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— 2017

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Contents

Introduction	i
Index.....	Index — 1
A Codes	1
Transportation Services Including Ambulance	1
Medical and Surgical Supplies.....	2
B Codes	16
Enteral and Parenteral Therapy	16
C Codes	18
Outpatient PPS	18
E Codes	25
Durable Medical Equipment	25
G Codes.....	39
Procedures/Professional Services (Temporary)	39
H Codes.....	70
Alcohol and Drug Abuse Treatment Services	70
J Codes.....	72
J Codes Drugs.....	72
J Codes Chemotherapy Drugs	84
K Codes	88
Temporary Codes.....	88
L Codes	92
Orthotic Devices and Procedures.....	92
Prosthetic Procedures	104
M Codes	115
Medical Services.....	115

P Codes	116
Pathology and Laboratory Services	116
Q Codes.....	118
Q Codes (Temporary)	118
R Codes	125
Diagnostic Radiology Services	125
S Codes	126
Temporary National Codes (Non-Medicare)	126
T Codes	136
National T Codes Established for State Medical Agencies.....	136
V Codes	138
Vision Services	138
Hearing Services	140
Appendixes	
Appendix 1 — Table of Drugs and Biologicals.....	143
Appendix 2 — Modifiers.....	173
Appendix 3 — Abbreviations and Acronyms	179
Appendix 4 — Pub 100 References	183
Appendix 5 — HCPCS Changes for 2015.....	317
Appendix 6 — Place of Service and Type of Service.....	323
Appendix 7 — Deleted Code Crosswalk.....	329
Appendix 8 — Glossary	331
Appendix 9 — Physician Quality Reporting System (PQRS)	335

<p>Implant — <i>continued</i></p> <p>collagen — <i>continued</i></p> <p>urinary, L8603</p> <p>contraceptive, A4264, J7306</p> <p>dextranomer/hyaluronic acid copolymer, urinary tract, L8604, L8605</p> <p>endoscope colonoscopy device, C1749</p> <p>ganciclovir, J7310</p> <p>goserelin acetate, J9202</p> <p>hallux, L8642</p> <p>infusion pump, E0782-E0783</p> <p>injectable bulking agent</p> <p>anal, L8605</p> <p>not otherwise specified, C9743</p> <p>urinary tract, L8606</p> <p>vocal cord, L8607</p> <p>interspinous process distraction device, C1821</p> <p>joint, L8630</p> <p>lacrimal duct, A4262-A4263</p> <p>levonorgestral, J7306</p> <p>metacarpophalangeal joint, L8630</p> <p>metatarsal joint, L8641</p> <p>Mometasone sinus, S1090</p> <p>neurostimulator, pulse generator or receiver, E0755</p> <p>high frequency</p> <p>with battery and charging system, C1822</p> <p>Norplant, J7306</p> <p>not otherwise specified, L8699</p> <p>ocular, L8610</p> <p>drainage assist device, C1783</p> <p>ossicular, L8613</p> <p>osteogenesis stimulator, E0749</p> <p>percutaneous access system, A4301</p> <p>porcine, C9364</p> <p>prosthetic device, C9899, G9303-G9304</p> <p>sinus, S1090</p> <p>spacer material, NOS, C9743</p> <p>urinary tract, L8603-L8604</p> <p>vascular access portal, A4300</p> <p>vascular graft, L8670</p> <p>yttrium 90, S2095</p> <p>Zoladex, J9202</p> <p>Implantable radiation dosimeter, ea, A4650</p> <p>Impregnated gauze dressing, A6222-A6230</p> <p>Incontinence</p> <p>appliances and supplies, A4310, A4336, A5051-A5093, A5102-A5114, A5120-A5200</p> <p>brief or diaper, T4521-T4528, T4543-T4544</p> <p>disposable/liner, T4535</p> <p>garment, A4520</p> <p>pediatric</p> <p>brief or diaper, T4529-T4530</p> <p>pull-on protection, T4531-T4532</p> <p>rectal insert, A4337</p> <p>reusable</p> <p>diaper or brief, T4539</p> <p>pull-on protection, T4536</p> <p>treatment system, E0740</p> <p>underpad</p> <p>disposable, T4541, T4542</p> <p>reusable, T4537, T4540</p> <p>youth</p> <p>brief or diaper, T4533</p> <p>pull-on protection, T4534</p> <p>Indium 111</p> <p>capromab pendetide, A9507</p> <p>ibritumomab tiuxetan, A9542</p> <p>labeled</p> <p>platelets, A9571</p> <p>white blood cells, A9570</p> <p>oxyguinolone, A9547</p> <p>pentetate, A9548, A9572</p> <p>pentetreotide, A9572</p> <p>satumomab pendetide, A4642</p> <p>Infant safety, CPR, training, S9447</p> <p>Infection, G9311-G9312</p> <p>Infusion</p> <p>catheter, C1751</p> <p>dose optimization, for infusion, S3722</p> <p>IV, OPPS, C8957</p> <p>pump, C1772, C2626</p>	<p>Infusion — <i>continued</i></p> <p>pump — <i>continued</i></p> <p>ambulatory, with administrative equipment, E0781</p> <p>epoprostenol, K0455</p> <p>heparin, dialysis, E1520</p> <p>implantable, E0782, E0783</p> <p>implantable, refill kit, A4220</p> <p>insulin, E0784</p> <p>mechanical, reusable, E0779, E0780</p> <p>nonprogrammable, C1891</p> <p>supplies, A4221, A4222, A4230-A4232</p> <p>Versa-Pole IV, E0776</p> <p>Sipuleucel-T autologous CD54+, Q2043</p> <p>supplies, A4222, A4223</p> <p>therapy, home, S9347, S9351, S9497-S9504</p> <p>Inhalation drugs</p> <p>acetylcysteine, J7608</p> <p>albuterol, J7609, J7610, J7611</p> <p>Alupent, J7668-J7669</p> <p>atropine, J7635-J7636</p> <p>Atrovent, J7644</p> <p>Azmacort, J7684</p> <p>beclomethasone, J7622</p> <p>betamethasone, J7624</p> <p>bitolterol mesylate, J7628-J7629</p> <p>Brcanyl, J7680-J7681</p> <p>Brethine, J7680-J7681</p> <p>budesonide, J7626-J7627, J7633-J7634</p> <p>colistimethate sodium, S0142</p> <p>cromolyn sodium, J7631</p> <p>dexamethasone, J7637-J7638</p> <p>dornase alpha, J7639</p> <p>flunisolide, J7641</p> <p>formoterol, J7606, J7640</p> <p>Gastrocrom, J7631</p> <p>glycopyrolate, J7642-J7643</p> <p>iloprost, Q4074</p> <p>Intal, J7631</p> <p>ipratropium bromide, J7644-J7645</p> <p>isoeurine HCl, J7647-J7650</p> <p>isoproterenol HCl, J7657-J7660</p> <p>levalbuterol, J7607, J7614, J7615</p> <p>metaproterenol sulfate, J7667-J7670</p> <p>methacholine chloride, J7674</p> <p>Mucumyst, J7608</p> <p>Mucosil, J7608</p> <p>Nasalacrom, J7631</p> <p>NOC, J7699</p> <p>pentamidine isethionate, J7676</p> <p>Pulmicort Respules, J7627</p> <p>terbutaline sulfate, J7680-J7681</p> <p>Tobi, J7682</p> <p>tobramycin, J7682, J7685</p> <p>Tornalate, J7628-J7629</p> <p>triamcinolone, J7683-J7684</p> <p>Initial</p> <p>ECG, Medicare, G0403-G0405</p> <p>physical exam, Medicare, G0402</p> <p>Injectable</p> <p>bulking agent</p> <p>bulking agent/spacer material, NOS, C9743</p> <p>urinary tract, L8603-L8606</p> <p>vocal cord, L8607</p> <p>Injection — <i>see also</i> Table of Drugs</p> <p>adjustment, bariatric band, S2083</p> <p>bulking agent</p> <p>bulking agent/spacer material, NOS, C9743</p> <p>urinary tract, L8603-L8606</p> <p>vocal cord, L8607</p> <p>contrast material, during MRI, A9576-A9579, Q9953</p> <p>dermal filler for LDS, C9800, G0429</p> <p>sacroiliac joint, G0259-G0260</p> <p>supplies for self-administered, A4211</p> <p>Inpatient telehealth pharmacologic management, G0459</p> <p>Insert</p> <p>convex, for ostomy, A5093</p> <p>diabetic, for shoe, A5512-A5513</p> <p>foot insert/plate, L3031</p> <p>implant</p> <p>soft palate, C9727</p>	<p>Insertion</p> <p>cardioverter-defibrillator system, G0448</p> <p>intrauterine system, S4981</p> <p>tray, A4310-A4316</p> <p>Instillation fecal microbiota, G0455</p> <p>Integra</p> <p>bilayer matrix wound dressing, Q4104</p> <p>dermal regeneration template, Q4105</p> <p>flowable wound matrix, Q4114</p> <p>matrix, Q4108</p> <p>meshed bilayer wound matrix, C9363</p> <p>osteoconductive scaffold putty, C9359</p> <p>osteoconductive scaffold strip, C9362</p> <p>Interface</p> <p>cough stimulating device, A7020</p> <p>oral with suction pump, A7047</p> <p>Intermittent</p> <p>limb compression device, E0676</p> <p>peritoneal dialysis system, E1592</p> <p>positive pressure breathing (IPPB) machine, E0500</p> <p>Interphalangeal joint, prosthetic implant, L8658</p> <p>Interscapular thoracic prosthesis</p> <p>endoskeletal, L6570</p> <p>upper limb, L6350-L6370</p> <p>Interspinous process distraction device, C1821</p> <p>Intervention</p> <p>alcohol and/or drug, H0050</p> <p>leak of endoluminal contents, G9305-G9306</p> <p>Intrafallopian transfer</p> <p>complete cycle, gamete, S4013</p> <p>complete cycle, zygote, S4014</p> <p>donor egg cycle, S4023</p> <p>incomplete cycle, S4017</p> <p>Intraocular lenses, C1780, C1840, Q1004-Q1005, S0596, V2630-V2632</p> <p>new technology</p> <p>category 4, Q1004</p> <p>category 5, Q1005</p> <p>presbyopia correcting function, V2788</p> <p>refractive correcting, S0596</p> <p>telescopic, C1840</p> <p>Intrabulbar occlusion device, A4264</p> <p>Intrauterine device</p> <p>copper contraceptive, J7300</p> <p>other, S4989</p> <p>Progestacert, S4989</p> <p>Introducer sheath</p> <p>guiding, C1766, C1892, C1893</p> <p>other than guiding, C1894, C2629</p> <p>In vitro fertilization, S4011</p> <p>Iodine 125, A9527, A9532, C2638-C2639</p> <p>Iodine I-131</p> <p>albumin, A9524</p> <p>iobenguane sulfate, A9508</p> <p>sodium iodide, A9517</p> <p>Iodine swabs/wipes, A4247</p> <p>IPD</p> <p>system, E1592</p> <p>IPPB machine, E0500</p> <p>delivery device, A9274, E0784, S5560-S5561, S5565-S5571</p> <p>home infusion administration, S9353</p> <p>intermediate acting, S5552</p> <p>long acting, S5553</p> <p>NPH, J1815, S5552</p> <p>outpatient IV treatment, G9147</p> <p>rapid onset, S5550-S5551</p> <p>Ipratropium bromide</p> <p>administered through DME, J7644-J7645</p> <p>Iris Preventix pressure relief/reduction mattress, E0184</p> <p>Iris therapeutic overlays, E0199</p> <p>IRM ankle-foot orthotic, L1950</p> <p>Iron</p> <p>sucrose, J1756</p> <p>Irrigation/evacuation system, bowel</p> <p>control unit, E0350</p> <p>disposable supplies for, E0352</p> <p>Irrigation supplies, A4320, A4322, A4355, A4397-A4400</p> <p>Surfit</p> <p>irrigation sleeve, A4397</p> <p>night drainage container set, A5102</p>	<p>Irrigation supplies — <i>continued</i></p> <p>Visi-flow irrigator, A4398, A4399</p> <p>Islet cell transplant</p> <p>laparoscopy, G0342</p> <p>laparotomy, G0343</p> <p>percutaneous, G0341</p> <p>Isoal, enteral nutrition, B4150</p> <p>HCN, B4152</p> <p>Isoetharine</p> <p>inhalation solution</p> <p>concentrated, J7647</p> <p>unit dose, J7649-J7650</p> <p>Isolates, B4150, B4152</p> <p>Isoproterenol HCl</p> <p>administered through DME, J7657-J7660</p> <p>Isosulfan blue, Q9968</p> <p>Isoletin, enteral nutrition, B4153</p> <p>IV, G0459</p> <p>administration set, non-PVC, S1016</p> <p>infusion, OPPS, C8957</p> <p>pole, E0776, K0105</p> <p>solution</p> <p>5% dextrose/normal saline, J7042</p> <p>10% LMD, J7100</p> <p>D-5-W, J7070</p> <p>dextran, J7100, J7110</p> <p>Gentran, J7100, J7110</p> <p>normal saline, A4217, J7030-J7040, J7050</p> <p>Rheomacrodex, J7100</p> <p>Ringer's lactate, J7120</p> <p>tubing extension set, S1015</p> <p>J</p> <p>Jace tribrace, L1832</p> <p>Jacket</p> <p>scoliosis, L1300, L1310</p> <p>J-cell battery, replacement for blood glucose monitor, A4234</p> <p>Jejunostomy tube, B4087-B4088</p> <p>Joint device, C1776</p> <p>transcutaneous electrical stimulation, E0762</p> <p>K</p> <p>Kaltostat, alginate dressing, A6196-A6199</p> <p>Kartop Patient Lift, toilet or bathroom (<i>see also</i> Lift), E0625</p> <p>Keramatrix skin substitute, Q4165</p> <p>Keratotomy photorefractive, S0810</p> <p>Keratoprosthesis, C1818</p> <p>Keto-Diastix, box of 100 glucose/ketone urine test strips, A4250</p> <p>Key-Pred</p> <p>-25,-50, J2650</p> <p>Kidney</p> <p>ESRD supply, A4651-A4913</p> <p>system, E1510</p> <p>wearable artificial, E1632</p> <p>Kingsley gloves, above hands, L6890</p> <p>Kits</p> <p>asthma, S8097</p> <p>enteral feeding supply (syringe) (pump) (gravity), B4034-B4036</p> <p>fistula cannulation (set), A4730</p> <p>parenteral nutrition, B4220-B4224</p> <p>surgical dressing (tray), A4550</p> <p>tracheostomy, A4625</p> <p>Knee</p> <p>Adjustabrace 3, L2999</p> <p>disarticulation, prosthesis, L5150-L5160, L5312</p> <p>extension/flexion device, E1812</p> <p>functional status residual score, G8647</p> <p>immobilizer, L1830</p> <p>joint, miniature, L5826</p> <p>Knee-O-Prene Hinged Wraparound Knee Support, L1810</p> <p>locks, L2405-L2425</p> <p>Masterbrace 3, L2999</p> <p>Masterhinge Adjustabrace 3, L2999</p> <p>orthotic (KO), E1810, K0901-K0902, K0901-K0902, L1810, L1820, L1830-L1860</p> <p>Knee-O-Prene Hinged Knee Sleeve, L1810</p> <p>Knee-O-Prene Hinged Wraparound Knee Support, L1810</p>
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Knee Support

2017 HCPCS Level II

Knee Support, L2000-L2038, L2126-L2136
KnitRite
 prosthetic
 sheath, L8400-L8415
 sock, L8420-L8435
 stump sock, L8470-L8485
K-Y Lubricating Jelly, A4332, A4402
Kyphosis pad, L1020, L1025

L

Laboratory tests
 chemistry, P2028-P2038
 miscellaneous, Q0111-Q0115
Labor care (not resulting in delivery), S4005
Lacrimal duct implant
 permanent, A4263
 temporary, A4262
Lancet, A4258, A4259
Laparoscopy, surgical
 esophagomyotomy, S2079
Laryngectomy
 tube, A7520-A7522
Laryngoscopy
 with vocal cord injection, C9742
Larynx, artificial, L8500
Laser
 application, S8948
 assisted uvulopalatoplasty (LAUP), S2080
 in situ keratomileusis, S0800
 myringotomy, S2225
Laser skin piercing device, for blood collection, E0620
 replacement lens, A4257
LAUP, S2080
Lead
 adaptor
 neurostimulator, C1883
 pacing, C1883
 cardioverter, defibrillator, C1777, C1895, C1896
 environmental, home evaluation, T1029
 neurostimulator, C1778
 neurostimulator/test kit, C1897
 pacemaker, C1779, C1898, C1899
 ventricular, C1900
Leg
 bag, A4358, A5112
 extensions for walker, E0158
 Nextep Contour Lower Leg Walker, L2999
 Nextep Low Silhouette Lower Leg Walkers, L2999
 rest, elevating, K0195
 rest, wheelchair, E0990
 strap, A5113, A5114, K0038, K0039
Legg Perthes orthotic, A4565, L1700-L1755
Lens
 aniseikonic, V2118, V2318
 contact, V2500-V2599
 deluxe feature, V2702
 eye, S0504-S0508, S0580-S0590, S0596, V2100-V2615, V2700-V2799
 intraocular, C1780, C1840, V2630-V2632
 low vision, V2600-V2615
 mirror coating, V2761
 occupational multifocal, V2786
 polarization, V2762
 polycarbonate, V2784
 progressive, V2781
 skin piercing device, replacement, A4257
 telescopic, C1840
 tint, V2744
 addition, V2745
Lenticular lens
 bifocal, V2221
 single vision, V2121
 trifocal, V2321
Lerman Minerva spinal orthotic, L0174
Lesion
 destruction, G0186
Leukocyte
 poor blood, each unit, P9016
Levine, stomach tube, B4087-B4088
Levonorgestrel, contraceptive implants and supplies, J7297-J7298, J7301, J7306
Lice infestation treatment, A9180
Lifescan lancets, box of 100, A4259

Lifeland manual wheelchair, K0009
Lifestyle modification program, coronary heart disease, S0340-S0342
Lift
 combination, E0637
 patient, and seat, E0621-E0635
 Hoyer
 Home Care, E0621
 Partner All-Purpose, hydraulic, E0630
 Partner Power Multifunction, E0625
 shoe, L3300-L3334
 standing frame system, E0638
Lift-Aid patient lifts, E0621
Light box, E0203
Lispro insulin, S5551
Lithium battery for blood glucose monitor, A4233-A4236
Lithotripsy, gallstones, S9034
Little Ones
 drainable pouch, A5063
 mini-pouch, A5054
 one-piece custom drainable pouch, A5061
 one-piece custom urostomy pouch, A5071
 pediatric belt, A4367
 pediatric urine collector, A4335
 urostomy pouch, transparent, A5073
Lively, knee-ankle-foot orthotic, L2038
Lobectomy, lung, donor, S2061
Lodging
 recipient, escort nonemergency transport, A0180, A0200
 transplant-related, S9975
 NOS, S9976
Lomustine, S0178
Lonacac powder, enteral nutrition, B4150
Lower limb, prosthesis, addition, L5968
Low osmolar contrast
 100-199 mgs iodine, Q9965
 200-299 mgs iodine, Q9966
 300-399 mgs iodine, Q9967
 400 or greater mgs iodine, Q9951
LPN services, T1003
Lubricant, A4332, A4402
Lumbar
 orthotic, L0625-L0627
 pad, L1030, L1040
 sacral orthotic (LSO), L0628-L0640
Lung biopsy plug, C2613
Lung volume reduction surgery services, G0302-G0305
LVRs services, G0302-G0305
Lymphedema therapy, S8950

M




Madamist II medication compressor/nebulizer, E0570
Magnacal, enteral nutrition, B4152
Magnetic
 resonance angiography, C8900, C8901-C8914, C8918-C8920, C8931-C8936
 resonance cholangiopancreatography, S8037
 resonance imaging, low field, S8042
 source imaging, S8035
Maintenance contract, ESRD, A4890
Male erection system, L7900
Malibu cervical turtleneck safety collar, L0150
Mammography, G0202-G0206
Management
 disease, S0316-S0317
Mapping
 topographic brain, S8040
 vessels, G0365
Marker
 tissue, A4648
Mask
 burn compression, A6513
 CPAP, A7027
 oxygen, A4620
 surgical, for dialysis, A4928
Mastectomy
 bra, L8002
 camisole, S8460
 form, L8020

Mastectomy — continued
 prosthesis, L8000-L8039, L8600
 sleeve, L8010
Masterbrace 3, L2999
Masterfoot Walking Cast Sole, L3649
Masterhinge Adjustabrace 3, L2999
Masterhinge Elbow Brace 3, L3999
Masterhinge Hip Hinge 3, L2999
Masterhinge Shoulder Brace 3, L3999
Masters 2 step, S3904
Mattress
 air pressure, E0186, E0197
 alternating pressure, E0277
 pad, Bio Flote, E0181
 pad, KoalaKair, E0181
 AquaPedic Sectional, E0196
 decubitus care, E0196
 dry pressure, E0184
 flotation, E0184
 gel pressure, E0196
 hospital bed, E0271, E0272
 non-powered, pressure reducing, E0373
 Iris Preventix pressure relief/reduction, E0184
 Overlay, E0371-E0372
 pressure reducing, E0181
 TenderFlor II, E0187
 TenderGel II, E0196
 water pressure, E0187, E0198
 powered, pressure reducing, E0277
MCP, multi-axial rotation unit, L5986
MCT Oil, enteral nutrition, B4155
Meals
 adults in treatment, T1010
 per diem NOS, S9977
Measures group
 general surgery, G9235, G9237
 HIV/AIDS, G8491, G8500
 optimizing patient exposure to ionizing radiation, G9236, G9238
 total knee replacement, G9233-G9234
Mechanical
 hand, L6708-L6709
 hook, L6706-L6707
 wound suction, A9272
Medialization material for vocal cord, C1878
Medical and surgical supplies, A4206-A6404
Medical conference, S0220-S0221
Medical food, S9435
Medical home program, S0280-S0281
Medical records copying fee, S9981-S9982
Medical visit, G0463, G9246-G9247
Medicare “welcome”
 ECG, G0403-G0405
 physical, G0402
Medication management device, T1505
Medication services
 comprehensive, H2010
 reminder, S5185
Medi-Jector injection device, A4210
MediSense 2 Pen blood glucose monitor, E0607
Medralone
 40, J1030
 80, J1040
Menotropins, S0122
Mental health
 assessment, H0031
 education, G0177
 hospitalization, H0035
 peer services, H0038
 self-help, H0038
 service plan, H0032
 services, NOS, H0046
 supportive treatment, H0026-H0037
 training, G0177
Meritene, enteral nutrition, B4150
 powder, B4150
MESA, S4028
Mesh, C1781
Metabolism error, food supplement, S9434
Metacarpophalangeal joint prosthesis, L8630
Metatarsal joint, prosthetic implant, L8641
Meter, bath conductivity, dialysis, E1550
Methylene blue injection, Q9968

Methylprednisolone
 acetate, J1020-J1040
 oral, J7509
 sodium succinate, J2920, J2930
Meunster Suspension, socket prosthesis, L6110
Microbiology test, P7001
Microcapillary tube, A4651
 sealant, A4652
Micro-Fine
 disposable insulin syringes, up to 1 cc, per syringe, A4206
 lancets, box of 100, A4259
Microlipids, enteral nutrition, B4155
Mileage, ambulance, A0380, A0390
Milk, breast
 processing, T2101
Milwaukee spinal orthotic, L1000
Minerva, spinal orthotic, L0700, L0710
Mini-bus, nonemergency transportation, A0120
Minimed
 3 cc syringe, A4232
 506 insulin pump, E0784
 insulin infusion set with bent needle wings, each, A4231
 Sof-Set 24” insulin infusion set, each, A4230
Mitotic rate, G9292-G9294
Mobilite hospital beds, E0293, E0295, E0297
Moducal, enteral nutrition, B4155
Moisture exchanger for use with invasive mechanical ventilation, A4483
Moisturizer, skin, A6250
Monitor
 apnea, E0618
 blood glucose, E0607
 Accu-Check, E0607
 Tracer II, E0607
 blood pressure, A4670
 device, A9279
 pacemaker, E0610, E0615
 ultrafiltration, S9007
Monoject disposable insulin syringes, up to 1 cc, per syringe, A4206
Monojector lancet device, A4258
Morcellator, C1782
Mouthpiece (for respiratory equipment), A4617
MRCP, S8037
MRI
 contrast material, A9576-A9579, Q9954
 low field, S8042
Mucoprotein, blood, P2038
Mucus trap, S8210
Multidisciplinary services, children, T1026
Multifetal pregnancy reduction, ultrasound guidance, S8055
Multiple post collar, cervical, L0180-L0200
Multipositional patient support system, E0636
Muscular dystrophy, genetic test, S3853
Myotonic muscular dystrophy, genetic test, S3853
Myringotomy, S2225














N

Nail trim, G0127, S0390
Narrowing device, wheelchair, E0969
Nasal
 application device (for CPAP device), A7032-A7034
 endoscopy, S2342
 vaccine inhalation, J3530
Nasogastric tubing, B4081, B4082
Nebulizer, E0570-E0585
 aerosol mask, A7015
 aerosols, E0580
 AirLife Brand Misty-Neb, E0580
 Power-Mist, E0580
 Up-Draft Neb-U-Mist, E0580
 Up-Mist hand-held nebulizer, E0580
 compressor, with, E0570
 Madamist II medication compressor/nebulizer, E0570
 Pulmo-Aide compressor/nebulizer, E0570

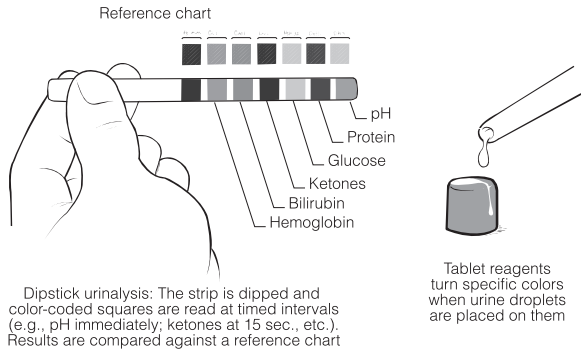
- A4236** Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each    (NU)


























CMS: 100-4,23,60.3
























Other Supplies

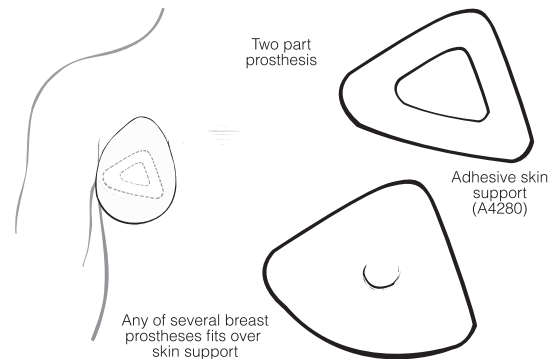
- A4244** Alcohol or peroxide, per pint  
- A4245** Alcohol wipes, per box  
- A4246** Betadine or pHisoHex solution, per pint  
- A4247** Betadine or iodine swabs/wipes, per box  
- A4248** Chlorhexidine containing antiseptic, 1 ml   
- A4250** Urine test or reagent strips or tablets (100 tablets or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





















CMS: 100-2,15,110





- A4252** Blood ketone test or reagent strip, each  
- A4253** Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips    (NU)
- Medicare covers glucose strips for diabetic patients using home glucose monitoring devices prescribed by their physicians.
- CMS: 100-4,23,60.3
- A4255** Platforms for home blood glucose monitor, 50 per box    
- 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   (KL)
- Some Medicare contractors cover calibration solutions or chips for diabetic patients using home glucose monitoring devices prescribed by their physicians. Some commercial payers also provide this coverage to noninsulin dependent diabetics.
- CMS: 100-4,23,60.3
- A4257** Replacement lens shield cartridge for use with laser skin piercing device, each   
- AHA: 1Q, '02, 5
- A4258** Spring-powered device for lancet, each    (KL)
- Some Medicare contractors cover lancet devices for diabetic patients using home glucose monitoring devices prescribed by their physicians. Medicare jurisdiction: DME regional contractor. Some commercial payers also provide this coverage to noninsulin dependent diabetics.
- CMS: 100-4,23,60.3
- A4259** Lancets, per box of 100    (KL)
- Medicare covers lancets for diabetic patients using home glucose monitoring devices prescribed by their physicians. Medicare jurisdiction: DME regional contractor. Some commercial payers also provide this coverage to noninsulin dependent diabetics.
- CMS: 100-4,23,60.3
- A4261** Cervical cap for contraceptive use  
- A4262** Temporary, absorbable lacrimal duct implant, each   
- Always report concurrent to the implant procedure.

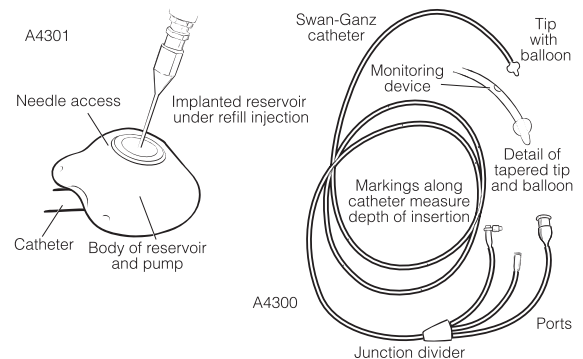
- A4263** Permanent, long-term, nondissolvable lacrimal duct implant, each   
- Always report concurrent to the implant procedure.
- A4264** Permanent implantable contraceptive intratubal occlusion device(s) and delivery system  
- A4265** Paraffin, per pound   
- A4266** Diaphragm for contraceptive use  
- A4267** Contraceptive supply, condom, male, each  
- A4268** Contraceptive supply, condom, female, each  
- A4269** Contraceptive supply, spermicide (e.g., foam, gel), each  
- A4270** Disposable endoscope sheath, each   
- A4280** Adhesive skin support attachment for use with external breast prosthesis, each    



- A4281** Tubing for breast pump, replacement   
- A4282** Adapter for breast pump, replacement   
- A4283** Cap for breast pump bottle, replacement   
- A4284** Breast shield and splash protector for use with breast pump, replacement   
- A4285** Polycarbonate bottle for use with breast pump, replacement   
- A4286** Locking ring for breast pump, replacement   
- A4290** Sacral nerve stimulation test lead, each  
- CMS: 100-4,32,40.1
- AHA: 1Q, '02, 9

Vascular Catheters and Drug Delivery Systems

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



- A4301** Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)  

- E0165 Commode chair, mobile or stationary, with detachable arms** Y B (RR)
Medicare covers commodes for patients confined to their beds or rooms, for patients without indoor bathroom facilities, and to patients who cannot climb or descend the stairs necessary to reach the bathrooms in their homes.
- E0167 Pail or pan for use with commode chair, replacement only** Y B (NU,RR,UE)
Medicare covers commodes for patients confined to their beds or rooms, for patients without indoor bathroom facilities, and to patients who cannot climb or descend the stairs necessary to reach the bathrooms in their homes.
- E0168 Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each** Y B C (NU,RR,UE)
- E0170 Commode chair with integrated seat lift mechanism, electric, any type** Y B (RR)
- E0171 Commode chair with integrated seat lift mechanism, nonelectric, any type** Y B (RR)
- E0172 Seat lift mechanism placed over or on top of toilet, any type** E
- E0175 Footrest, for use with commode chair, each** Y B C (NU,RR,UE)

Decubitus Care Equipment

- E0181 Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty** Y B (RR)
For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.
- E0182 Pump for alternating pressure pad, for replacement only** Y B (RR)
For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.
- E0184 Dry pressure mattress** Y B (NU,RR,UE)
For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.
- E0185 Gel or gel-like pressure pad for mattress, standard mattress length and width** Y B (NU,RR,UE)
For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.
- E0186 Air pressure mattress** Y B (RR)
For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.
- E0187 Water pressure mattress** Y B (RR)
For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.
- E0188 Synthetic sheepskin pad** Y B (NU,RR,UE)
For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.
- E0189 Lambswool sheepskin pad, any size** Y B (NU,RR,UE)
For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.
- E0190 Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories** E
- E0191 Heel or elbow protector, each** Y B C (NU,RR,UE)
- E0193 Powered air flotation bed (low air loss therapy)** Y B (RR)
CMS: 100-4,23,60.3
- E0194 Air fluidized bed** Y B (RR)
An air fluidized bed is covered by Medicare if the patient has a stage 3 or stage 4 pressure sore and, without the bed, would require institutionalization. For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.

- E0196 Gel pressure mattress** Y B (RR)
Medicare covers pads if physicians supervise their use in patients who have decubitus ulcers or susceptibility to them. For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.
- E0197 Air pressure pad for mattress, standard mattress length and width** Y B (NU,RR,UE)
Medicare covers pads if physicians supervise their use in patients who have decubitus ulcers or susceptibility to them. For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.
- E0198 Water pressure pad for mattress, standard mattress length and width** Y B (RR)
Medicare covers pads if physicians supervise their use in patients who have decubitus ulcers or susceptibility to them. For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.
- E0199 Dry pressure pad for mattress, standard mattress length and width** Y B (NU,RR,UE)
Medicare covers pads if physicians supervise their use in patients who have decubitus ulcers or susceptibility to them. For Medicare coverage, a detailed written order must be received by the supplier before a claim is submitted.

Heat/Cold Application

- E0200 Heat lamp, without stand (table model), includes bulb, or infrared element** Y B (NU,RR,UE)
- E0202 Phototherapy (bilirubin) light with photometer** Y B (RR)
- E0203 Therapeutic lightbox, minimum 10,000 lux, table top model** E
- E0205 Heat lamp, with stand, includes bulb, or infrared element** Y B (NU,RR,UE)
- E0210 Electric heat pad, standard** Y B (NU,RR,UE)
- E0215 Electric heat pad, moist** Y B (NU,RR,UE)
- E0217 Water circulating heat pad with pump** Y B (NU,RR,UE)
- E0218 Water circulating cold pad with pump** Y
- E0221 Infrared heating pad system** Y
AHA: 1Q, '02, 5
- E0225 Hydrocollator unit, includes pads** Y B (NU,RR,UE)
- E0231 Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover** E
AHA: 1Q, '02, 5
- E0232 Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover** E
AHA: 1Q, '02, 5
- E0235 Paraffin bath unit, portable (see medical supply code A4265 for paraffin)** Y B (RR)
- E0236 Pump for water circulating pad** Y B (RR)
- E0239 Hydrocollator unit, portable** Y B (NU,RR,UE)














Bath and Toilet Aids

- E0240 Bath/shower chair, with or without wheels, any size** E
- E0241 Bathtub wall rail, each** E C
- E0242 Bathtub rail, floor base** E
- E0243 Toilet rail, each** E C
- E0244 Raised toilet seat** E
- E0245 Tub stool or bench** E
- E0246 Transfer tub rail attachment** E

















G9011	Coordinated care fee, risk adjusted maintenance, Level 5	B
G9012	Other specified case management service not elsewhere classified	B
Demonstration Project		
G9013	ESRD demo basic bundle Level I	E
G9014	ESRD demo expanded bundle including venous access and related services	E
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only]	E ✓ PQ
	CMS: 100-3,210.4	
G9017	Amantadine HCl, oral, per 100 mg (for use in a Medicare-approved demonstration project)	A ✓ PQ
G9018	Zanamivir, inhalation powder, administered through inhaler, per 10 mg (for use in a Medicare-approved demonstration project)	A ✓ PQ
G9019	Oseltamivir phosphate, oral, per 75 mg (for use in a Medicare-approved demonstration project)	A ✓ PQ
G9020	Rimantadine HCl, oral, per 100 mg (for use in a Medicare-approved demonstration project)	A ✓ PQ
G9033	Amantadine HCl, oral brand, per 100 mg (for use in a Medicare-approved demonstration project)	A ✓ PQ
G9034	Zanamivir, inhalation powder, administered through inhaler, brand, per 10 mg (for use in a Medicare-approved demonstration project)	A ✓ PQ
G9035	Oseltamivir phosphate, oral, brand, per 75 mg (for use in a Medicare-approved demonstration project)	A ✓ PQ
G9036	Rimantadine HCl, oral, brand, per 100 mg (for use in a Medicare-approved demonstration project)	A ✓ PQ
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)	E PQ
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer-directed therapy or managing consequences of cancer-directed therapy (for use in a Medicare-approved demonstration project)	E PQ
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	E PQ
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer-directed therapy is being administered or arranged at present; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	E PQ
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)	E PQ
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	E PQ
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	E PQ

G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board-approved clinical trial (for use in a Medicare-approved demonstration project)	E PQ
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	E PQ
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)	E PQ
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)	E PQ
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	E PQ
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	E PQ
G9063	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage I (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	M PQ
G9064	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage II (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	M PQ
G9065	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage III a (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	M PQ
G9066	Oncology; disease status; limited to nonsmall cell lung cancer; Stage III B-IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	M PQ
G9067	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	M PQ
G9068	Oncology; disease status; limited to small cell and combined small cell/nonsmall cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	M PQ
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall cell; extensive Stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	M PQ
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	M PQ



















J2560	Injection, phenobarbital sodium, up to 120 mg	N NI ✓
J2562	Injection, plerixafor, 1 mg Use this code for Mozobil.	K K2 ✓
J2590	Injection, oxytocin, up to 10 units Use this code for Pitocin, Syntocinon.	N NI ✓
J2597	Injection, desmopressin acetate, per 1 mcg Use this code for DDAVP.	K K2 ✓
J2650	Injection, prednisolone acetate, up to 1 ml	N NI ✓
J2670	Injection, tolazoline HCl, up to 25 mg	K K2 ✓
J2675	Injection, progesterone, per 50 mg Use this code for Gesterone, Gestrin.	N NI
J2680	Injection, fluphenazine decanoate, up to 25 mg	N NI ✓
J2690	Injection, procainamide HCl, up to 1 g Use this code for Pronestyl.	N NI ✓
J2700	Injection, oxacillin sodium, up to 250 mg Use this code for Bactocill	N NI ✓
J2704	Injection, propofol, 10 mg Use this code for Diprivan. AHA: 1Q, '15, 6	N NI
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg Use this code for Prostigmin.	N NI ✓
J2720	Injection, protamine sulfate, per 10 mg	N NI ✓
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	K K2
J2725	Injection, protirelin, per 250 mcg Use this code for Thyrel TRH.	E ✓
J2730	Injection, pralidoxime chloride, up to 1 g Use this code for Protopam Chloride.	K K2 ✓
J2760	Injection, phentolamine mesylate, up to 5 mg Use this code for Regitine.	K K2 ✓
J2765	Injection, metoclopramide HCl, up to 10 mg Use this code for Reglan.	N NI ✓
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350) Use this code for Synercid.	K K2 ✓
J2778	Injection, ranibizumab, 0.1 mg Use this code for Lucentis. AHA: 1Q, '08, 6	K K2 ✓
J2780	Injection, ranitidine HCl, 25 mg Use this code for Zantac.	N NI ✓
J2783	Injection, rasburicase, 0.5 mg Use this code for Elitek. AHA: 2Q, '05, 11; 2Q, '04, 8	K K2 ✓
J2785	Injection, regadenoson, 0.1 mg Use this code for Lexiscan.	N NI ✓
J2788	Injection, Rho D immune globulin, human, minidose, 50 mcg (250 i.u.) Use this code for RhoGam, MiCRhoGAM.	N NI ✓
J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.) Use this code for RhoGam, HypRho SD.	N NI ✓
J2791	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU Use this for Rhophylac. AHA: 1Q, '08, 6	K K2
J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU Use this code for WINRho SDF.	K K2 ✓
J2793	Injection, rilonacept, 1 mg Use this code for Arcalyst.	K K2 ✓
J2794	Injection, risperidone, long acting, 0.5 mg Use this code for Risperidal Consta Long Acting. AHA: 2Q, '05, 11; 1Q, '05, 7, 9-10	K K2 ✓
J2795	Injection, ropivacaine HCl, 1 mg Use this code for Naropin.	N NI ✓
J2796	Injection, romiplostim, 10 mcg Use this code for Nplate.	K K2 ✓
J2800	Injection, methocarbamol, up to 10 ml Use this code for Robaxin.	N NI ✓
J2805	Injection, sincalide, 5 mcg Use this code for Kinevac. AHA: 4Q, '05, 1-6	N NI
J2810	Injection, theophylline, per 40 mg	N NI ✓
J2820	Injection, sargramostim (GM-CSF), 50 mcg Use this code for Leukine.	K K2 ✓
J2850	Injection, secretin, synthetic, human, 1 mcg	K K2 ✓
J2860	Injection, siltuximab, 10 mg Use this code for Sylvant.	
J2910	Injection, aurothioglucose, up to 50 mg Use this code for Solganal.	N NI ✓
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg CMS: 100-3,110.10	N NI ✓
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg Use this code for Solu-Medrol, A-methaPred.	N NI ✓
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg Use this code for Solu-Medrol, A-methaPred.	N NI ✓
J2940	Injection, somatrem, 1 mg Use this code for Protropin. AHA: 2Q, '02, 8-9; 1Q, '02, 5	E ✓
J2941	Injection, somatropin, 1 mg Use this code for Humatrope, Genotropin Nutropin, Biotropin, Genotropin, Genotropin Miniquick, Norditropin, Nutropin, Nutropin AQ, Saizen, Saizen Somatropin RDNA Origin, Serostim, Serostim RDNA Origin, Zorbtive. AHA: 2Q, '02, 8-9; 1Q, '02, 5	K K2 ✓
J2950	Injection, promazine HCl, up to 25 mg Use this code for Sparine, Prozine-50.	N NI ✓
J2993	Injection, reteplase, 18.1 mg Use this code for Retavase.	K K2 ✓
J2995	Injection, streptokinase, per 250,000 IU Use this code for Streptase.	N NI ✓
J2997	Injection, alteplase recombinant, 1 mg Use this code for Activase, Cathflo. AHA: 1Q, '14, 4	K K2 ✓
J3000	Injection, streptomycin, up to 1 g Use this code for Streptomycin Sulfate.	N NI ✓
J3010	Injection, fentanyl citrate, 0.1 mg Use this code for Sublimaze.	N NI ✓

L3251	Foot, shoe molded to patient model, silicone shoe, each	 
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	 
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	 
L3254	Nonstandard size or width	
L3255	Nonstandard size or length	
L3257	Orthopedic footwear, additional charge for split size	
L3260	Surgical boot/shoe, each	 
L3265	Plastazote sandal, each	 


















Shoe Modification - Lifts

L3300	Lift, elevation, heel, tapered to metatarsals, per in	  
L3310	Lift, elevation, heel and sole, neoprene, per in	  
L3320	Lift, elevation, heel and sole, cork, per in	 
L3330	Lift, elevation, metal extension (skate)	 
L3332	Lift, elevation, inside shoe, tapered, up to one-half in	  
L3334	Lift, elevation, heel, per in	  

















Shoe Modification - Wedges







L3340	Heel wedge, SACH	 
L3350	Heel wedge	 
L3360	Sole wedge, outside sole	 
L3370	Sole wedge, between sole	 
L3380	Clubfoot wedge	 
L3390	Outflare wedge	 
L3400	Metatarsal bar wedge, rocker	 
L3410	Metatarsal bar wedge, between sole	 
L3420	Full sole and heel wedge, between sole	 

Shoe Modifications - Heels












L3430	Heel, counter, plastic reinforced	 
L3440	Heel, counter, leather reinforced	 
L3450	Heel, SACH cushion type	 
L3455	Heel, new leather, standard	 
L3460	Heel, new rubber, standard	 
L3465	Heel, Thomas with wedge	 
L3470	Heel, Thomas extended to ball	 
L3480	Heel, pad and depression for spur	 
L3485	Heel, pad, removable for spur	

Miscellaneous Shoe Additions

L3500	Orthopedic shoe addition, insole, leather	 
L3510	Orthopedic shoe addition, insole, rubber	 
L3520	Orthopedic shoe addition, insole, felt covered with leather	 
L3530	Orthopedic shoe addition, sole, half	 
L3540	Orthopedic shoe addition, sole, full	 
L3550	Orthopedic shoe addition, toe tap, standard	 
L3560	Orthopedic shoe addition, toe tap, horseshoe	 
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	 














L3580	Orthopedic shoe addition, convert instep to Velcro closure	 
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	 
L3595	Orthopedic shoe addition, March bar	 

Transfer or Replacement


L3600	Transfer of an orthotic from one shoe to another, caliper plate, existing	 
L3610	Transfer of an orthotic from one shoe to another, caliper plate, new	 
L3620	Transfer of an orthotic from one shoe to another, solid stirrup, existing	 
L3630	Transfer of an orthotic from one shoe to another, solid stirrup, new	 
L3640	Transfer of an orthotic from one shoe to another, Dennis Browne splint (Riveton), both shoes	 
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	

Determine if an alternative HCPCS Level II or a CPT code better describes the service being reported. This code should be used only if a more specific code is unavailable.











Shoulder Orthotic (SO)

L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf	 
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	 
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	 
L3671	Shoulder orthotic (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	 
L3674	Shoulder orthotic, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	 
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	 
L3677	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	

AHA: 1Q, '02, 5











































L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	
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Elbow Orthotic (EO)

L3702	Elbow orthotic (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	 
L3710	Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf	 
L3720	Elbow orthotic (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	 
L3730	Elbow orthotic (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	 
L3740	Elbow orthotic (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	 

Q0507

2017 HCPCS Level II

Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device CMS: 100-4,32,320.3.5	 
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device CMS: 100-4,32,320.3.5	 
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A CMS: 100-4,32,320.3.5	 
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	
Q0511	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for the first prescription in a 30-day period	
Q0512	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	
Q0515	Injection, sermorelin acetate, 1 mcg	 
Q1004	New technology, intraocular lens, category 4 as defined in Federal Register notice	
Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice	
Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml	  
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent <i>Use this code for Cerebyx.</i>	  
Q2017	Injection, teniposide, 50 mg <i>Use this code for Vumon.</i>	  
Q2026	Injection, Radiesse, 0.1 ml CMS: 100-04,32,260.2.1; 100-3,250.5; 100-4,32,260.1; 100-4,32,260.2.2	 
Q2028	Injection, sculptra, 0.5 mg CMS: 100-4,32,260.2.2 AHA: 1Q, '14, 7	 
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agrimflu) CMS: 100-4,18,10.1.2 AHA: 3Q, '12, 10	 
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA) CMS: 100-2,15,50.4.4.2; 100-4,18,10.1.2	  
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL) CMS: 100-2,15,50.4.4.2; 100-4,18,10.1.2	  
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN) CMS: 100-2,15,50.4.4.2; 100-4,18,10.1.2	  
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) CMS: 100-2,15,50.4.4.2; 100-4,18,10.1.2	  

Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified) CMS: 100-2,15,50.4.4.2; 100-4,18,10.1.2	  
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion <i>Use this code for PROVENGE.</i> CMS: 100-3,1,110.22; 100-3,110.22; 100-4,32,280.1; 100-4,32,280.2; 100-4,32,280.4; 100-4,32,280.5 AHA: 2Q, '12, 7; 3Q, '11, 9	   
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg AHA: 3Q, '12, 10	  
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg AHA: 4Q, '13, 9, 11; 3Q, '13, 10	   
Q2052	Services, supplies and accessories used in the home under the Medicare intravenous immune globulin (IVIG) demonstration AHA: 2Q, '14, 8	
Q3001	Radioelements for brachytherapy, any type, each	  
Q3014	Telehealth originating site facility fee CMS: 100-4,12,190.6	 
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use <i>Use this code for Avonex.</i> AHA: 1Q, '14, 7	  
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use <i>Use this code for Rebif.</i>	 
Q3031	Collagen skin test	 
Q4001	Casting supplies, body cast adult, with or without head, plaster CMS: 100-4,20,170 AHA: 2Q, '02, 1-3	  
Q4002	Cast supplies, body cast adult, with or without head, fiberglass CMS: 100-4,20,170 AHA: 2Q, '02, 1-3	  
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster CMS: 100-4,20,170 AHA: 2Q, '02, 1-3	  
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass CMS: 100-4,20,170 AHA: 2Q, '02, 1-3	  
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster CMS: 100-4,20,170 AHA: 2Q, '02, 1-3	  
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass CMS: 100-4,20,170 AHA: 2Q, '02, 1-3	  
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster CMS: 100-4,20,170 AHA: 2Q, '02, 1-3	  

Special Coverage Instructions

Noncovered by Medicare

Carrier Discretion

 Quantity Alert ● New Code ○ Recycled/Reinstated ▲ Revised Code

Drug Name	Unit Per	Route	Code
FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN)	1 IU	IV	J7180
FACTOR XIII A-SUBUNIT (RECOMBINANT)	10 IU	IV	J7181
FACTREL	100 MCG	SC, IV	J1620
FAMOTIDINE	20 MG	IV	S0028
FASLODEX	25 MG	IM	J9395
FDG	STUDY DOSE UP TO 45 MCI	IV	A9552
FEIBA-VH AICC	1 IU	IV	J7198
FENTANYL CITRATE	0.1 MG	IM, IV	J3010
FERAHEME (FOR ESRD)	1 MG	IV	Q0139
FERAHEME (NON-ESRD)	1 MG	IV	Q0138
FERIDEX IV	1 ML	IV	Q9953
FERRIC CARBOXYMALTOSE	1 MG	IV	J1439
FERRIC CARBOXYMALTOSE	1 MG	IV	Q9970
FERRIC PYROPHOSPHATE-CITRATE	0.1 MG	IV	Q9976
FERRIC PYROPHOSPHATE CITRATE SOLUTION	0.1 MG	IV	J1443
FERRLECIT	12.5 MG	IV	J2916
FERTINEX	75 IU	SC	J3355
FERUMOXYTOL (FOR ESRD)	1 MG	IV	Q0139
FERUMOXYTOL (NON-ESRD)	1 MG	IV	Q0138
FIBRIN SEALANT (HUMAN)	2 ML	OTH	C9250
FILGRASTIM	1 MCG	SC, IV	J1442
FILGRASTIM (G-CSF), BIOSIMILAR	1 MCG	SC, IV	Q5101
FINASTERIDE	5 MG	ORAL	S0138
FIRAZYR	1 MG	SC	J1744
FIRMAGON	1 MG	SC	J9155
FLAGYL	500 MG	IV	S0030
FLEBOGAMMA	500 MG	IV	J1572
FLEXHD	SQ CM	OTH	Q4128
FLEXON	60 MG	IV, IM	J2360
FLOLAN	0.5 MG	IV	J1325
FLOWABLE WOUND MATRIX	0.5 CC	OTH	Q4162
FLOXIN IV	400 MG	IV	S0034
FLOXURIDINE	500 MG	IV	J9200
FLUCONAZOLE	200 MG	IV	J1450
FLUDARA	50 MG	IV	J9185
FLUDARABINE PHOSPHATE	50 MG	IV	J9185
FLUDARABINE PHOSPHATE	10 MG	ORAL	J8562
FLUDEOXYGLUCOSE F18	STUDY DOSE UP TO 45 MCI	IV	A9552
FLULAVAL	EA	IM	Q2036
FLUMADINE (DEMONSTATION PROJECT)	100 MG	ORAL	G9036

Drug Name	Unit Per	Route	Code
FLUNISOLIDE, COMPOUNDED, UNIT DOSE	1 MG	INH	J7641
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	IMPLANT	OTH	J7311
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	0.01 MG	INJ	C9450
FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	0.01 MG	OTH	J7313
FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC	STUDY DOSE UP TO 45 MCI	IV	A9552
FLUOROURACIL	500 MG	IV	J9190
FLUPHENAZINE DECANOATE	25 MG	SC, IM	J2680
FLUTAMIDE	125 MG	ORAL	S0175
FLUVIRIN	EA	IM	Q2037
FLUZONE	EA	IM	Q2038
FOLEX	5 MG	IV, IM, IT, IA	J9250
FOLEX	50 MG	IV, IM, IT, IA	J9260
FOLEX PFS	5 MG	IV, IM, IT, IA	J9250
FOLEX PFS	50 MG	IV, IM, IT, IA	J9260
FOLLISTIM	75 IU	SC, IM	S0128
FOLLITROPIN ALFA	75 IU	SC	S0126
FOLLITROPIN BETA	75 IU	SC, IM	S0128
FOLOTYN	1 MG	IV	J9307
FOMEPIZOLE	15 MG	IV	J1451
FOMIVIRSEN SODIUM	1.65 MG	OTH	J1452
FONDAPARINUX SODIUM	0.5 MG	SC	J1652
FORMOTEROL FUMERATE NONCOMPOUNDED UNIT DOSE FORM	20 MCG	INH	J7606
FORMOTEROL, COMPOUNDED, UNIT DOSE	12 MCG	INH	J7640
FORTAZ	500 MG	IM, IV	J0713
FORTEO	10 MCG	SC	J3110
FORTOVASE	200 MG	ORAL	S0140
FOSAPREPITANT	1 MG	IV	J1453
FOSCARNET SODIUM	1,000 MG	IV	J1455
FOSCAVIR	1,000 MG	IV	J1455
FOSPHENYTOIN	50 MG	IM, IV	Q2009
FOSPHENYTOIN SODIUM	750 MG	IM, IV	S0078
FRAGMIN	2,500 IU	SC	J1645
FUDR	500 MG	IV	J9200
FULVESTRANT	25 MG	IM	J9395
FUNGIZONE	50 MG	IV	J0285
FUROSEMIDE	20 MG	IM, IV	J1940
FUSILEV	0.5 MG	IV	J0641
FUZEON	1 MG	SC	J1324
GABLOFEN	50 MCG	IT	J0476
GABLOFEN	10 MG	IT	J0475
GADAVIST	0.1 ML	IV	A9585

Payment for covered durable medical equipment, orthotic and prosthetic (DMEPOS) devices and supplies provided by a CORF is based upon: the lesser of 80 percent of actual charges or the payment amount established under the DMEPOS fee schedule; or, the single payment amount established under the DMEPOS competitive bidding program, provided that payment for such an item is not included in the payment amount for other CORF services.

If there is no fee schedule amount for a covered CORF item or service, payment should be based on the lesser of 80 percent of the actual charge for the service provided or an amount determined by the local Medicare contractor.

Payment for CORF social and/or psychological services is made under the physician fee schedule only for HCPCS code G0409, as appropriate, and only when billed using revenue codes 0560, 0569, 0910, 0911, 0914 and 0919.

Payment for CORF respiratory therapy services is made under the physician fee schedule when provided by a respiratory therapist as defined at 42CFR485.70(j) and, only to the extent that these services support or are an adjunct to the rehabilitation plan of treatment, when billed using revenue codes 0410, 0412 and 0419. Separate payment is not made for diagnostic tests or for services related to physiologic monitoring services which are bundled into other respiratory therapy services appropriately performed by a respiratory therapist, such as Healthcare Common Procedure Coding System (HCPCS) codes G0237, G0238 and G0239.

Payment for CORF nursing services is made under the physician fee schedule only when provided by a registered nurse as defined at 42CFR485.70(h) for nursing services only to the extent that these services support or are an adjunct to the rehabilitation plan of treatment. In addition, payment for CORF nursing services is made only when provided by a registered nurse. HCPCS code G0128 is used to bill for these services and only with revenue codes 0550 and 0559.

For specific payment requirements for CORF, items and services see Pub. 100-04, Medicare Claims Processing Manual, Chapter 5, Part B Outpatient Rehabilitation and CORF/OPT Services.

100-2, 12, 40.5

Respiratory Therapy Services

A respiratory therapy plan of treatment is wholly established and signed by the referring physician before the respiratory therapist initiates the actual treatment.

A. Definition

Respiratory therapy services include only those services that can be appropriately provided to CORF patients by a qualified respiratory therapist, as defined at 42CFR485.70(j), under a physician-established respiratory therapy plan of treatment. The facility physician must be present in the facility for a sufficient time to provide, in accordance with accepted principles of medical practice, medical direction, medical care services and consultation. Respiratory therapy services include the physiological monitoring necessary to furnish these services. Payment for these services is bundled into the payment for respiratory therapy services and is not payable separately. Diagnostic and other medical services provided in the CORF setting are not considered CORF services, and therefore may not be included in a respiratory therapy plan of treatment because these are covered under separate benefit categories.

The respiratory therapist assesses the patient to determine the appropriateness of pursed lip breathing activity and may check the patient's oxygen saturation level (via pulse oximetry). If appropriate, the respiratory therapist then provides the initial training in order to ensure that the patient can accurately perform the activity. The respiratory therapist may again check the patient's oxygen saturation level, or perform peak respiratory flow, or check other respiratory parameters. These types of services are considered "physiological monitoring" and are bundled into the payment for HCPCS codes G0237, G0238 and G0239. Physiological monitoring also includes the provision of a 6-minute walk test that is typically conducted before the start of the patient's respiratory therapy activities. The time to provide this walk "test" assessment is included as part of the HCPCS code G0238. When provided as part of a CORF respiratory therapy plan of treatment, payment for these monitoring activities is bundled into the payment for other services provided by the respiratory therapist, such as the three respiratory therapy specific G-codes.

B. Guidelines for Applying Coverage Criteria

There are some conditions for which respiratory therapy services may be indicated. However, respiratory therapy performed as part of a standard protocol without regard to the individual patient's actual condition, capacity for improving, and the need for such services as established, is not reasonable and medically necessary. All respiratory therapy services must meet the test of being "reasonable and medically necessary" pursuant to Sec.1862(a)(1)(A) of the Act. Determinations of medical necessity are made based on local contractor decisions on a claim-by-claim basis.

The three HCPCS codes G0237, G0238, and G0239 are specific to services provided under the respiratory therapy plan of treatment and, as such, are not designated as subject to the therapy caps.

C. Patient Education Programs

Instructing a patient in the use of equipment, breathing exercises, etc. may be considered reasonable and necessary to the patient's respiratory therapy plan of treatment and can usually be given to a patient during the course of treatment by the respiratory therapist. These educational instructions are bundled into the covered service and separate payment is not made.

100-2, 12, 40.8

Nursing Services

CORF nursing services may only be provided by an individual meeting the qualifications of a registered nurse, as defined at 42CFR485.70(h). They must relate to, or be a part of, the rehabilitation plan of treatment.

CORF nursing services must be reasonable and medically necessary and are provided as an adjunct to the rehabilitation plan of treatment. For example, a registered nurse may perform or instruct a patient, as appropriate, in the proper procedure of "in and out" urethral catheterization, tracheostomy tube suctioning, or the cleaning for ileostomy or colostomy bags.

Nursing services may not substitute for or supplant the services of physical therapists, occupational therapists, speech-language pathologists and respiratory therapists, but instead must support or further the services and goals provided in the rehabilitation plan of treatment.

CORF nursing services must be provided by a registered nurse and may only be coded as HCPCS code G0128 indicating that CORF "nursing services" were provided.

100-2, 12, 40.11

Vaccines

A CORF may provide pneumococcal pneumonia, influenza virus, and hepatitis B vaccines to its patients. While not included as a service under the CORF benefit, Medicare will make payment to the CORF for certain vaccines and their administration provided to CORF patients (CY 2008 PFS Rule 72 FR 66293).

The following three vaccinations are covered in a CORF if a physician who is a doctor of medicine or osteopathy orders it for a CORF patient:

Pneumococcal pneumonia vaccine and its administration;

Hepatitis B vaccine and its administration furnished to a beneficiary who is at high or intermediate risk of contracting hepatitis B; and

Influenza virus vaccine and its administration

Payment for covered pneumococcal pneumonia, influenza virus, and hepatitis B vaccines provided in the CORF setting is based on 95 percent of the average wholesale price. The CORF registered nurse provides administration of any of these vaccines using HCPCS codes G0008, G0009 or G0010 with payment based on CPT code 90471.

100-2, 15, 50.4.4.2

Immunizations

Vaccinations or inoculations are excluded as immunizations unless they are directly related to the treatment of an injury or direct exposure to a disease or condition, such as anti-rabies treatment, tetanus antitoxin or booster vaccine, botulin antitoxin, antivenin sera, or immune globulin. In the absence of injury or direct exposure, preventive immunization (vaccination or inoculation) against such diseases as smallpox, polio, diphtheria, etc., is not covered. However, pneumococcal, hepatitis B, and influenza virus vaccines are exceptions to this rule. (See items A, B, and C below.) In cases where a vaccination or inoculation is excluded from coverage, related charges are also not covered.

A. Pneumococcal Pneumonia Vaccinations

Effective for services furnished on or after May 1, 1981, the Medicare Part B program covers pneumococcal pneumonia vaccine and its administration when furnished in compliance with any applicable State law by any provider of services or any entity or individual with a supplier number. This includes revaccination of patients at highest risk of pneumococcal infection. Typically, these vaccines are administered once in a lifetime except for persons at highest risk. Effective July 1, 2000, Medicare does not require for coverage purposes that a doctor of medicine or osteopathy order the vaccine. Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

An initial vaccine may be administered only to persons at high risk (see below) of pneumococcal disease. Revaccination may be administered only to persons at highest risk of serious pneumococcal infection and those likely to have a rapid decline in pneumococcal antibody levels, provided that at least 5 years have [passed since the previous dose of pneumococcal vaccine.

Persons at high risk for whom an initial vaccine may be administered include all people age 65 and older; immunocompetent adults who are at increased risk of