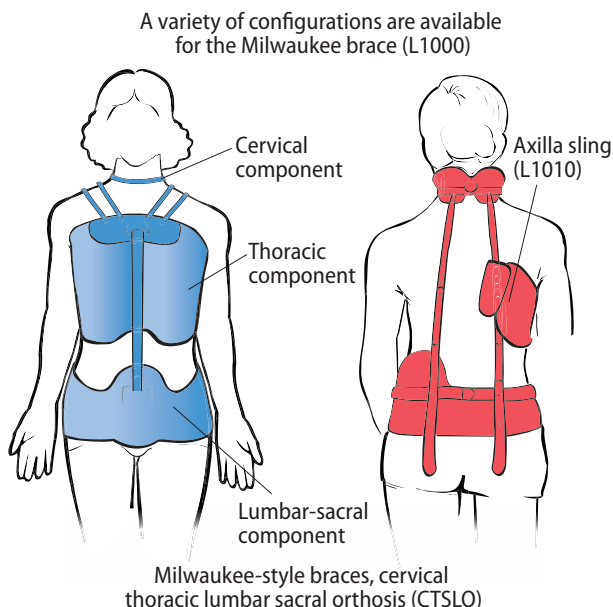
- G0186** Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions) T B2 ○
- G0219** PET imaging whole body; melanoma for noncovered indications E  
**CMS:** 100-03,220.6.10; 100-03,220.6.12; 100-03,220.6.17; 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, 2 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

<b>J7301</b>	<b>Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg</b> AHA: 4Q, '14, 6	M ♀ E ✓
<b>J7303</b>	<b>Contraceptive supply, hormone containing vaginal ring, each</b> Use this code for Nuvaring Vaginal Ring.	♀ E ✓
<b>J7304</b>	<b>Contraceptive supply, hormone containing patch, each</b>	E ✓
<b>J7306</b>	<b>Levonorgestrel (contraceptive) implant system, including implants and supplies</b>	E ✓
<b>J7307</b>	<b>Etonogestrel (contraceptive) implant system, including implant and supplies</b> Use this code for Implanon and Nexplanon.	E ✓
<b>J7308</b>	<b>Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)</b> Use this code for Levulan Kerastick. AHA: 2Q, '05, 11; 1Q, '02, 5	K K2 ✓
<b>J7309</b>	<b>Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g</b> Use this code for Metvixia.	N NI ✓
<b>J7310</b>	<b>Ganciclovir, 4.5 mg, long-acting implant</b> Use this code for Vitrasert.	E ✓
<b>J7311</b>	<b>Fluocinolone acetonide, intravitreal implant</b> Use this code for Retisert.	K K2 ✓
<b>J7312</b>	<b>Injection, dexamethasone, intravitreal implant, 0.1 mg</b> Use this code for OZURDEX.	K K2 ✓
<b>J7313</b>	<b>Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg</b> Use this code for Iluvien.	K K2 ✓
<b>J7315</b>	<b>Mitomycin, ophthalmic, 0.2 mg</b> Use this code for Mitosol. AHA: 4Q, '16, 8; 2Q, '14, 8; 2Q, '13, 9	N NI ✓
<b>J7316</b>	<b>Injection, ocriplasmin, 0.125 mg</b> Use this code for Jetrea.	K K2 ✓
● <b>J7318</b>	<b>Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg</b>	Jan
<b>J7320</b>	<b>Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg</b>	K K2 ✓
<b>J7321</b>	<b>Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose</b> AHA: 4Q, '12, 9; 1Q, '08, 6	K K2 ✓
<b>J7322</b>	<b>Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg</b>	G K2 ✓
<b>J7323</b>	<b>Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose</b> AHA: 4Q, '12, 9; 1Q, '08, 6	K K2 ✓
<b>J7324</b>	<b>Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose</b> AHA: 4Q, '12, 9; 1Q, '08, 6	K K2 ✓
<b>J7325</b>	<b>Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg</b> AHA: 4Q, '12, 9	K K2 ✓
<b>J7326</b>	<b>Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose</b> AHA: 4Q, '12, 9	K K2 ✓
<b>J7327</b>	<b>Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose</b> AHA: 1Q, '15, 6	K K2 ✓
<b>J7328</b>	<b>Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg</b> AHA: 1Q, '16, 6-8	G K2 ✓
● <b>J7329</b>	<b>Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg</b>	Jan
<b>J7330</b>	<b>Autologous cultured chondrocytes, implant</b> Medicare jurisdiction: local contractor. Use this code for Carticel. AHA: 4Q, '10, 1	B ✓
<b>J7336</b>	<b>Capsaicin 8% patch, per sq cm</b> Use this code for Qutenza. AHA: 1Q, '15, 6	K K2 ✓
<b>J7340</b>	<b>Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml</b> Use this code for Duopa. AHA: 1Q, '16, 6-8	K K2 ✓
<b>J7342</b>	<b>Instillation, ciprofloxacin otic suspension, 6 mg</b> Use this code for Otipro.	G K2 ✓
<b>J7345</b>	<b>Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg</b> Use this code for Ameluz.	G K2 ✓
<b>J7500</b>	<b>Azathioprine, oral, 50 mg</b> Use this code for Azasan, Imuran. CMS: 100-02,15,50.5; 100-04,17,80.3	N NI ✓
<b>J7501</b>	<b>Azathioprine, parenteral, 100 mg</b> CMS: 100-04,17,80.3	K K2 ✓
<b>J7502</b>	<b>Cyclosporine, oral, 100 mg</b> Use this code for Neoral, Sandimmune, Gengraf, Sangcya. CMS: 100-02,15,50.5; 100-04,17,80.3	N NI ✓
<b>J7503</b>	<b>Tacrolimus, extended release, oral, 0.25 mg</b> Use this code for Envarsus XR. AHA: 1Q, '16, 6-8	G K2 ✓
<b>J7504</b>	<b>Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg</b> Use this code for Atgam. CMS: 100-03,260.7; 100-04,17,80.3	K K2 ✓
<b>J7505</b>	<b>Muromonab-CD3, parenteral, 5 mg</b> Use this code for Orthoclone OKT3. CMS: 100-04,17,80.3	K K2 ✓
<b>J7507</b>	<b>Tacrolimus, immediate release, oral, 1 mg</b> Use this code for Prograf. CMS: 100-02,15,50.5; 100-04,17,80.3	N NI ✓
<b>J7508</b>	<b>Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg</b> AHA: 1Q, '16, 6-8; 1Q, '14, 6	N NI ✓
<b>J7509</b>	<b>Methylprednisolone, oral, per 4 mg</b> Use this code for Medrol, Methylpred. CMS: 100-02,15,50.5; 100-04,17,80.3	N NI ✓
<b>J7510</b>	<b>Prednisolone, oral, per 5 mg</b> Use this code for Delta-Cortef, Cotelone, Pediapred, Prednoral, Prelone. CMS: 100-02,15,50.5; 100-04,17,80.3	N NI ✓
<b>J7511</b>	<b>Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg</b> Use this code for Thymoglobulin. CMS: 100-04,17,80.3 AHA: 2Q, '02, 8-9; 1Q, '02, 5	K K2 ✓
<b>J7512</b>	<b>Prednisone, immediate release or delayed release, oral, 1 mg</b> AHA: 1Q, '16, 6-8	N NI ✓

Special Coverage Instructions Noncovered by Medicare Carrier Discretion  Quantity Alert ● New Code ○ Recycled/Reinstated ▲ Revised Code



**L1000** Cervical-thoracic-lumbar-sacral orthotic (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model A b



**L1001** Cervical-thoracic-lumbar-sacral orthotic (CTLSO), immobilizer, infant size, prefabricated, includes fitting and adjustment A A b

**L1005** Tension based scoliosis orthotic and accessory pads, includes fitting and adjustment A b  
 AHA: 1Q, '02, 5

**L1010** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, axilla sling A b

**L1020** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, kyphosis pad A b

**L1025** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, kyphosis pad, floating A b

**L1030** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, lumbar bolster pad A b

**L1040** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, lumbar or lumbar rib pad A b

**L1050** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, sternal pad A b

**L1060** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, thoracic pad A b

**L1070** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, trapezius sling A b

**L1080** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, outrigger A b

**L1085** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, outrigger, bilateral with vertical extensions A b

**L1090** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, lumbar sling A b

**L1100** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, ring flange, plastic or leather A b

**L1110** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, ring flange, plastic or leather, molded to patient model A b

**L1120** Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO), scoliosis orthotic, cover for upright, each A b

**Thoracic-Lumbar-Sacral Orthotic (TLSO) (Low Profile)**

**L1200** Thoracic-lumbar-sacral orthotic (TLSO), inclusive of furnishing initial orthotic only A b

**L1210** Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), lateral thoracic extension A b

**L1220** Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), anterior thoracic extension A b

**L1230** Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), Milwaukee type superstructure A b

**L1240** Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), lumbar derotation pad A b

**L1250** Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), anterior ASIS pad A b

**L1260** Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), anterior thoracic derotation pad A b

**L1270** Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), abdominal pad A b

**L1280** Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), rib gusset (elastic), each A b

**L1290** Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), lateral trochanteric pad A b

**Other Scoliosis Procedures**

**L1300** Other scoliosis procedure, body jacket molded to patient model A b

**L1310** Other scoliosis procedure, postoperative body jacket A b

**L1499** Spinal orthotic, not otherwise specified A  
 Determine if an alternative HCPCS Level II or a CPT code better describes the service being reported. This code should be used only if a more specific code is unavailable.

**Hip Orthotic (HO) - Flexible**

**L1600** Hip orthosis, abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise A b

**L1610** Hip orthosis, abduction control of hip joints, flexible, (Frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise A b

**L1620** Hip orthosis, abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise A b

**L1630** Hip orthotic (HO), abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated A b

**L1640** Hip orthotic (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated A b

**L1650** Hip orthotic (HO), abduction control of hip joints, static, adjustable, (Ilfeld type), prefabricated, includes fitting and adjustment A b

**L1652** Hip orthotic, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type A b

**L1660** Hip orthotic (HO), abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment A b

**Q Codes (Temporary) Q0035-Q9995**

Temporary Q codes are used to pay health care providers for supplies, drugs, and biologicals to which no permanent code has been assigned.

- Q0035** **Cardiokymography** NI  
Covered only in conjunction with electrocardiographic stress testing in male patients with atypical angina or nonischemic chest pain, or female patients with angina.
- Q0081** **Infusion therapy, using other than chemotherapeutic drugs, per visit** B ✓  
**AHA:** 1Q, '05, 7, 9-10; 4Q, '04, 6; 2Q, '04, 11; 1Q, '04, 4-5; 4Q, '02, 6-7; 2Q, '02, 8-9; 2Q, '02; 1Q, '02, 7
- Q0083** **Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit** B ✓  
**AHA:** 1Q, '05, 7, 9-10; 4Q, '04, 6; 1Q, '04, 4-5; 1Q, '02, 7; 1Q, '02, 1-2
- Q0084** **Chemotherapy administration by infusion technique only, per visit** B ✓  
**AHA:** 1Q, '05, 7, 9-10; 4Q, '04, 6; 2Q, '04, 11; 1Q, '04, 4-5; 1Q, '02, 7; 1Q, '02, 1-2
- Q0085** **Chemotherapy administration by both infusion technique and other technique(s) (e.g. subcutaneous, intramuscular, push), per visit** B ✓  
**AHA:** 4Q, '04, 6; 1Q, '04, 4-5; 1Q, '02, 7; 1Q, '02, 1-2
- Q0091** **Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory** A ♀ S ○  
One pap test is covered by Medicare every two years for low risk patients and every one year for high risk patients. Q0091 can be reported with an E/M code when a separately identifiable E/M service is provided.  
**CMS:** 100-02,13,220; 100-02,13,220.1; 100-02,13,220.3; 100-02,15,280.4; 100-03,210.2.1; 100-04,18,30.2.1; 100-04,18,30.5; 100-04,18,30.6; 1004-04,13,220.1  
**AHA:** 4Q, '08, 3; 4Q, '02, 8
- Q0092** **Set-up portable x-ray equipment** N  
**CMS:** 100-04,13,90.4
- Q0111** **Wet mounts, including preparations of vaginal, cervical or skin specimens** A
- Q0112** **All potassium hydroxide (KOH) preparations** A
- Q0113** **Pinworm examinations** A
- Q0114** **Fern test** ♀ A
- Q0115** **Postcoital direct, qualitative examinations of vaginal or cervical mucous** A ♀ A
- Q0138** **Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)** K K2 ✓  
Use this code for Feraheme.
- Q0139** **Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)** K K2 ✓  
Use this code for Feraheme.
- Q0144** **Azithromycin dihydrate, oral, capsules/powder, 1 g** E ✓  
Use this code for Zithromax, Zithromax Z-PAK.
- Q0161** **Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen** N NI ✓  
**CMS:** 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1  
**AHA:** 1Q, '14, 7
- Q0162** **Ondansetron 1 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen** N NI ✓  
Use this code for Zofran, Zuplenz.  
**CMS:** 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1

- Q0163** **Diphenhydramine HCl, 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen** N NI ✓  
See also J1200. Medicare covers at the time of chemotherapy if regimen doesn't exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Truxadryl.  
**CMS:** 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1  
**AHA:** 2Q, '12, 9; 1Q, '08, 1; 1Q, '02, 1-2
- Q0164** **Prochlorperazine maleate, 5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen** N NI ✓  
Medicare covers at the time of chemotherapy if regimen doesn't exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Compazine.  
**CMS:** 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1  
**AHA:** 1Q, '08, 1
- Q0166** **Granisetron HCl, 1 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen** N NI ✓  
Medicare covers at the time of chemotherapy if regimen doesn't exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Kytril.  
**CMS:** 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1  
**AHA:** 1Q, '08, 1
- Q0167** **Dronabinol, 2.5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen** N NI ✓  
Medicare covers at the time of chemotherapy if regimen doesn't exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Marinol.  
**CMS:** 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1  
**AHA:** 1Q, '08, 1
- Q0169** **Promethazine HCl, 12.5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen** N NI ✓  
Medicare covers at the time of chemotherapy if regimen doesn't exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Phenergan, Amergan.  
**CMS:** 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1  
**AHA:** 1Q, '08, 1
- Q0173** **Trimethobenzamide HCl, 250 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen** N NI ✓  
Medicare covers at the time of chemotherapy if regimen doesn't exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Tebamide, T-Gen, Ticon, Tigan, Triban, Thimazide.  
**CMS:** 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1  
**AHA:** 1Q, '08, 1
- Q0174** **Thiethylperazine maleate, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen** E ✓  
Medicare covers at the time of chemotherapy if regimen doesn't exceed 48 hours. Submit on the same claim as the chemotherapy.  
**CMS:** 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1  
**AHA:** 1Q, '08, 1

# 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	40 MG	IM, IV	J2920
A-METHAPRED	125 MG	IM, IV	J2930
ABATACEPT	10 MG	IV	J0129

Drug Name	Unit Per	Route	Code
ABCIXIMAB	10 MG	IV	J0130
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	100 MG	IV	J0132
ACETADOTE	1 G	INH	J7608
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

# 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>BP</b>	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
<b>A2</b>	Dressing for 2 wounds	<b>BR</b>	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
<b>A3</b>	Dressing for 3 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>A4</b>	Dressing for 4 wounds	<b>CA</b>	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
<b>A5</b>	Dressing for 5 wounds	<b>CB</b>	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
<b>A6</b>	Dressing for 6 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 7 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 8 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 9 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 4 concurrent anesthesia procedures	<b>CH</b>	0 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>	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
<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>E4</b>	Lower right, eyelid
<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		
<b>BO</b>	Orally administered nutrition, not by feeding tube		

# 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)

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

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

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

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";
- Related payment information is housed in the Provider Reimbursement Manual.

Blood must be furnished on a day which counts as a day of inpatient hospital services to be covered as a Part A service and to count toward the blood deductible. Thus,