

HCPCS Level II

A resourceful compilation of HCPCS codes
Supports HIPAA compliance

SAMPLE



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Introduction

Note: All data current as of November 15, 2022.

About HCPCS Codes

HCPCS Level II codes, except for the dental code series, are developed and maintained by a joint editorial panel consisting of the Centers for Medicare and Medicaid Services (CMS), the Blue Cross Blue Shield Association, and the Health Insurance Association of America. HCPCS Level II codes may be used throughout the United States in all Medicare regions. They consist of one alpha character (A through V) followed by four digits. Optum does not change the code descriptions other than correcting typographical errors. There are some codes that appear to be duplicates. CMS has indicated that each of the codes is used to report a specific condition or service. At press time, CMS had not provided further clarification regarding these codes. Additional information may be found on the CMS website, <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/index.html>.

Any supplier or manufacturer can submit a request for coding modification to the HCPCS Level II National codes. A document explaining the HCPCS modification process, as well as a detailed format for submitting a recommendation for a modification to HCPCS Level II codes, is available on the HCPCS website at https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCS_Coding_Questions. Besides the information requested in this format, a requestor should also submit any additional descriptive material, including the manufacturer's product literature and information that is believed would be helpful in furthering CMS's understanding of the medical features of the item for which a coding modification is being recommended. The HCPCS coding review process is an ongoing, continuous process.

The dental (D) codes are not included in the official 2023 HCPCS Level II code set. The American Dental Association (ADA) holds the copyright on those codes and instructed CMS to remove them. As a result, Optum has removed them from this product; however, Optum has additional resources available for customers requiring the dental codes. Please visit www.optumcoding.com or call 1.800.464.3649.

Note: The expanded Medically Unlikely Edit (MUE) tables containing HCPCS/CPT codes, MUE values, MUE adjudication indicators, and MUE rationale are no longer published in this book. The tables are updated quarterly and can be found on the CMS website at <https://www.cms.gov/Medicare/Coding/NationalCorrectCodinitEd/MUE>.

The table containing the Medicare national average payment (MAP) for services, supplies (DME, orthotics, prosthetics, etc.), drugs, biologicals, and nonphysician procedures using HCPCS Level II codes are available at www.optumcoding.com/2023MedAvgPay.

Password: OptumMAP23

How to Use HCPCS Level II

Coders should keep in mind that the insurance companies and government do not base payment solely on what was done for the patient. They need to know why the services were performed. In addition to using the HCPCS coding system for procedures and supplies, coders must also use the ICD-10-CM coding system to denote the diagnosis. This book will not discuss ICD-10-CM codes, which can be found in a current ICD-10-CM code book for diagnosis codes. To locate a HCPCS Level II code, follow these steps:

1. Identify the services or procedures that the patient received.

Example:

Patient administered PSA exam.

2. Look up the appropriate term in the index.

Example:

Screening
prostate specific antigen test (PSA)

Coding Tip: Coders who are unable to find the procedure or service in the index can look in the table of contents for the type of procedure or device to narrow the code choices. Also, coders should remember to check the unlisted procedure guidelines for additional choices.

3. Assign a tentative code.

Example:

Code G0103

Coding Tip: To the right of the terminology, there may be a single code or multiple codes, a cross-reference, or an indication that the code has been deleted. Tentatively assign all codes listed.

4. Locate the code or codes in the appropriate section. When multiple codes are listed in the index, be sure to read the narrative of all codes listed to find the appropriate code based on the service performed.

Example:

G0103 Prostate cancer screening; prostate specific antigen test (PSA)

5. Check for color bars, symbols, notes, and references.

G0103 Prostate cancer screening; prostate specific antigen test (PSA)



6. Review the appendixes for the reference definitions and other guidelines for coverage issues that apply.
7. Determine whether any modifiers should be appended.
8. Assign the code.

Example:

The code assigned is G0103.

Coding Standards

Levels of Use

Coders may find that the same procedure is coded at two or even three levels. Which code is correct? There are certain rules to follow if this should occur.

When both a CPT and a HCPCS Level II code have virtually identical narratives for a procedure or service, the CPT code should be used. If, however, the narratives are not identical (e.g., the CPT code narrative is generic, whereas the HCPCS Level II code is specific), the Level II code should be used.

Be sure to check for a national code when a CPT code description contains an instruction to include additional information, such as describing a specific medication. For example, when billing Medicare or Medicaid for supplies, avoid using CPT code 99070 Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided). There are many HCPCS Level II codes that specify supplies in more detail.

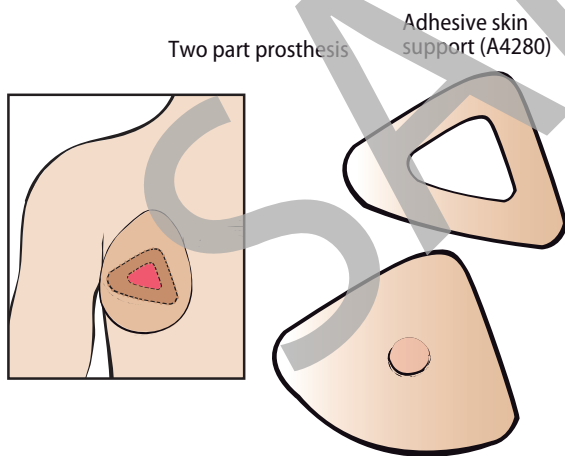
Special Reports

Submit a special report with the claim when a new, unusual, or variable procedure is provided or a modifier is used. Include the following information:

- A copy of the appropriate report (e.g., operative, x-ray), explaining the nature, extent, and need for the procedure
- Documentation of the medical necessity of the procedure
- Documentation of the time and effort necessary to perform the procedure

A	Administration	AmnioCyte Plus, Q4242 AmnioExcel, AmnioExcel Plus, Q4137 AmnioMatrix, Q4139 Amnio-Maxx, Q4239 Amnio-Maxx Lite, Q4239 AmnioPro, Q4163 AmnioPro Flow, Q4162 AMNIOREPAIR, Q4235 AmnioText, Q4245 Amniotext patch, Q4247 AmnioWound, Q4181 AmnioWrap2, Q4221 AMNIPLY, Q4249 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 catheter placement, C7516-C7529, C7552-C7553 dialysis circuit, C7513-C7515, C7530 fluorescent nonocular, C9733 iliac artery, G0278 magnetic resonance, C8901-C8914, C8918-C8920 reconstruction, G0288 Angioplasty coronary, C7532 placement radiation delivery device, C7533 dialysis circuit, C7532 intracranial, C7532 pulmonary, C7532 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 stimulator, 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 Antiseptic chlorhexidine, A4248 Antisperm antibodies, S3655 Antiviral home infusion therapy, S9494-S9504 Apheresis low density lipid, S2120 Apis, A2010 Apligraf, Q4101 Apnea monitor, E0618-E0619 electrodes, A4556 lead wires, A4557 with recording feature, E0619 Appliance cleaner, A5131	Appliance — continued oral airway collapse reduction, K1027 pneumatic, E0655-E0673 Application skin substitute, C5271-C5278 tantalum rings, S8030 Appropriate Use Criteria Clinic Decision Support Mechanism, G1001-G1023 AquaPedic sectional gel flotation, E0196 Aqueous shunt, L8612 Arch support, L3040-L3100 Architect, Architect PX, or Architect FX, Q4147 Arm sling deluxe, A4565 mesh cradle, A4565 universal arm, A4565 elevator, A4565 wheelchair, E0973 Arrow, power wheelchair, K0014 Artact AC (fluid), Q4189 Artact AC, Q4190 Artact Cord, Q4216 Artact Wound, Q4169 Arthodesis interphalangeal joint(s), C7506 Arthroereisis subtalar, S2117 ArthroFlex, Q4125 Arthroscopy knee harvest of cartilage, S2112 removal loose body, FB, G0289 shoulder with capsulorrhaphy, S2300 with subacromial spacer, C9781 Artificial kidney machines and accessories (see also Dialysis), E1510-E1699 larynx, L8500 saliva, A9155 Ascent, Q4213 Assertive community treatment, H0039-H0040 Assessment alcohol and/or substance, G0396-G0397, G2011, H0001 audiologic, V5008-V5020 chaplain services, Q9001-Q9003 chronic care management services comprehensive, G0506 family, H1011 functional outcome, G9227 geriatric, S0250 mental health, H0031 remote diagnosis, evaluation, treatment, C7900-C7902 remote, recorded video/images, G2250 speech, V5362-V5364 wellness, S5190 Assisted living, T2030-T2031 Assistive listening device, V5268-V5274 alerting device, V5269 cochlear implant assistive device, V5273 FM/DM, V5281 accessories, V5283-V5290 system, V5281-V5282 supplies and accessories, V5267 TDD, V5272 telephone amplifier, V5268 television caption decoder, V5271 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 Augmentation intervertebral body fracture, C1062 vertebral, C7507-C7508
<p>Abdomen/abdominal dressing holder/binder, A4461, A4463 pad, low profile, L1270</p> <p>Abduction control, each, L2624 pillow, E1399 rotation bar, foot, L3140-L3170</p> <p>Ablation robotic, waterjet, C2596 transbronchial, C9751 ultrasound, C9734</p> <p>Abortion, S0199, S2260-S2267</p> <p>Absorption dressing, A6251-A6256</p> <p>Access system, A4301</p> <p>Accessories 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>AccuChek blood glucose meter, E0607 test strips, box of 50, A4253</p> <p>Accurate prosthetic sock, L8420-L8435 stump sock, L8470-L8485</p> <p>Acetate concentrate for hemodialysis, A4708</p> <p>Acid concentrate for hemodialysis, A4709</p> <p>ACO Model, G9868-G9870</p> <p>Action Patriot manual wheelchair, K0004</p> <p>Action Xtra, Action MVP, Action Pro-T, manual wheelchair, K0005</p> <p>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</p> <p>Activity therapy, G0176</p> <p>Adaptor electric/pneumatic ventricular assist device, Q0478 neurostimulator, C1883 pacing lead, C1883</p> <p>Addition cushion AK, L5648 cushion BK, L5646 harness upper extremity, L6675-L6676 to halo procedure, L0361 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>Adhesive barrier, C1765 catheter, A4364 disc or foam pad, A5126 medical, A4364 Nu-Hope 1 oz bottle with applicator, A4364 3 oz bottle with applicator, A4364 ostomy, A4364 pads, A6203-A6205, A6212-A6214, A6219-A6221, A6237-A6239, A6245-A6247, A6254-A6256 remover, A4455, A4456 support, breast prosthesis, A4280 tape, A4450, A4452 tissue, G0168</p> <p>Adjunctive blue light cystoscopy, C7554, C9738 with biopsy(ies), C7550</p> <p>Adjustabrace 3, L2999</p> <p>Adjustment bariatric band, S2083</p>	<p>aerosolized drug therapy, home, S9061 chemotherapy infusion continued in community, G0498 COVID-19 vaccine, in home administration, M0201 hepatitis B vaccine, G0010 influenza virus vaccine, G0008 medication, T1502-T1503 direct observation, H0033 monoclonal antibody therapy, M0220, M0221, M0222, M0223, M0240, M0241, M0243, M0244, M0245, M0246, M0247, M0248, M0249, M0250 pneumococcal vaccine, G0009</p> <p>Adoptive immunotherapy, S2107</p> <p>Adrenal transplant, S2103</p> <p>AdvantaJet, A4210</p> <p>Affinity, Q4159</p> <p>AFO, E1815, E1830, L1900-L1990, L4392, L4396</p> <p>Aimso Ultra Thin syringe, 1 cc or 1/2 cc, each, A4206</p> <p>Air bubble detector, dialysis, E1530</p> <p>Air fluidized bed, E0194</p> <p>Air pressure pad/mattress, E0186, E0197</p> <p>Air travel and nonemergency transportation, A0140</p> <p>Aircast air stirrup ankle brace, L1906</p> <p>Airlife Brand Misty-Neb nebulizer, E0580</p> <p>AirSep, E0601</p> <p>Airway device, E0485-E0486</p> <p>Alarm device, A9280 enuresis, S8270 pressure, dialysis, E1540</p> <p>Albumarc, P9041</p> <p>Albumin, human, P9041, P9045-P9047</p> <p>Alcohol abuse service, H0047 assessment, G0396-G0397, G2011, H0001 pint, A4244 testing, H0048 wipes, A4245</p> <p>Alert device, A9280</p> <p>Algiderm, alginate dressing, A6196-A6199</p> <p>Alginate dressing, A6196-A6199</p> <p>Algosteril, alginate dressing, A6196-A6199</p> <p>Alkaline battery for blood glucose monitor, A4233-A4236</p> <p>Allergen particle barrier/inhalation filter nasal, topical, K1026</p> <p>AlloDerm, Q4116</p> <p>AlloGen, Q4212</p> <p>Allogenic cord blood harvest, S2140</p> <p>Allograft small intestine and liver, S2053</p> <p>AlloPatch HD, Q4128</p> <p>AlloSkin, Q4115</p> <p>AlloSkin AC, Q4141</p> <p>AlloSkin RT, Q4123</p> <p>AlloWrap DS, Q4150</p> <p>Alternating pressure mattress/pad, E0181, E0277 pump, E0182</p> <p>Alternative communication device, i.e., communication board, E1902</p> <p>AltiPly, Q4235</p> <p>Ambulance, A0021-A0099 air, A0436 disposable supplies, A0382-A0398 non-emergency, S9960-S9961 oxygen, A0422 response, treatment, no transport, A0998</p> <p>Ambulation device, E0100-E0159</p> <p>Ambulation stimulator spinal cord injured, E0762</p> <p>Aminaid, enteral nutrition, B4154</p> <p>Amirosyn-RF, parenteral nutrition, B5000</p> <p>Ammonia test paper, A4774</p> <p>Amnio Bio, Q4211</p> <p>AmnioAmp-MP, Q4250</p> <p>AmnioArmor, Q4168</p> <p>AmnioBand, Q4151, Q4168</p> <p>AmnioBind, Q4225</p> <p>AmnioCore, Q4227</p>	<p>AmnioCyte Plus, Q4242 AmnioExcel, AmnioExcel Plus, Q4137 AmnioMatrix, Q4139 Amnio-Maxx, Q4239 Amnio-Maxx Lite, Q4239 AmnioPro, Q4163 AmnioPro Flow, Q4162 AMNIOREPAIR, Q4235 AmnioText, Q4245 Amniotext patch, Q4247 AmnioWound, Q4181 AmnioWrap2, Q4221 AMNIPLY, Q4249 Amputee adapter, wheelchair, E0959 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- 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 ✓ ♿
- 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 ♀ E
- 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 ♀ E ✓
- A4265 Paraffin, per pound** N ✓ ♿
- A4266 Diaphragm for contraceptive use** M ♀ E
- A4267 Contraceptive supply, condom, male, each** ♂ E ✓
- A4268 Contraceptive supply, condom, female, each** M ♀ E ✓
- A4269 Contraceptive supply, spermicide (e.g., foam, gel), each** M ♀ E ✓
- A4270 Disposable endoscope sheath, each** N ✓
- A4280 Adhesive skin support attachment for use with external breast prosthesis, each** N ✓ ♿



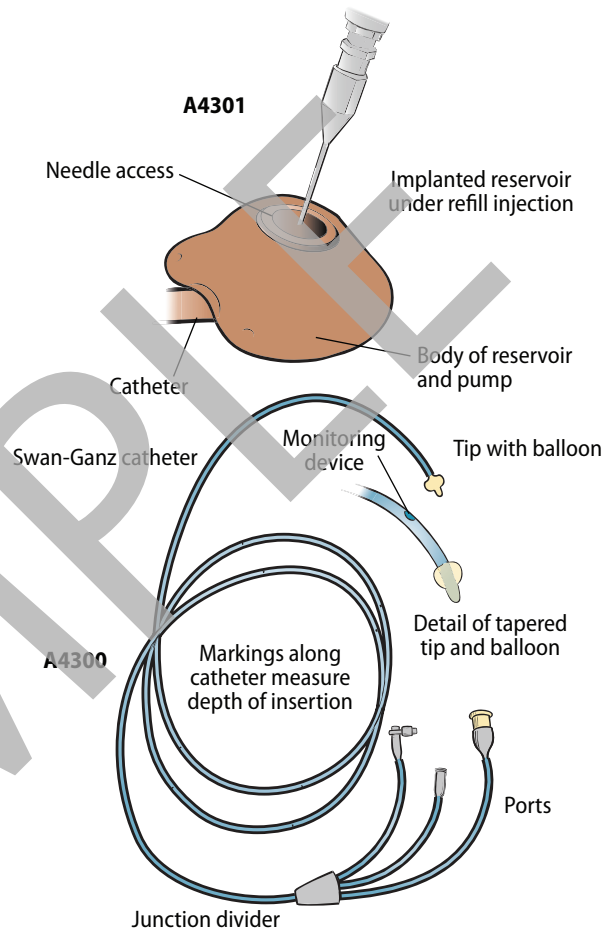
Any of several breast prostheses fits over skin support

- A4281 Tubing for breast pump, replacement** M ♀ E
- A4282 Adapter for breast pump, replacement** M ♀ E
- A4283 Cap for breast pump bottle, replacement** M ♀ E
- A4284 Breast shield and splash protector for use with breast pump, replacement** M ♀ E

- A4285 Polycarbonate bottle for use with breast pump, replacement** M ♀ E
- A4286 Locking ring for breast pump, replacement** M ♀ E
- A4290 Sacral nerve stimulation test lead, each** N ✓
CMS: 100-04,32,40.1; 100-04,32,40.2.1; 100-04,32,40.4

Vascular Catheters and Drug Delivery Systems

- A4300 Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access** N



- A4301 Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)** N
- A4305 Disposable drug delivery system, flow rate of 50 ml or greater per hour** N ✓
- A4306 Disposable drug delivery system, flow rate of less than 50 ml per hour** N ✓

Incontinence Appliances and Care Supplies

Covered by Medicare when the medical record indicates incontinence is permanent, or of long and indefinite duration.

- A4310 Insertion tray without drainage bag and without catheter (accessories only)** N ♿
- A4311 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)** N ♿
- A4312 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone** N ♿

- **C7539** Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)
- **C7540** Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)
- **C7541** Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)
- **C7542** Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)
- **C7543** Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)
- **C7544** Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)
- **C7545** Percutaneous exchange of biliary drainage catheter (e.g., external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (e.g., mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation
- **C7546** Removal and replacement of externally accessible nephroureteral catheter (e.g., external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation
- **C7547** Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
- **C7548** Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
- **C7549** Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
- **C7550** Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent
- **C7551** Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle
- **C7552** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel
- **C7553** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed
- **C7554** Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent
- **C7555** Thyroidectomy, total or complete with parathyroid autotransplantation
- **C7900** Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service
- **C7901** Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 30-60 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service
- **C7902** Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service (list separately in addition to code for primary service)
- C8900** Magnetic resonance angiography with contrast, abdomen 03 72 0
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8901** Magnetic resonance angiography without contrast, abdomen 03 72 0
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8902** Magnetic resonance angiography without contrast followed by with contrast, abdomen 03 72 0
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8903** Magnetic resonance imaging with contrast, breast; unilateral 03 72 0
- C8905** Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral 03 72 0
- C8906** Magnetic resonance imaging with contrast, breast; bilateral 03 72 0
- C8908** Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral 03 72 0

Home Health Nursing Visit

G0490 Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only) **A**

Dialysis Procedures

G0491 Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD **B**
 CMS: 100-04,8,40; 100-04,8,50.2

G0492 Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without ESRD **B**

Skilled Nursing Services

G0493 Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) **B**
 CMS: 100-04,10,40.2

G0494 Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) **B**
 CMS: 100-04,10,40.2

G0495 Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes **B**
 CMS: 100-04,10,40.2

G0496 Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes **B**
 CMS: 100-04,10,40.2

Chemotherapy Infusion

G0498 Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion **S**
 AHA: 2Q,17

Hepatitis B Screening

G0499 Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result **A**
 CMS: 100-03,1,210.6; 100-04,18,230; 100-04,18,230.1; 100-04,18,230.2; 100-04,18,230.3; 100-04,18,230.4

Moderate Sedation

G0500 Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) **N**
 CMS: 100-04,18,60.1.1

Mobility-Assistive Technology

G0501 Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (list separately in addition to primary service) **N**

Care Management Services

G0506 Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service) **N**
 AHA: 3Q,19

Telehealth Consultation

G0508 Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth **B**
 AHA: 3Q,19

G0509 Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth **B**
 AHA: 3Q,19

RHC or FQHC General Care Management

G0511 Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month **A**
 CMS: 100-02,13,230.2; 100-04,9,70.8

G0512 Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month **A**
 CMS: 100-02,13,230.2; 100-02,13,230.3; 100-04,9,70.8

Prolonged Services

G0513 Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service) **N**
 AHA: 3Q,19

G0514 Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service) **N**
 AHA: 3Q,19

Drug Delivery Implants

G0516 Insertion of nonbiodegradable drug delivery implants, four or more (services for subdermal rod implant) **OT NT**

G0517 Removal of nonbiodegradable drug delivery implants, four or more (services for subdermal implants) **OT NT**

G0518 Removal with reinsertion, nonbiodegradable drug delivery implants, four or more (services for subdermal implants) **OT NT**

J1655	Injection, tinzaparin sodium, 1000 IU Use this code for Innohep. CMS: 100-02,15,50.5; 100-04,4,20.6.4 AHA: 4Q,18	<input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1670	Injection, tetanus immune globulin, human, up to 250 units Use this code for HyperTET SD. AHA: 4Q,18	<input type="checkbox"/> K <input type="checkbox"/> K2 <input checked="" type="checkbox"/>
J1675	Injection, histrelin acetate, 10 mcg Use this code for Supprelin LA. AHA: 4Q,18	<input type="checkbox"/> B <input checked="" type="checkbox"/>
J1700	Injection, hydrocortisone acetate, up to 25 mg Use this code for Hydrocortone Acetate. CMS: 100-04,4,20.6.4 AHA: 4Q,18	<input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg Use this code for Hydrocortone Phosphate. CMS: 100-04,4,20.6.4 AHA: 4Q,18	<input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg Use this code for Solu-Cortef, A-Hydrocort. CMS: 100-04,4,20.6.4 AHA: 4Q,18	<input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg AHA: 4Q,18; 1Q,18	<input type="checkbox"/> K <input type="checkbox"/> K2
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg AHA: 4Q,18; 1Q,18	<input type="checkbox"/> N <input type="checkbox"/> K2
J1730	Injection, diazoxide, up to 300 mg AHA: 4Q,18	<input type="checkbox"/> B <input checked="" type="checkbox"/>
J1738	Injection, meloxicam, 1 mg Use this code for Anjeso. AHA: 4Q,20	<input type="checkbox"/> K2
J1740	Injection, ibandronate sodium, 1 mg Use this code for Boniva. AHA: 4Q,18	<input type="checkbox"/> K <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1741	Injection, ibuprofen, 100 mg Use this code for Caldolor. AHA: 4Q,18	<input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1742	Injection, ibutilide fumarate, 1 mg Use this code for Corvert. AHA: 4Q,18	<input type="checkbox"/> K <input type="checkbox"/> K2 <input checked="" type="checkbox"/>
J1743	Injection, idursulfase, 1 mg Use this code for Elaprase. AHA: 4Q,18	<input type="checkbox"/> K <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1744	Injection, icatibant, 1 mg Use this code for Firazyr. CMS: 100-02,15,50.5 AHA: 4Q,18	<input type="checkbox"/> K <input type="checkbox"/> K2 <input checked="" type="checkbox"/>
J1745	Injection, infliximab, excludes biosimilar, 10 mg Use this code for Remicade. AHA: 4Q,18	<input type="checkbox"/> K <input type="checkbox"/> K2 <input checked="" type="checkbox"/>
J1746	Injection, ibalizumab-uiyk, 10 mg Use this code for Trogarzo. CMS: 100-04,4,260.1; 100-04,4,260.1.1 AHA: 1Q,19; 4Q,18	<input type="checkbox"/> K2

J1750	Injection, iron dextran, 50 mg Use this code for INFeD. AHA: 4Q,18	<input type="checkbox"/> K <input type="checkbox"/> K2 <input checked="" type="checkbox"/>
J1756	Injection, iron sucrose, 1 mg Use this code for Venofer. CMS: 100-04,8,60.2.4; 100-04,8,60.2.4.2 AHA: 4Q,18	<input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1786	Injection, imiglucerase, 10 units Use this code for Cerezyme. AHA: 4Q,18	<input type="checkbox"/> K <input type="checkbox"/> K2 <input checked="" type="checkbox"/>
J1790	Injection, droperidol, up to 5 mg Use this code for Inapsine. CMS: 100-04,4,20.6.4 AHA: 4Q,18	<input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1800	Injection, propranolol HCl, up to 1 mg Use this code for Inderal. CMS: 100-04,4,20.6.4 AHA: 4Q,18	<input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule AHA: 4Q,18	<input type="checkbox"/> B <input checked="" type="checkbox"/>
J1815	Injection, insulin, per 5 units Use this code for Humalog, Humulin, Iletin, Insulin Lispro, Lantus, Levemir, NPH, Pork insulin, Regular insulin, Ultralente, Velosulin, Humulin R, Iletin II Regular Pork, Insulin Purified Pork, Relion, Lente Iletin I, Novolin R, Humulin R U-500. CMS: 100-04,4,20.6.4 AHA: 4Q,18	<input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units Use this code for Humalog, Humulin, Vesolin BR, Iletin II NPH Pork, Lispro-PFC, Novolin, Novolog, Novolog Flexpen, Novolog Mix, Relion Novolin. AHA: 4Q,18	<input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1823	Injection, inebilizumab-cdon, 1 mg Use this code for Uplinza. AHA: 1Q,21	<input type="checkbox"/> K2
J1826	Injection, interferon beta-1a, 30 mcg Use this code for AVONEX, Rebif. AHA: 4Q,18	<input type="checkbox"/> K <input type="checkbox"/> K2 <input checked="" type="checkbox"/>
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) Use this code for Betaseron. CMS: 100-02,15,50.5 AHA: 4Q,18	<input type="checkbox"/> K <input type="checkbox"/> K2 <input checked="" type="checkbox"/>
J1833	Injection, isavuconazonium, 1 mg Use this code for Cresamba. AHA: 4Q,18; 1Q,16	<input type="checkbox"/> K <input type="checkbox"/> K2 <input checked="" type="checkbox"/>
J1835	Injection, itraconazole, 50 mg Use this code for Sporonox IV. CMS: 100-04,4,20.6.4 AHA: 4Q,18	<input type="checkbox"/> B <input checked="" type="checkbox"/>
J1840	Injection, kanamycin sulfate, up to 500 mg Use this code for Kantrex. CMS: 100-04,4,20.6.4 AHA: 4Q,18	<input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/>
J1850	Injection, kanamycin sulfate, up to 75 mg Use this code for Kantrex. CMS: 100-04,4,20.6.4 AHA: 4Q,18	<input type="checkbox"/> N <input checked="" type="checkbox"/>

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

L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	A b
L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	A b
L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	A b
L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	A b
L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	A b
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	A b
L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	A b
L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	A b
L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	A b

Additions to Fracture Orthosis

L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	A b
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	A b
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	A b
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	A b
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	A b
L2190	Addition to lower extremity fracture orthosis, waist belt	A b
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	A b

Additions to Lower Extremity Orthosis: Shoe-Ankle-Shin-Knee

L2200	Addition to lower extremity, limited ankle motion, each joint	A b
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	A b
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	A b
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	A b
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle-foot orthosis (AFO), for custom fabricated orthosis only	A b
L2240	Addition to lower extremity, round caliper and plate attachment	A b
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	A b

L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	A b
L2265	Addition to lower extremity, long tongue stirrup	A b
L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad	A b
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	A b
L2280	Addition to lower extremity, molded inner boot	A b
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	A b
L2310	Addition to lower extremity, abduction bar, straight	A b
L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only	A b
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	A b
L2335	Addition to lower extremity, anterior swing band	A b
L2340	Addition to lower extremity, pretibial shell, molded to patient model	A b
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	A b
L2360	Addition to lower extremity, extended steel shank	A b
L2370	Addition to lower extremity, Patten bottom	A b
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	A b
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	A b
L2385	Addition to lower extremity, straight knee joint, heavy-duty, each joint	A b
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthosis (KAFO), each joint	A b
L2390	Addition to lower extremity, offset knee joint, each joint	A b
L2395	Addition to lower extremity, offset knee joint, heavy-duty, each joint	A b
L2397	Addition to lower extremity orthosis, suspension sleeve	A b

Additions to Straight Knee or Offset Knee Joints

L2405	Addition to knee joint, drop lock, each	A b
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	A b
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	A b
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	A b
L2492	Addition to knee joint, lift loop for drop lock ring	A b

Additions: Thigh/Weight Bearing - Gluteal/Ischial Weight Bearing

L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	A b
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	A b
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	A b
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	A b

S9449	Weight management classes, nonphysician provider, per session	<input checked="" type="checkbox"/>
S9451	Exercise classes, nonphysician provider, per session	
S9452	Nutrition classes, nonphysician provider, per session	
S9453	Smoking cessation classes, nonphysician provider, per session	
S9454	Stress management classes, nonphysician provider, per session	
S9455	Diabetic management program, group session	
S9460	Diabetic management program, nurse visit	
S9465	Diabetic management program, dietitian visit	
S9470	Nutritional counseling, dietitian visit	
S9472	Cardiac rehabilitation program, nonphysician provider, per diem	
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem	
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem	
S9476	Vestibular rehabilitation program, nonphysician provider, per diem	
S9480	Intensive outpatient psychiatric services, per diem	
S9482	Family stabilization services, per 15 minutes	<input checked="" type="checkbox"/>
S9484	Crisis intervention mental health services, per hour	<input checked="" type="checkbox"/>
S9485	Crisis intervention mental health services, per diem	
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	<input checked="" type="checkbox"/>
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>

S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient	<input checked="" type="checkbox"/>
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<input checked="" type="checkbox"/>
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	<input checked="" type="checkbox"/>
S9900	Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem	
S9901	Services by a Journal-listed Christian Science nurse, per hour	
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	
S9970	Health club membership, annual	
S9975	Transplant related lodging, meals and transportation, per diem	

Appendix 1 — Table of Drugs and Biologicals

INTRODUCTION AND DIRECTIONS

The HCPCS 2023 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
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
10% LMD	500 ML	IV	J7100

Drug Name	Unit Per	Route	Code
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
ABECMA	UP TO 460 MILLION CELLS	IV	Q2055
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
ACCUNE B NONCOMPOUNDED, CONCENTRATED	1 MG	INH	J7611
ACCUNE B NONCOMPOUNDED, UNIT DOSE	1 MG	INH	J7613
ACETADOTE	1 G	INH	J7608
ACETADOTE	100 MG	IV	J0132
ACETAMINOPHEN (B. BRAUN), NOT THERAPEUTICALLY EQUIVALENT TO J0131	10 MG	IV	J0136
ACETAMINOPHEN (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J0131	10 MG	IV	J0134
ACETAMINOPHEN NOS	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
ACTEMRA	1 MG	IV	Q0249
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

Appendix 2 — Modifiers

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

A1	Dressing for one wound	BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
A2	Dressing for two wounds	BL	Special acquisition of blood and blood products
A3	Dressing for three wounds	BO	Orally administered nutrition, not by feeding tube
A4	Dressing for four wounds	BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
A5	Dressing for five wounds	BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
A6	Dressing for six wounds	BU	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
A7	Dressing for seven wounds	CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
A8	Dressing for eight wounds	CB	Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable
A9	Dressing for nine or more wounds	CC	Procedure code change (use CC when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
AA	Anesthesia services performed personally by anesthesiologist	CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
● AB	Audiology service furnished personally by an audiologist without a physician/NPP order for nonacute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary	CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures	CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
AE	Registered dietician	CG	Policy criteria applied
AF	Specialty physician	CH	Zero percent impaired, limited or restricted
AG	Primary physician	CI	At least 1 percent but less than 20 percent impaired, limited or restricted
AH	Clinical psychologist	CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
AI	Principal physician of record	CK	At least 40 percent but less than 60 percent impaired, limited or restricted
AJ	Clinical social worker	CL	At least 60 percent but less than 80 percent impaired, limited or restricted
AK	Nonparticipating physician	CM	At least 80 percent but less than 100 percent impaired, limited or restricted
AM	Physician, team member service	CN	100 percent impaired, limited or restricted
AO	Alternate payment method declined by provider of service	CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination	CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)	CR	Catastrophe/disaster related
AR	Physician provider services in a physician scarcity area	CS	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
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery	CT	Computed tomography services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (NEMA) XR-29-2013 standard
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)		
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply		
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic		
AW	Item furnished in conjunction with a surgical dressing		
AX	Item furnished in conjunction with dialysis services		
AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD		
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment		