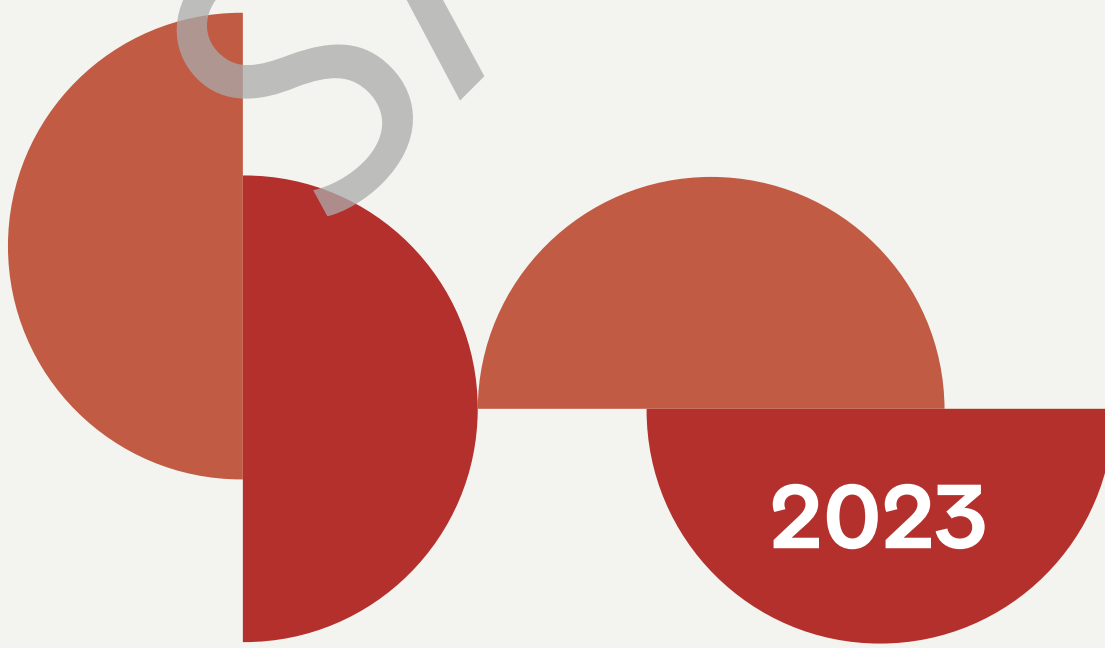


# HCPCS Level II

**A resourceful compilation of HCPCS codes**

Supports HIPAA compliance

SAMPLE



**2023**

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● **A2010** Apis, per sq cm

**Injection Supplies**

- A4206** Syringe with needle, sterile, 1 cc or less, each N ✓
- A4207** Syringe with needle, sterile 2 cc, each N ✓
- A4208** Syringe with needle, sterile 3 cc, each N ✓
- A4209** Syringe with needle, sterile 5 cc or greater, each N ✓
- A4210** Needle-free injection device, each E ✓  
Sometimes covered by commercial payers with preauthorization and physician letter stating need (e.g., for insulin injection in young children).
- A4211** Supplies for self-administered injections N  
When a drug that is usually injected by the patient (e.g., insulin or calcitonin) is injected by the physician, it is excluded from Medicare coverage unless administered in an emergency situation (e.g., diabetic coma).
- A4212** Noncoring needle or stylet with or without catheter N
- A4213** Syringe, sterile, 20 cc or greater, each N ✓
- A4215** Needle, sterile, any size, each N
- A4216** Sterile water, saline and/or dextrose, diluent/flush, 10 ml N ✓ 6
- A4217** Sterile water/saline, 500 ml N ✓ 6 (AU)  
CMS: 100-04,20,30,9
- A4218** Sterile saline or water, metered dose dispenser, 10 ml N ✓
- A4220** Refill kit for implantable infusion pump N
- A4221** Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately) N 6
- A4222** Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately) N 6
- A4223** Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately) N ✓
- A4224** Supplies for maintenance of insulin infusion catheter, per week N 6
- A4225** Supplies for external insulin infusion pump, syringe type cartridge, sterile, each N 6
- A4226** Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week N 6
- A4230** Infusion set for external insulin pump, nonneedle cannula type N ✓  
Covered by some commercial payers as ongoing supply to preauthorized pump.
- A4231** Infusion set for external insulin pump, needle type N ✓  
Covered by some commercial payers as ongoing supply to preauthorized pump.
- A4232** Syringe with needle for external insulin pump, sterile, 3 cc E ✓  
Covered by some commercial payers as ongoing supply to preauthorized pump.

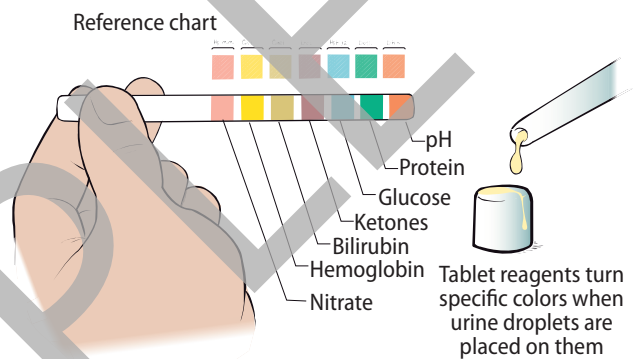
**Batteries**

- A4233** Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each E ✓ 6 (NU)
- A4234** Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each E ✓ 6 (NU)

- A4235** Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each E ✓ 6 (NU)
- A4236** Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each E ✓ 6 (NU)

**Other Supplies**

- A4244** Alcohol or peroxide, per pint N ✓
- A4245** Alcohol wipes, per box N ✓
- A4246** Betadine or pHisoHex solution, per pint N ✓
- A4247** Betadine or iodine swabs/wipes, per box N ✓
- A4248** Chlorhexidine containing antiseptic, 1 ml N ✓
- A4250** Urine test or reagent strips or tablets (100 tablets or strips) E ✓  
CMS: 100-02,15,110



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

- A4252** Blood ketone test or reagent strip, each E ✓
- A4253** Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips N ✓ 6 (NU)  
Medicare covers glucose strips for diabetic patients using home glucose monitoring devices prescribed by their physicians.
- A4255** Platforms for home blood glucose monitor, 50 per box N ✓ 6  
Some Medicare contractors cover monitor platforms for diabetic patients using home glucose monitoring devices prescribed by their physicians. Some commercial payers also provide this coverage to noninsulin dependent diabetics.
- A4256** Normal, low, and high calibrator solution/chips N 6  
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 ✓ 6  
AHA: 1Q, '02, 5
- A4258** Spring-powered device for lancet, each N ✓ 6  
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 ✓ 6  
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.

<b>C2620</b>	<b>Pacemaker, single chamber, nonrate-responsive (implantable)</b> <span style="float:right">N NI</span>
	<b>CMS:</b> 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 <b>AHA:</b> 3Q, '16, 10-15; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C2621</b>	<b>Pacemaker, other than single or dual chamber (implantable)</b> <span style="float:right">N NI</span>
	<b>CMS:</b> 100-04,14,40.8 <b>AHA:</b> 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C2622</b>	<b>Prosthesis, penile, noninflatable</b> <span style="float:right">N NI</span>
	<b>CMS:</b> 100-04,14,40.8 <b>AHA:</b> 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C2623</b>	<b>Catheter, transluminal angioplasty, drug-coated, nonlaser</b> <span style="float:right">N NI</span>
	<b>AHA:</b> 3Q, '16, 10-15
<b>C2624</b>	<b>Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components</b> <span style="float:right">N NI</span>
	<b>AHA:</b> 3Q, '16, 10-15; 3Q, '15, 1-2
<b>C2625</b>	<b>Stent, noncoronary, temporary, with delivery system</b> <span style="float:right">N NI</span>
	<b>AHA:</b> 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
<b>C2626</b>	<b>Infusion pump, nonprogrammable, temporary (implantable)</b> <span style="float:right">N NI</span>
	<b>CMS:</b> 100-04,14,40.8 <b>AHA:</b> 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6
<b>C2627</b>	<b>Catheter, suprapubic/cystoscopic</b> <span style="float:right">N NI</span>
	<b>AHA:</b> 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C2628</b>	<b>Catheter, occlusion</b> <span style="float:right">N NI</span>
	<b>AHA:</b> 3Q, '16, 10-15; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C2629</b>	<b>Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser</b> <span style="float:right">N NI</span>
	<b>AHA:</b> 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6
<b>C2630</b>	<b>Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip</b> <span style="float:right">N NI</span>
	<b>AHA:</b> 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6
<b>C2631</b>	<b>Repair device, urinary, incontinence, without sling graft</b> <span style="float:right">N NI</span>
	<b>CMS:</b> 100-04,14,40.8 <b>AHA:</b> 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
<b>C2634</b>	<b>Brachytherapy source, nonstranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source</b> <span style="float:right">U H2 ✓ ⊕</span>
	<b>AHA:</b> 3Q, '16, 11; 2Q, '07, 11; 2Q, '05, 8; 4Q, '04, 8
<b>C2635</b>	<b>Brachytherapy source, nonstranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source</b> <span style="float:right">U H2 ✓ ⊕</span>
	<b>AHA:</b> 3Q, '16, 11; 2Q, '07, 11; 2Q, '05, 8; 4Q, '04, 8
<b>C2636</b>	<b>Brachytherapy linear source, nonstranded, palladium-103, per 1 mm</b> <span style="float:right">U H2 ✓ ⊕</span>
	<b>AHA:</b> 3Q, '16, 11; 2Q, '07, 11; 4Q, '04, 8
<b>C2637</b>	<b>Brachytherapy source, nonstranded, ytterbium-169, per source</b> <span style="float:right">B ✓ ⊕</span>
	<b>AHA:</b> 3Q, '16, 11; 2Q, '07, 11; 3Q, '05, 7
<b>C2638</b>	<b>Brachytherapy source, stranded, iodine-125, per source</b> <span style="float:right">U H2 ✓</span>
	<b>AHA:</b> 3Q, '16, 11
<b>C2639</b>	<b>Brachytherapy source, nonstranded, iodine-125, per source</b> <span style="float:right">U H2 ✓ ⊕</span>
	<b>AHA:</b> 3Q, '16, 11

<b>C2640</b>	<b>Brachytherapy source, stranded, palladium-103, per source</b> <span style="float:right">U H2 ✓</span>
	<b>AHA:</b> 3Q, '16, 11
<b>C2641</b>	<b>Brachytherapy source, nonstranded, palladium-103, per source</b> <span style="float:right">U H2 ✓ ⊕</span>
	<b>AHA:</b> 3Q, '16, 11
<b>C2642</b>	<b>Brachytherapy source, stranded, cesium-131, per source</b> <span style="float:right">U H2 ✓</span>
	<b>AHA:</b> 3Q, '16, 11
<b>C2643</b>	<b>Brachytherapy source, nonstranded, cesium-131, per source</b> <span style="float:right">U H2 ✓ ⊕</span>
	<b>AHA:</b> 3Q, '16, 11
<b>C2644</b>	<b>Brachytherapy source, cesium-131 chloride solution, per mCi</b> <span style="float:right">U ✓</span>
	<b>AHA:</b> 3Q, '16, 11
<b>C2645</b>	<b>Brachytherapy planar source, palladium-103, per sq mm</b> <span style="float:right">U H2 ✓</span>
	<b>AHA:</b> 3Q, '16, 11
<b>C2698</b>	<b>Brachytherapy source, stranded, not otherwise specified, per source</b> <span style="float:right">U H2 ✓</span>
	<b>AHA:</b> 3Q, '16, 11
<b>C2699</b>	<b>Brachytherapy source, nonstranded, not otherwise specified, per source</b> <span style="float:right">U H2 ✓</span>
	<b>AHA:</b> 3Q, '16, 11
<b>C5271</b>	<b>Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area</b> <span style="float:right">T B2 ✓</span>
<b>C5272</b>	<b>Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)</b> <span style="float:right">N NI ✓</span>
<b>C5273</b>	<b>Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children</b> <span style="float:right">T B2 ✓</span>
<b>C5274</b>	<b>Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)</b> <span style="float:right">N NI ✓</span>
<b>C5275</b>	<b>Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area</b> <span style="float:right">T B2 ✓</span>
<b>C5276</b>	<b>Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)</b> <span style="float:right">N NI ✓</span>
<b>C5277</b>	<b>Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children</b> <span style="float:right">T B2 ✓</span>
<b>C5278</b>	<b>Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)</b> <span style="float:right">N NI ✓</span>

**G0250** Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include four tests M ✓ ○  
**CMS:** 100-03,190.11  
**AHA:** 4Q, '02, 9-10; 3Q, '02, 11

**G0252** PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes) E  
**CMS:** 100-03,220.6.10; 100-03,220.6.3; 100-04,13,60; 100-04,13,60.16  
**AHA:** 1Q, '07, 6; 4Q, '02, 9-10

**G0255** Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve E  
**AHA:** 4Q, '02, 9-10

**G0257** Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility S  
**CMS:** 100-04,4,200.2; 100-04,8,60.4.7  
**AHA:** 3Q, '14, 4; 1Q, '03, 7; 4Q, '02, 9-10

**G0259** Injection procedure for sacroiliac joint; arthrography N  
**AHA:** 4Q, '02, 9-10

**G0260** Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography T A2  
**AHA:** 4Q, '02, 9-10

**G0268** Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing N ○  
**AHA:** 2Q, '16, 2-3; 1Q, '03, 11

**G0269** Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure (e.g., angioseal plug, vascular plug) N ○  
**AHA:** 4Q, '12, 10; 3Q, '11, 3; 4Q, '10, 6

**G0270** Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes A ✓ ○  
**CMS:** 100-04,12,190.3; 100-04,12,190.6; 100-04,12,190.6.1; 100-04,12,190.7

**G0271** Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes A ✓ ○

**G0276** Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial J B2  
**CMS:** 100-03,150.13; 100-04,32,330.1; 100-04,32,330.2

**G0277** Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval S  
**AHA:** 3Q, '15, 7

**G0278** Iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure) N ○  
**AHA:** 3Q, '11, 3; 4Q, '06, 8

**G0279** Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066) A  
**CMS:** 100-04,18,20.2; 100-04,18,20.2.1; 100-04,18,20.2.2; 100-04,18,20.6

**G0281** Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care A  
**CMS:** 100-02,15,220.4; 100-04,32,11.1; 100-04,5,10.3.2; 100-04,5,10.3.3  
**AHA:** 2Q, '03, 7; 1Q, '03, 7

**G0282** Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 E  
**CMS:** 100-04,32,11.1  
**AHA:** 2Q, '03, 7; 1Q, '03, 7

**G0283** Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care A  
**CMS:** 100-02,15,220.4; 100-04,5,10.3.2; 100-04,5,10.3.3  
**AHA:** 2Q, '09, 1; 2Q, '03, 7; 1Q, '03, 7

**G0288** Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery N

**G0289** Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee N ○  
**AHA:** 2Q, '03, 9

**G0293** Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day M ✓  
**AHA:** 4Q, '02, 9-10

**G0294** Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day M ✓  
**AHA:** 4Q, '02, 9-10

**G0295** Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses E  
**AHA:** 1Q, '03, 7

**G0296** Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making) S  
**CMS:** 100-02,13,220; 100-02,13,220.1; 100-02,13,220.3; 100-04,18,220; 100-04,18,220.1; 100-04,18,220.2; 100-04,18,220.3; 100-04,18,220.4; 100-04,18,220.5; 100-04,13,220.1

**G0299** Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes B  
**CMS:** 100-01,3,30.3; 100-04,10,40.2; 100-04,11,130.1; 100-04,11,30.3

**G0300** Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes B  
**CMS:** 100-01,3,30.3; 100-04,10,40.2; 100-04,11,130.1; 100-04,11,30.3

**G0302** Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services S ✓

**G0303** Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services S ✓

**G0304** Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services S ✓

**G0305** Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services S ✓

**G0306** Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count Q  
**CMS:** 100-02,11,20.2

<b>J1559</b>	<b>Injection, immune globulin (Hizentra), 100 mg</b> CMS: 100-02,15,50.6; 100-04,20,180; 100-04,32,411.3	K1 K2 ✓	<b>J1620</b>	<b>Injection, gonadorelin HCl, per 100 mcg</b> Use this code for Factrel, Lutrepulse.	E ✓
<b>J1560</b>	<b>Injection, gamma globulin, intramuscular, over 10 cc</b> Use this code for GamaSTAN SD. CMS: 100-02,15,50.6; 100-04,17,80.6	K1 K2 ✓	<b>J1626</b>	<b>Injection, granisetron HCl, 100 mcg</b> Use this code for Kytril. CMS: 100-04,4,20.6.4	N1 NI ✓
<b>J1561</b>	<b>Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg</b> CMS: 100-02,15,50.6; 100-04,20,180; 100-04,32,411.3 AHA: 1Q, '08, 6	K1 K2 ✓	<b>J1627</b>	<b>Injection, granisetron, extended-release, 0.1 mg</b> Use this code for Sustol.	G NI
<b>J1562</b>	<b>Injection, immune globulin (Vivaglobin), 100 mg</b> CMS: 100-02,15,50.6; 100-04,20,180; 100-04,32,411.3	E ✓	<b>J1628</b>	<b>Injection, guselkumab, 1 mg</b> Use this code for Tremfya.	K2
<b>J1566</b>	<b>Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg</b> Use this code for Carimune, Gammagard S/D, Iiveegam, Polygam, Polygam S/D. CMS: 100-02,15,50.6 AHA: 2Q, '13, 5	K1 K2 ✓	<b>J1630</b>	<b>Injection, haloperidol, up to 5 mg</b> Use this code for Haldol. CMS: 100-04,4,20.6.4	N1 NI ✓
<b>J1568</b>	<b>Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg</b> CMS: 100-02,15,50.6 AHA: 1Q, '08, 6	K1 K2 ✓	<b>J1631</b>	<b>Injection, haloperidol decanoate, per 50 mg</b> Use this code for Haldol Decanoate-50. CMS: 100-04,4,20.6.4	N1 NI ✓
<b>J1569</b>	<b>Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg</b> CMS: 100-02,15,50.6; 100-04,20,180; 100-04,32,411.3 AHA: 1Q, '08, 6	K1 K2 ✓	<b>J1632</b>	<b>Injection, brexanolone, 1 mg</b> Use this code for Zulresso.	K2
<b>J1570</b>	<b>Injection, ganciclovir sodium, 500 mg</b> Use this code for Cytovene. CMS: 100-04,20,180; 100-04,32,411.3	N1 NI ✓	<b>J1640</b>	<b>Injection, hemin, 1 mg</b> Use this code for Panhematin.	K1 K2 ✓
<b>J1571</b>	<b>Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml</b> AHA: 3Q, '08, 7, 8; 1Q, '08, 6	K1 K2 ✓	<b>J1642</b>	<b>Injection, heparin sodium, (heparin lock flush), per 10 units</b> Use this code for Hep-Lock, Hep-Lock U/P, Hep-Pak, Lok-Pak. CMS: 100-04,4,20.6.4 AHA: 4Q, '05, 1-6	N1 NI ✓
<b>J1572</b>	<b>Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg</b> AHA: 1Q, '08, 6	K1 K2 ✓	<b>J1644</b>	<b>Injection, Heparin sodium, per 1000 units</b> Use this code for Heparin Sodium, Liquaemin Sodium. CMS: 100-04,4,20.6.4	N1 NI ✓
<b>J1573</b>	<b>Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml</b> AHA: 3Q, '08, 7, 8; 1Q, '08, 6	K1 K2 ✓	<b>J1645</b>	<b>Injection, dalteparin sodium, per 2500 IU</b> Use this code for Fragmin. CMS: 100-02,15,50.5; 100-04,4,20.6.4	N1 NI ✓
<b>J1575</b>	<b>Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin</b> Use this code for HyOvia. CMS: 100-04,20,180; 100-04,32,411.3 AHA: 1Q, '16, 6-8	K1 K2 ✓	<b>J1650</b>	<b>Injection, enoxaparin sodium, 10 mg</b> Use this code for Lovenox. CMS: 100-02,15,50.5; 100-04,4,20.6.4	N1 NI ✓
<b>J1580</b>	<b>Injection, garamycin, gentamicin, up to 80 mg</b> Use this code for Gentamicin Sulfate, Jenamicin.	N1 NI ✓	<b>J1652</b>	<b>Injection, fondaparinux sodium, 0.5 mg</b> Use this code for Arixtra. CMS: 100-02,15,50.5	N1 NI ✓
<b>J1595</b>	<b>Injection, glatiramer acetate, 20 mg</b> Use this code for Copaxone. CMS: 100-02,15,50.5	K1 K2 ✓	<b>J1655</b>	<b>Injection, tinzaparin sodium, 1000 IU</b> Use this code for Innohep. CMS: 100-02,15,50.5; 100-04,4,20.6.4 AHA: 1Q, '02, 5	N1 NI ✓
<b>J1599</b>	<b>Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg</b> AHA: 2Q, '13, 5	N1 NI ✓	<b>J1670</b>	<b>Injection, tetanus immune globulin, human, up to 250 units</b> Use this code for HyperTET SD.	K1 K2 ✓
<b>J1600</b>	<b>Injection, gold sodium thiomalate, up to 50 mg</b> Use this code for Myochrysin. CMS: 100-04,4,20.6.4	E ✓	<b>J1675</b>	<b>Injection, histrelin acetate, 10 mcg</b> Use this code for Supprelin LA.	B ✓
<b>J1602</b>	<b>Injection, golimumab, 1 mg, for intravenous use</b> Use this code for Simponi. AHA: 1Q, '14, 6	K1 K2 ✓	<b>J1700</b>	<b>Injection, hydrocortisone acetate, up to 25 mg</b> Use this code for Hydrocortone Acetate. CMS: 100-04,4,20.6.4	N1 NI ✓
<b>J1610</b>	<b>Injection, glucagon HCl, per 1 mg</b> Use this code for Glucagen. AHA: 4Q, '05, 1-6	K1 K2 ✓	<b>J1710</b>	<b>Injection, hydrocortisone sodium phosphate, up to 50 mg</b> Use this code for Hydrocortone Phosphate. CMS: 100-04,4,20.6.4	N1 NI ✓
			<b>J1720</b>	<b>Injection, hydrocortisone sodium succinate, up to 100 mg</b> Use this code for Solu-Cortef, A-Hydrocort. CMS: 100-04,4,20.6.4	N1 NI ✓
			<b>J1726</b>	<b>Injection, hydroxyprogesterone caproate, (Makena), 10 mg</b>	K1 K2

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

- L5616** Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control A ○ ♿
- L5617** Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each A ☑ ○ ♿

**Additions: Test Sockets**

- L5618** Addition to lower extremity, test socket, Symes A ○ ♿
- L5620** Addition to lower extremity, test socket, below knee (BK) A ○ ♿
- L5622** Addition to lower extremity, test socket, knee disarticulation A ○ ♿
- L5624** Addition to lower extremity, test socket, above knee (AK) A ○ ♿
- L5626** Addition to lower extremity, test socket, hip disarticulation A ○ ♿
- L5628** Addition to lower extremity, test socket, hemipelvectomy A ○ ♿
- L5629** Addition to lower extremity, below knee, acrylic socket A ○ ♿

**Additions: Socket Variations**

- L5630** Addition to lower extremity, Symes type, expandable wall socket A ○ ♿
- L5631** Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket A ○ ♿
- L5632** Addition to lower extremity, Symes type, PTB brim design socket A ○ ♿
- L5634** Addition to lower extremity, Symes type, posterior opening (Canadian) socket A ○ ♿
- L5636** Addition to lower extremity, Symes type, medial opening socket A ○ ♿
- L5637** Addition to lower extremity, below knee (BK), total contact A ○ ♿
- L5638** Addition to lower extremity, below knee (BK), leather socket A ○ ♿
- L5639** Addition to lower extremity, below knee (BK), wood socket A ○ ♿
- L5640** Addition to lower extremity, knee disarticulation, leather socket A ○ ♿
- L5642** Addition to lower extremity, above knee (AK), leather socket A ○ ♿
- L5643** Addition to lower extremity, hip disarticulation, flexible inner socket, external frame A ○ ♿
- L5644** Addition to lower extremity, above knee (AK), wood socket A ○ ♿
- L5645** Addition to lower extremity, below knee (BK), flexible inner socket, external frame A ○ ♿
- L5646** Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket A ○ ♿
- L5647** Addition to lower extremity, below knee (BK), suction socket A ○ ♿
- L5648** Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket A ○ ♿
- L5649** Addition to lower extremity, ischial containment/narrow M-L socket A ○ ♿

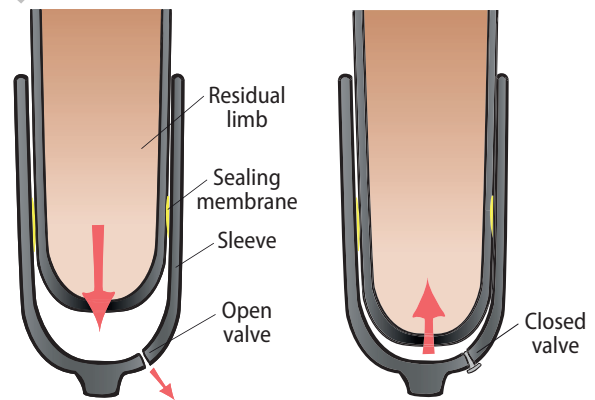
- L5650** Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket A ○ ♿
- L5651** Addition to lower extremity, above knee (AK), flexible inner socket, external frame A ○ ♿
- L5652** Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket A ○ ♿
- L5653** Addition to lower extremity, knee disarticulation, expandable wall socket A ○ ♿

**Additions: Socket Insert and Suspension**

- L5654** Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal) A ○ ♿
- L5655** Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal) A ○ ♿
- L5656** Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal) A ○ ♿
- L5658** Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal) A ○ ♿
- L5661** Addition to lower extremity, socket insert, multidurometer Symes A ○ ♿
- L5665** Addition to lower extremity, socket insert, multidurometer, below knee (BK) A ○ ♿
- L5666** Addition to lower extremity, below knee (BK), cuff suspension A ○ ♿
- L5668** Addition to lower extremity, below knee (BK), molded distal cushion A ○ ♿
- L5670** Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar) A ○ ♿

As the suspension sleeve is donned, air is driven out through a valve

The valve is closed upon donning and a suction fit is formed around the residual limb



- L5671** Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert A ○ ♿  
AHA: 1Q, '02, 5
- L5672** Addition to lower extremity, below knee (BK), removable medial brim suspension A ○ ♿
- L5673** Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism A ○ ♿
- L5676** Additions to lower extremity, below knee (BK), knee joints, single axis, pair A ☑ ○ ♿



<b>S3853</b>	Genetic testing for myotonic muscular dystrophy	
<b>S3854</b>	Gene expression profiling panel for use in the management of breast cancer treatment AHA: 2Q, '16, 5	
<b>S3861</b>	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	
<b>S3865</b>	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	
<b>S3866</b>	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	
<b>S3870</b>	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	
<b>S3900</b>	Surface electromyography (EMG)	
<b>S3902</b>	Ballistocardiogram	
<b>S3904</b>	Masters two step	
<b>S4005</b>	Interim labor facility global (labor occurring but not resulting in delivery)	M ♀
<b>S4011</b>	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	M ♀
<b>S4013</b>	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	M ♀
<b>S4014</b>	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	M ♀
<b>S4015</b>	Complete in vitro fertilization cycle, not otherwise specified, case rate	M ♀
<b>S4016</b>	Frozen in vitro fertilization cycle, case rate	M ♀
<b>S4017</b>	Incomplete cycle, treatment cancelled prior to stimulation, case rate	M ♀
<b>S4018</b>	Frozen embryo transfer procedure cancelled before transfer, case rate	M ♀
<b>S4020</b>	In vitro fertilization procedure cancelled before aspiration, case rate	M ♀
<b>S4021</b>	In vitro fertilization procedure cancelled after aspiration, case rate	M ♀
<b>S4022</b>	Assisted oocyte fertilization, case rate	M ♀
<b>S4023</b>	Donor egg cycle, incomplete, case rate	M ♀
<b>S4025</b>	Donor services for in vitro fertilization (sperm or embryo), case rate	A ♀
<b>S4026</b>	Procurement of donor sperm from sperm bank	♂
<b>S4027</b>	Storage of previously frozen embryos	M ♀
<b>S4028</b>	Microsurgical epididymal sperm aspiration (MESA)	A ♂
<b>S4030</b>	Sperm procurement and cryopreservation services; initial visit	A ♂
<b>S4031</b>	Sperm procurement and cryopreservation services; subsequent visit	A ♂
<b>S4035</b>	Stimulated intrauterine insemination (IUI), case rate	M ♀
<b>S4037</b>	Cryopreserved embryo transfer, case rate	M ♀
<b>S4040</b>	Monitoring and storage of cryopreserved embryos, per 30 days	M ♀
<b>S4042</b>	Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle	
<b>S4981</b>	Insertion of levonorgestrel-releasing intrauterine system	♀
<b>S4989</b>	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	M ♀
<b>S4990</b>	Nicotine patches, legend	✓
<b>S4991</b>	Nicotine patches, nonlegend	✓
<b>S4993</b>	Contraceptive pills for birth control	M ♀ ✓
<b>S4995</b>	Smoking cessation gum	✓
<b>S5000</b>	Prescription drug, generic	✓
<b>S5001</b>	Prescription drug, brand name	✓
<b>S5010</b>	5% dextrose and 0.45% normal saline, 1000 ml	✓
<b>S5012</b>	5% dextrose with potassium chloride, 1000 ml	✓
<b>S5013</b>	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	✓
<b>S5014</b>	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	✓
<b>S5035</b>	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	
<b>S5036</b>	Home infusion therapy, repair of infusion device (e.g., pump repair)	
<b>S5100</b>	Day care services, adult; per 15 minutes	A ✓
<b>S5101</b>	Day care services, adult; per half day	A ✓
<b>S5102</b>	Day care services, adult; per diem	A ✓
<b>S5105</b>	Day care services, center-based; services not included in program fee, per diem	✓
<b>S5108</b>	Home care training to home care client, per 15 minutes	✓
<b>S5109</b>	Home care training to home care client, per session	✓
<b>S5110</b>	Home care training, family; per 15 minutes	✓
<b>S5111</b>	Home care training, family; per session	✓
<b>S5115</b>	Home care training, nonfamily; per 15 minutes	✓
<b>S5116</b>	Home care training, nonfamily; per session	✓
<b>S5120</b>	Chore services; per 15 minutes	✓
<b>S5121</b>	Chore services; per diem	✓
<b>S5125</b>	Attendant care services; per 15 minutes	✓
<b>S5126</b>	Attendant care services; per diem	✓
<b>S5130</b>	Homemaker service, NOS; per 15 minutes	✓
<b>S5131</b>	Homemaker service, NOS; per diem	✓
<b>S5135</b>	Companion care, adult (e.g., IADL/ADL); per 15 minutes	A ✓
<b>S5136</b>	Companion care, adult (e.g., IADL/ADL); per diem	A ✓
<b>S5140</b>	Foster care, adult; per diem	A ✓
<b>S5141</b>	Foster care, adult; per month	A ✓
<b>S5145</b>	Foster care, therapeutic, child; per diem	A ✓
<b>S5146</b>	Foster care, therapeutic, child; per month	A ✓
<b>S5150</b>	Unskilled respite care, not hospice; per 15 minutes	✓
<b>S5151</b>	Unskilled respite care, not hospice; per diem	✓
<b>S5160</b>	Emergency response system; installation and testing	
<b>S5161</b>	Emergency response system; service fee, per month (excludes installation and testing)	✓

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

# Appendix 1 — Table of Drugs and Biologicals

## INTRODUCTION AND DIRECTIONS

The HCPCS 2022 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 PROTHROMBIN COMPLEX CONCENTRATE	1 IU	IV	Q9132
5% DEXTROSE AND .45% NORMAL SALINE	1000 ML	IV	S5010
5% DEXTROSE IN LACTATED RINGERS	1000 CC	IV	J7121
5% DEXTROSE WITH POTASSIUM CHLORIDE	1000 ML	IV	S5012
5% DEXTROSE/.45% NS WITH KCL AND MAG SULFATE	1000ML	IV	S5013
5% DEXTROSE/.45% NS WITH KCL AND MAG SULFATE	1500 ML	IV	S5014
5% DEXTROSE/NORMAL SALINE	5%	VAR	J7042
5% DEXTROSE/WATER	500 ML	IV	J7060
A-HYDROCORT	100 MG	IV, IM, SC	J1720
A-METHAPRED	40 MG	IM, IV	J2920
A-METHAPRED	125 MG	IM, IV	J2930
ABATACEPT	10 MG	IV	J0129
ABCIXIMAB	10 MG	IV	J0130

Drug Name	Unit Per	Route	Code
ABECMA	UP TO 460-MILLION-CELLS/M	IV	Q9081
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 <sup>B</sup> NONCOMPOUNDED, CONCENTRATED	1 MG	INH	J7611
ACCUNE <sup>B</sup> NONCOMPOUNDED, UNIT DOSE	1 MG	INH	J7613
ACETADOTE	1 G	INH	J7608
ACETADOTE	100 MG	IV	J0132
ACETAMINOPHEN	10 MG	IV	J0131
ACETAZOLAMIDE SODIUM	500 MG	IM, IV	J1120
ACETYLCYSTEINE COMPOUNDED	PER G	INH	J7604
ACETYLCYSTEINE NONCOMPOUNDED	1 G	INH	J7608
ACTEMRA	1 MG	IV	J3262
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
ADAGEN	25 IU	IM	J2504
ADAKVEO	5 MG	IV	J0791
ADALIMUMAB	20 MG	SC	J0135
ADASUVE	1 MG	INH	J2062
ADCETRIS	1 MG	IV	J9042
ADENOCARD	1 MG	IV	J0153
ADENOSINE	1 MG	IV	J0153
ADENSOSCAN	1 MG	IV	J0153
ADO-TRASTUZUMAB EMTANSINE	1 MG	IV	J9354
ADRENALIN	0.1 MG	IM, IV, SC	J0171
ADRENOCORT	1 MG	IM, IV, OTH	J1100
ADRIAMYCIN	10 MG	IV	J9000
ADRUCIL	500 MG	IV	J9190
ADUCANUMAB-AVWA	2 MG	IV	J0172
ADUHELM	2 MG	IV	J0172
ADYNOVATE	1 IU	IV	J7207
AEROBID	1 MG	INH	J7641

# 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 two 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 three 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 four 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 five 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 six wounds	<b>CC</b>	Procedure code change (use CC when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
<b>A7</b>	Dressing for seven wounds	<b>CD</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
<b>A8</b>	Dressing for eight wounds	<b>CE</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
<b>A9</b>	Dressing for nine or more wounds	<b>CF</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
<b>AA</b>	Anesthesia services performed personally by anesthesiologist	<b>CG</b>	Policy criteria applied
<b>AD</b>	Medical supervision by a physician: more than four concurrent anesthesia procedures	<b>CH</b>	Zero percent impaired, limited or restricted
<b>AE</b>	Registered dietician	<b>CI</b>	At least 1 percent but less than 20 percent impaired, limited or restricted
<b>AF</b>	Specialty physician	<b>CJ</b>	At least 20 percent but less than 40 percent impaired, limited or restricted
<b>AG</b>	Primary physician	<b>CK</b>	At least 40 percent but less than 60 percent impaired, limited or restricted
<b>AH</b>	Clinical psychologist	<b>CL</b>	At least 60 percent but less than 80 percent impaired, limited or restricted
<b>AI</b>	Principal physician of record	<b>CM</b>	At least 80 percent but less than 100 percent impaired, limited or restricted
<b>AJ</b>	Clinical social worker	<b>CN</b>	100 percent impaired, limited or restricted
<b>AK</b>	Nonparticipating physician	<b>CO</b>	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
<b>AM</b>	Physician, team member service	<b>CQ</b>	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
<b>AO</b>	Alternate payment method declined by provider of service	<b>CR</b>	Catastrophe/disaster related
<b>AP</b>	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination	<b>CS</b>	Cost-sharing waived for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency
<b>AQ</b>	Physician providing a service in an unlisted health professional shortage area (HPSA)	<b>CT</b>	Computed tomography services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (NEMA) XR-29-2013 standard
<b>AR</b>	Physician provider services in a physician scarcity area	<b>DA</b>	Oral health assessment by a licensed health professional other than a dentist
<b>AS</b>	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery	<b>E1</b>	Upper left, eyelid
<b>AT</b>	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)	<b>E2</b>	Lower left, eyelid
<b>AU</b>	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply	<b>E3</b>	Upper right, eyelid
<b>AV</b>	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic		
<b>AW</b>	Item furnished in conjunction with a surgical dressing		
<b>AX</b>	Item furnished in conjunction with dialysis services		
<b>AY</b>	Item or service furnished to an ESRD patient that is not for the treatment of ESRD		
<b>AZ</b>	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment		
<b>BA</b>	Item furnished in conjunction with parenteral enteral nutrition (PEN) services		
<b>BL</b>	Special acquisition of blood and blood products		
<b>BO</b>	Orally administered nutrition, not by feeding tube		