### CPT® Modifiers

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Increased Procedural Services</td>
</tr>
<tr>
<td>23</td>
<td>Unusual Anesthesia</td>
</tr>
<tr>
<td>24</td>
<td>Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period</td>
</tr>
<tr>
<td>25</td>
<td>Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service</td>
</tr>
<tr>
<td>26</td>
<td>Professional component</td>
</tr>
<tr>
<td>27</td>
<td>Multiple Outpatient Hospital/EM Encounters on the Same Date</td>
</tr>
<tr>
<td>28</td>
<td>Mandated Services</td>
</tr>
<tr>
<td>29</td>
<td>Preventive Services</td>
</tr>
<tr>
<td>31</td>
<td>Anesthesia by Surgeon</td>
</tr>
<tr>
<td>32</td>
<td>Bilateral Procedure</td>
</tr>
<tr>
<td>33</td>
<td>Multiple Procedures</td>
</tr>
<tr>
<td>34</td>
<td>Reduced Services</td>
</tr>
<tr>
<td>35</td>
<td>Discontinued Procedure</td>
</tr>
<tr>
<td>36</td>
<td>Surgical Care Only</td>
</tr>
<tr>
<td>37</td>
<td>Postoperative Management Only</td>
</tr>
<tr>
<td>38</td>
<td>Preoperative Management Only</td>
</tr>
<tr>
<td>39</td>
<td>Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service</td>
</tr>
<tr>
<td>40</td>
<td>Postoperative Procedure or Service by the Same Physician or Other Qualified Health Care Professional</td>
</tr>
<tr>
<td>41</td>
<td>Preoperative Procedure or Service by the Same Physician or Other Qualified Health Care Professional following Initial Procedure for a Related Procedure During the Postoperative Period</td>
</tr>
<tr>
<td>42</td>
<td>Repeat Procedure or Service by the Same Physician or Other Qualified Health Care Professional during the Postoperative Period</td>
</tr>
<tr>
<td>43</td>
<td>Assistant Surgeon</td>
</tr>
<tr>
<td>44</td>
<td>Minimum Assistant Surgeon</td>
</tr>
<tr>
<td>45</td>
<td>Assistant Surgeon (when qualified resident surgeon not available)</td>
</tr>
<tr>
<td>46</td>
<td>Hospital Services</td>
</tr>
<tr>
<td>47</td>
<td>Rehabilitation Services</td>
</tr>
<tr>
<td>48</td>
<td>Other Modifiers</td>
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### Category II Modifiers

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
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<tbody>
<tr>
<td>1P</td>
<td>Performance Measure Exclusion Modifier due to Medical Reasons</td>
</tr>
<tr>
<td>2P</td>
<td>Performance Measure Exclusion Modifier due to Patient Reasons</td>
</tr>
<tr>
<td>3P</td>
<td>Performance Measure Exclusion Modifier due to System Reasons</td>
</tr>
<tr>
<td>8P</td>
<td>Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified</td>
</tr>
</tbody>
</table>

### HCPCS Modifiers

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Dressing for one wound</td>
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<tr>
<td>A2</td>
<td>Dressing for two wounds</td>
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<tr>
<td>A3</td>
<td>Dressing for three wounds</td>
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<tr>
<td>A4</td>
<td>Dressing for four wounds</td>
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<tr>
<td>A5</td>
<td>Dressing for five wounds</td>
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<tr>
<td>A6</td>
<td>Dressing for six wounds</td>
</tr>
<tr>
<td>A7</td>
<td>Dressing for seven wounds</td>
</tr>
<tr>
<td>A8</td>
<td>Dressing for eight wounds</td>
</tr>
<tr>
<td>A9</td>
<td>Dressing for nine or more wounds</td>
</tr>
<tr>
<td>AA</td>
<td>Anesthesia services performed personally by anesthesiologist</td>
</tr>
</tbody>
</table>

### HCPCS Level II Expert

- Service/supply codes for caregivers & suppliers

- 2022 Edition

### Category II Modifiers

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
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<tbody>
<tr>
<td>1F</td>
<td>Performance Measure Exclusion Modifier due to Medical Reasons</td>
</tr>
<tr>
<td>2F</td>
<td>Performance Measure Exclusion Modifier due to Patient Reasons</td>
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<tr>
<td>3F</td>
<td>Performance Measure Exclusion Modifier due to System Reasons</td>
</tr>
<tr>
<td>4F</td>
<td>Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified</td>
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### HCPCS Modifiers

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>A1</td>
<td>Anesthesia services performed personally by anesthesiologist</td>
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</tbody>
</table>

### Additional Information

- CPT® is a registered trademark of the American Medical Association.
- HCPCS Level II is a registered trademark of the American Medical Association.
- HCPCS is a nationally recognized nomenclature system developed by the American Medical Association and serves as a reference system for healthcare providers and payers to identify and report healthcare services, supplies, and procedures.
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Introduction

This Healthcare Common Procedure Coding System (HCPCS) Level II code book goes beyond the basics to help you to code accurately and efficiently. In addition to including a customized Alphabetic Index and Tabular List for services, supplies, durable medical equipment, and drugs which the Centers for Medicare and Medicaid Services (CMS) developed, we include the following features:

Features

We’ve crafted a select set of bonus features based on requests from coders in the field as well as the recommendations of our core group of veteran coding educators. Features that you’ll benefit from page after page include:

- HCPCS Level II Coding Procedures guide from CMS to help you to better understand HCPCS Level II codes
- Comprehensive list of new/revised/deleted codes for 2022
- CPT® crosswalk codes for select HCPCS Level II G codes
- Deleted codes crosswalk for 2022
- 60 stick-on tabs to mark specific sections of the book
- Symbols showing which codes have restrictions based on age or sex of the patient
- Medicare coverage and reimbursement alerts
- APC status indicators and ASC payment indicators
- HCPCS Level II modifiers with lay descriptions and coding tips
- Updated and enhanced illustrations of body systems at the front of the book so you don’t have to search the code book for these large color images of body systems
- Highlighted coding instructional and informational notes help you recognize important code usage guidance for specific sections
- Intuitive color-coded symbols and alerts identify new and revised codes and critical coding and reimbursement issues quickly
- Symbols in Index showing each new code
- A user-friendly page design, including dictionary-style headers, color bleed tabs, and legend keys

Additionally, our dedicated team drew on their years of experience using code books to develop this book’s user friendly symbols, highlighting, color coding, and tabs, all designed to help you find the information you need quickly.

Let Us Know What You Think

Our goal for this code book is to support those involved in the business side of healthcare, helping them to do their jobs and do them well. We’d appreciate your feedback, including your suggestions for what you’ll need in a HCPCS Level II resource, so we can be sure our code books serve your needs.

CPT® is a registered trademark of the American Medical Association. All rights reserved.
HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) LEVEL II CODING PROCEDURES

This information provides a description of the procedures the Centers for Medicare & Medicaid Services (CMS) follows in processing HCPCS code applications and making coding decisions.

FOR FURTHER INFORMATION CONTACT:
Please submit an inquiry to the HCPCS mailbox at HCPCS@cms.hhs.gov.

A. HCPCS BACKGROUND INFORMATION

Each year in the United States (U.S.), health care insurers process over five billion claims for payment. For Medicare and other health insurance programs to ensure that these claims are processed in an orderly and consistent manner, standardized coding systems are essential. The HCPCS Level II Code Set is one of the standard, national medical code sets specified by the Health Insurance Portability and Accountability Act (HIPAA) for this purpose. The HCPCS is divided into two principal subsystems, referred to as Level I and Level II of the HCPCS. Level I of the HCPCS is comprised of Current Procedural Terminology (CPT®), a numeric coding system maintained by the American Medical Association (AMA). The CPT® is a uniform coding system consisting of descriptive terms and codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals. These health care professionals use the CPT® to identify services and procedures for which they bill public or private health insurance programs. The CPT® codes are republished and updated annually by the AMA.

HCPCS Level II is a standardized coding system that is used primarily to identify drugs, biologicals and non-drug and non-biological items, supplies, and services not included in the CPT® code set jurisdiction, such as durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT® codes, the HCPCS Level II codes were established for submitting claims for these items. HCPCS Level II codes are also referred to as alpha-numeric codes because they consist of a single alphabetical letter followed by four numeric digits, while CPT® codes primarily are identified using five numeric digits.

A. HISTORY

The development and use of Level II of the HCPCS began in the 1980s. Concurrent to the use of Level II codes, there were also Level III codes. HCPCS Level III were developed and used by Medicaid State agencies, Medicare contractors, and private insurers in their specific programs or local areas of jurisdiction. For purposes of Medicare, Level III codes were also referred to as local codes. Local codes were established when an insurer preferred that suppliers use a local code to identify a service, for which there is no Level I or Level II code, rather than use a “miscellaneous or not otherwise classified code.”

HIPAA required the Secretary to adopt standards for coding systems that are used for reporting health care transactions. Thus, regulations were published in the Federal Register on August 17, 2000 (65 FR 50312), to implement standardized coding systems under HIPAA. These regulations provided for the elimination of Level III local codes by October 2002, at which time, the Level I and Level II code sets could be used. The elimination of local codes was postponed, as a result of section 532(a) of BIPA, which continued the use of local codes through December 31, 2003.

The regulation that was published on August 17, 2000 (45 CFR 162.1002), to implement the HIPAA requirement for standardized coding systems established the HCPCS Level II codes as the standardized coding system for describing and identifying health care equipment and supplies in health care transactions that are not within the CPT® code set jurisdiction. The HCPCS Level II coding system was selected as the standardized coding system because of its wide acceptance among both public and private insurers.

B. AUTHORITY

The Secretary of the Department of Health and Human Services has delegated authority under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the AMA and CMS to maintain and distribute HCPCS Level I and Level II codes, respectively.

C. HCPCS LEVEL II CODES

The HCPCS Level II coding system is a comprehensive, standardized system that classifies similar products that are medical in nature into categories for the purpose of efficient claims processing. For each alpha-numeric HCPCS code, there is descriptive terminology that identifies a category of like items. These codes are used primarily for billing purposes. For example, suppliers use HCPCS Level II codes to identify items on claim forms that are being billed to a private or public health insurer. Currently, there are national HCPCS codes representing almost 8,000 separate categories of like items or services that encompass products from different manufacturers. When submitting claims, suppliers are required to use one of these codes to identify the items they are billing.

HCPCS is a system for identifying items and certain services. It is not a methodology or system for making coverage or payment determinations, and the existence of a code does not, of itself, determine coverage or non-coverage for an item or service. While these codes are used for billing purposes, decisions regarding the addition, deletion, or revision of HCPCS codes are made independent of the process for making determinations regarding coverage and payment.

With regard to the Medicare program, if specific Medicare coverage or payment indicators or values have not been established for any new HCPCS codes, this may be because a national Medicare coverage determination and/or fee schedule amounts have not yet been established for these items. This is neither an indicator of Medicare coverage or non-coverage. In these cases, until national Medicare coverage and payment guidelines have been established for these codes, the Medicare coverage and payment determinations for these items may be made based on the discretion of the Medicare contractors processing claims for these items.

D. TYPES OF HCPCS LEVEL II CODES

There are several types of HCPCS Level II codes depending on the purpose for the codes and the entity with responsibility for establishing and maintaining them.
Anatomical Illustrations

Circulatory System — Arteries and Veins

Title: Circulatory System Labels Biology Diagram, License: CC0 Creative Commons (Free for commercial use No attribution required), URL link: https://pixabay.com/en/circulatory-system-labels-biology-41523/
Ear Anatomy

Ear Anatomy - Cochlea (Inner Ear)

Title: 1406_Cochlea.jpg, Author: OpenStax, Source: https://cnx.org/contents/FPtK1zmh@8.25:5B3C80tg@10/Preface, License/Permission: This file is licensed under the Creative Commons Attribution 4.0 International license, URL link: https://en.wikiversity.org/wiki/File:1406_Cochlea.jpg
Index to Services, Supplies, Equipment, Drugs

A

A-Hydrocort® J1710
Abatacept J0129
Abciximab J0130
Abdominal pad, TLSO L1270
Abduction
  Control, hip orthosis, hip joint
    Dynamic, adjustable L1680
    Flexible
    Frejka type L1600, L1610
    Pavlik harness L1620
    Semi-flexible, Van Rosen type L1630
    Static
    Adjustable, Ilfeld type, prefabricated L1650
    Pelvic band or spreader bar L1640
    Plastic, prefabricated L1660
  Control, lower extremity orthosis, hip joint L2624
  Pillow (miscellaneous durable medical equipment) E1399
  Restrainer, shoulder L3650
  Canvas and webbing L3660
  Vest type L3675
  Rotation bar
    Foot L3150
    Adjustable shoe-styled positioning device L3160
    Including shoes L3140
    Prefabricated, off-the-shelf, each L3170
  Lower extremity
    Hip involvement, jointed, adjustable L2300
    Straight L2310

Ablation
  Transbronchial C9751

Ablation catheter
  Electrophysiological
    3D or vector mapping C1732
    Other than 3D or vector mapping or cool-tip C1733
  Endovascular, noncardiac C1888
  Extravascular, any modality C1886
  Tissue, extravascular C1886
  Ultrasound, focused C9734

Abobotulinumtoxin type A J0586

Abortion, induced
  17 to 24 weeks S2260
  25 to 28 weeks S2265
  29 to 31 weeks S2266
  32 or greater S2267
  Drug induced, with other services S0199

Absorption dressing A6251-A6256
Access Catheters A4300-A4301

Accessories
  Ambulation devices E0153-E0159
  Beds E0271-E0280, E0300-E0316
  Dialysis E1500-E1699
  Wheelchairs E0950-E1030, E2398, E2626-E2633,
    K0001-K0108, K0669

Accu-Chek® or similar product
  Blood glucose meter E0607
  Test strips, box of 50 A4253

Acetaminophen J0131

Acetate concentrate for hemodialysis A4708
Acetazolamide sodium J1120

Acetylcycteine
  Inhalation solution J7604, J7608
  Injection J0132

Acid concentrate for hemodialysis A4709
Activated carbon filter for hemodialysis A4680
Activity therapy
  45 minutes or more G0176
  Per 15 minutes H2032

Ayclovir J0133
Adalimumab J0135

Addition, see also Orthotic devices

  Cushion socket
    Above knee L5648
    Below knee L5646
  Harness upper extremity
    Dual cable L6676
    Single cable L6675
  Interface replacement for halo procedure L0861
  Orthotic components, lower extremity K0672, L2750,
    L2760, L2780-L2861
  Prosthesis components
    Adjustable heel height L5990
    SACH foot L5970
  Torsion mechanism, upper extremity joint orthotic L3891
  Wrist unit, flexion, extension L6820

Adenosine J0153

Adhesive

  Bandage A6413
    Conforming A6442-A6447
    Padding A6441
    Self-adherent A6453, A6454, A6455
    Zinc paste impregnated A6456
  Barrier C1765
  Disc or foam pad A5126

Dressing
  Composite
    16 sq. in. or less A6203
    More than 16 sq. in. but less than or equal to
      48 sq. in. A6204
    More than 48 sq. in. A6205
  Foam A6214
    Gauze
      16 sq. in. or less A6219
      More than 16 sq. in. but less than or equal to
        48 sq. in. A6220
      More than 48 sq. in. A6221
  Hydrocolloid
    16 sq. in. or less A6234
    More than 16 sq. in. but less than or equal to
      48 sq. in. A6238
    More than 48 sq. in. A6239
  Hydrogel
    16 sq. in. or less A6245
    More than 16 sq. in. but less than or equal to
      48 sq. in. A6246
    More than 48 sq. in. A6247
  Specialty
    16 sq. in. or less A6254
    More than 16 sq. in. but less than or equal to
      48 sq. in. A6255
    More than 48 sq. in. A6256

Acupuncture

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New index entry
61
Argus®, Aztreonam

<table>
<thead>
<tr>
<th>Index to Services, Supplies, Equipment, Drugs</th>
<th>Assistive listening device</th>
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<tbody>
<tr>
<td></td>
<td>Alerting V5269</td>
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<td></td>
<td>Cochlear implant assistive V5273</td>
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<td>FM/DM</td>
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<td></td>
<td><strong>Accessories</strong></td>
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<tr>
<td></td>
<td>Direct audio input receiver V5285</td>
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<td>Ear level receiver V5284</td>
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<td></td>
<td>Neck loop induction receiver V5283</td>
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<td></td>
<td>Not otherwise specified (NOS) V5287</td>
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<td>Personal adapter/boot coupling V5289</td>
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<td></td>
<td>Personal Bluetooth® receiver V5286</td>
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<td>Personal transmitter V5288</td>
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<td>Transmitter microphone V5290</td>
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<td></td>
<td><strong>System</strong></td>
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<td>Binaural V5282</td>
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<td>Monaural V5281</td>
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<td>Not otherwise specified (NOS) V5274</td>
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<td>Supplies and accessories not otherwise specified (NOS) V5267</td>
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<td></td>
<td>TDD V5272</td>
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<td></td>
<td>Telephone amplifier V5268</td>
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<td>Television amplifier V5270</td>
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<td>Television caption decoder V5271</td>
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**Asthma**

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<tr>
<td>Kit S8097</td>
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<tr>
<td>Reporting</td>
</tr>
<tr>
<td>Not well-controlled, reason not given G9434</td>
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<tr>
<td>Result documented G9432</td>
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**Atezolizumab injection** J9022

**Atropine sulfate** J0461

**Atropine, inhalation solution**

<table>
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<th>Concentrated J7635</th>
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<tbody>
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<td>Unit dose J7636</td>
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</table>

**Attendant care**

| Per 15 min S5125  |
| Per diem S5126    |

**Audiologic assessment**

| Conformity evaluation V5020 |
| Hearing aid V5010 |
| Fitting/orientation/checking V5011 |
| Repair/modification V5014 |
| Hearing screening V5008 |

| Bone loss risk G9863 |
| By chaplain, veterans affairs Q9001 |
| Chronic care management G0506 |
| Decline G0036 |
| Depression, self-assessment S3005 |
| Family H1011 |
| Functional outcome G9227 |
| Geriatric S0250 |
| Hearing V5008-V5020 |
| Home T1028 |
| Mental health H0031 |
| Not possible G0037 |
| Nursing assessment/evaluation T1001 |
| Periodic assessment G2077 |
| Remote recorded video G2250 |
| **Speech services** |
| Dysphagia screening V5364 |
| Language screening V5363 |
| Screening V5362 |
| Wellness S5190 |

**Assisted living**

| Per diem T2031 |
| Per month T2030 |

---

Argus® II Retinal Prosthesis System, com/sup/acc misc L8608
Aripiprazole J0400, J0401
Aripiprazole lauroxil injection J1944
Aristada initio injection J1943
Arm, wheelchair E0973
Arsenic trioxide J9017
Artacent® Q4169, Q4189, Q4190, Q4216
Arthroereisis, subtalar S2117
Arthroscopy
  Knee Harvesting of cartilage S2112
  Removal foreign body G0289
  Shoulder, with capsulorrhaphy S2300
Artificial
  Cornea L8609
  Heart system com/sup/acc misc L8698
  Kidney, see also Dialysis
  Larynx L8500
  Pancreas device system
    Low glucose suspend feature S1034
    Receiver S1037
    Sensor S1035
    Transmitter S1036
  Saliva A9155
Ascent™ Q4213
Asparaginase J9019, J9020
Assembly
  Footrest, complete, replacement K0045
  Ratchet, replacement K0050
Assertive community treatment
  Per 15 minutes H0039
  Per diem H0040
Assessment
  Alcohol and/or substance G0396-G0397, G2011
  Alcohol or drug H0001
  Audiologic
    Conformity evaluation V5020
    Hearing aid V5010
      Fitting/orientation/checking V5011
      Repair/modification V5014
    Hearing screening V5008
  Bone loss risk G9863
  By chaplain, veterans affairs Q9001
  Chronic care management G0506
  Decline G0036
  Depression, self-assessment S3005
  Family H1011
  Functional outcome G9227
  Geriatric S0250
  Hearing V5008-V5020
  Home T1028
  Mental health H0031
  Not possible G0037
  Nursing assessment/evaluation T1001
  Periodic assessment G2077
  Remote recorded video G2250
  Speech services
    Dysphagia screening V5364
    Language screening V5363
    Screening V5362
    Wellness S5190
Assisted living
  Per diem T2031
  Per month T2030
### Medical and Surgical Supplies (A2001-A8004)

#### Medical and Surgical Supplies (A2001-A8004)

### Matrix for Wound Management (Placental, Equine, Synthetic) (A2001-A2010)

- **A2001** Innovamatrx ac, per square centimeter  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced
- **A2002** Mirragen advanced wound matrix, per square centimeter  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced
- **A2003** Bio-connekt wound matrix, per square centimeter  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced
- **A2004** Xcellistem, per square centimeter  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced
- **A2005** Microlyte matrix, per square centimeter  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced
- **A2006** Novosorb synpath dermal matrix, per square centimeter  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced
- **A2007** Restrata, per square centimeter  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced
- **A2008** Theragenesis, per square centimeter  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced
- **A2009** Symphony, per square centimeter  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced
- **A2010** Apis, per square centimeter  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced

### Injection and Infusion Supplies (A4206-A4232)

- **A4206** Syringe with needle, sterile, 1 cc or less, each  
  BETOS: D1A  Medical/surgical supplies  
  Service not separately priced by Part B
- **A4207** Syringe with needle, sterile 2 cc, each  
  BETOS: D1A  Medical/surgical supplies  
  Service not separately priced by Part B
- **A4208** Syringe with needle, sterile 3 cc, each  
  BETOS: D1A  Medical/surgical supplies  
  Service not separately priced by Part B
- **A4209** Syringe with needle, sterile 5 cc or greater, each  
  BETOS: D1A  Medical/surgical supplies  
  Service not separately priced by Part B
- **A4210** Needle-free injection device, each  
  BETOS: D1A  Medical/surgical supplies  
  Service not separately priced by Part B
- **A4211** Supplies for self-administered injections  
  BETOS: D1A  Medical/surgical supplies  
  Service not separately priced by Part B
- **A4212** Non-coring needle or stylet with or without catheter  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced
- **A4213** Syringe, sterile, 20 cc or greater, each  
  BETOS: D1A  Medical/surgical supplies  
  Service not separately priced by Part B
- **A4215** Needle, sterile, any size, each  
  BETOS: D1A  Medical/surgical supplies  
  Service not separately priced by Part B
- **A4216** Sterile water, saline and/or dextrose, diluent/flush, 10 ml  
  BETOS: D1F  Prosthetic/Orthotic devices
- **A4217** Sterile water/saline, 500 ml  
  BETOS: D1F  Prosthetic/Orthotic devices  
  DME Modifier: AU
- **A4218** Sterile saline or water, metered dose dispenser, 10 ml  
  BETOS: O1E  Other drugs
- **A4220** Refill kit for implantable infusion pump  
  BETOS: D1A  Medical/surgical supplies  
  Other carrier priced
- **A4221** Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)  
  BETOS: D1E  Other DME
- **A4222** Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)  
  BETOS: D1E  Other DME
- **A4223** Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)  
  BETOS: D1E  Other DME
- **A4224** Supplies for maintenance of insulin infusion catheter, per week  
  BETOS: D1E  Other DME
- **A4225** Supplies for external insulin infusion pump, syringe type cartridge, sterile, each  
  BETOS: D1E  Other DME

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**Male only** ☑ **Female only** ☐ **Age** ☑  
**A2 - Z3 = ASC Payment indicator** ☑  
**A - Y = APC Status indicator** ☑  
**ASC = ASC Approved Procedure** ☑  
**MIPS = MIPS code** ☑  
**D1A = Medical/surgical supplies** ☑  
**Service not separately priced by Part B** ☑  
**Other carrier priced** ☑  
**DME Modifier: AU** ☑  
**DME Modifier: MI** ☑  

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**2022_HCPCS.indb 105**

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**02/12/21 1:13 PM**
A4226

A4226 Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week

BETOS: Z2 Undefined codes
Service not separately priced by Part B

A4230

Infusion set for external insulin pump, non needle cannula type

BETOS: D1E Other DME

A4226 - A4262

Medical and Surgical Supplies (A2001-A8004)

OTHER SUPPLIES INCLUDING DIABETES SUPPLIES AND CONTRACEPTIVES (A4244-A4290)

C A4244 Alcohol or peroxide, per pint
BETOS: D1A Medical/surgical supplies
Service not separately priced by Part B

C A4245 Alcohol wipes, per box
BETOS: D1A Medical/surgical supplies
Service not separately priced by Part B

C A4246 Betadine or pHisoHex solution, per pint
BETOS: D1A Medical/surgical supplies
Service not separately priced by Part B

C A4247 Betadine or iodine swabs/wipes, per box
BETOS: D1A Medical/surgical supplies
Service not separately priced by Part B

C A4248 Chlorhexidine containing antiseptic, 1 ml
BETOS: P9B Dialysis services
(Non-Medicare fee schedule)
Service not separately priced by Part B

M A4250 Urine test or reagent strips or tablets
(100 tablets or strips)
BETOS: T1E Lab tests - glucose
Service not separately priced by Part B

S A4252 Blood ketone test or reagent strip, each
BETOS: D1E Other DME
Service not separately priced by Part B

Statute: 1861(n)

A4253 Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
BETOS: D1E Other DME

DME Modifier: NU

A4255 Platforms for home blood glucose monitor, 50 per box
BETOS: D1E Other DME

A4256 Normal, low and high calibrator solution/chips
BETOS: D1E Other DME

A4257 Replacement lens shield cartridge for use with laser skin piercing device, each
BETOS: D1E Other DME

Coding Clinic: 2002, Q1

A4258 Spring-powered device for lancet, each
BETOS: D1E Other DME

A4259 Lancets, per box of 100
BETOS: D1E Other DME

S A4261 Cervical cap for contraceptive use
BETOS: Z2 Undefined codes
Service not separately priced by Part B

Statute: 1862a1

A4262 Temporary, absorbable lacrimal duct implant, each
BETOS: D1A Medical/surgical supplies
Service not separately priced by Part B

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Administrative, Miscellaneous and Investigational (A9150-A9999)

MISCELLANEOUS SUPPLIES AND EQUIPMENT (A9150-A9300)

A9150 Non-prescription drugs
BETOS: D1E  Other drugs
Other carrier priced

A9152 Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
BETOS: Z2  Undefined codes
Service not separately priced by Part B

A9153 Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
BETOS: Z2  Undefined codes
Service not separately priced by Part B

A9155 Artificial saliva, 30 ml
BETOS: Z2  Undefined codes
Other carrier priced

A9180 Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker
BETOS: Z2  Undefined codes
Service not separately priced by Part B

A9270 Non-covered item or service
BETOS: Z2  Undefined codes
Service not separately priced by Part B

A9272 Wound suction, disposable, includes dressing, all accessories and components, any type, each
BETOS: D1A  Medical/surgical supplies
Service not separately priced by Part B
Statute: 1861(n)

A9273 Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type
BETOS: Z2  Undefined codes
Service not separately priced by Part B

A9274 External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
BETOS: D1A  Medical/surgical supplies
Service not separately priced by Part B
Statute: 1861(n)

A9275 Home glucose disposable monitor, includes test strips
BETOS: T1E  Lab tests - glucose
Service not separately priced by Part B

A9276 Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply
BETOS: D1E  Other DME
Service not separately priced by Part B
Statute: 1861(n)

A9277 Transmitter; external, for use with interstitial continuous glucose monitoring system
BETOS: D1E  Other DME
Service not separately priced by Part B
Statute: 1861(n)

A9278 Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
BETOS: D1E  Other DME
Service not separately priced by Part B
Statute: 1861(n)

A9279 Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
BETOS: T2D  Other tests - other
Service not separately priced by Part B
Statute: 1861(n)

A9280 Alert or alarm device, not otherwise classified
BETOS: Z2  Undefined codes
Service not separately priced by Part B
Statute: 1861

A9281 Reaching/grabbing device, any type, any length, each
BETOS: D1E  Other DME
Service not separately priced by Part B
Statute: 1862 SSA

A9282 Wig, any type, each
BETOS: Z2  Undefined codes
Service not separately priced by Part B
Statute: 1861

A9283 Foot pressure off loading/supportive device, any type, each
BETOS: D1E  Other DME
Service not separately priced by Part B
Statute: 1862a(i)13

A9284 Spirometer, non-electronic, includes all accessories
BETOS: Z2  Undefined codes
Service not separately priced by Part B
Statute: 1861

A9285 Inversion/eversion correction device
BETOS: Z2  Undefined codes
Service not separately priced by Part B

A9286 Hygienic item or device, disposable or non-disposable, any type, each
BETOS: D1A  Medical/surgical supplies
Service not separately priced by Part B
Statute: 1834

A9300 Exercise equipment
BETOS: Z2  Undefined codes
Service not separately priced by Part B

Male only  Female only  Age  A2 - Z3 = ASC Payment indicator  A - Y = APC Status indicator  ASC = ASC Approved Procedure  DME = Paid under the DME fee schedule  MIPS = MIPS code

CPT® is a registered trademark of the American Medical Association. All rights reserved.
E0240 Bath/shower chair, with or without wheels, any size
  BETOS: D1E Other DME
  Service not separately priced by Part B

E0241 Bath tub wall rail, each
  BETOS: D1E Other DME
  Service not separately priced by Part B

E0242 Bath tub rail, floor base
  BETOS: D1E Other DME
  Service not separately priced by Part B

E0243 Toilet rail, each
  BETOS: D1E Other DME
  Service not separately priced by Part B

E0244 Raised toilet seat
  BETOS: D1E Other DME
  Service not separately priced by Part B

E0245 Tub stool or bench
  BETOS: D1E Other DME
  Service not separately priced by Part B

E0246 Transfer tub rail attachment
  BETOS: D1E Other DME
  Service not separately priced by Part B

E0247 Transfer bench for tub or toilet with or without commode opening
  BETOS: D1E Other DME
  Service not separately priced by Part B

E0248 Transfer bench, heavy duty, for tub or toilet with or without commode opening
  BETOS: D1E Other DME
  Service not separately priced by Part B

E0249 Pad for water circulating heat unit, for replacement only
  BETOS: D1E Other DME
  DME Modifier: NU,RR,UE

HOSPITAL BEDS AND ASSOCIATED SUPPLIES (E0250-E0373)

D0250 Hospital bed, fixed height, with any type side rails, with mattress
  BETOS: D1B Hospital beds
  DME Modifier: RR

D0251 Hospital bed, fixed height, with any type side rails, without mattress
  BETOS: D1B Hospital beds
  DME Modifier: RR

D0255 Hospital bed, variable height, hi-lo, with any type side rails, with mattress
  BETOS: D1B Hospital beds
  DME Modifier: RR

D0256 Hospital bed, variable height, hi-lo, with any type side rails, without mattress
  BETOS: D1B Hospital beds
  DME Modifier: RR

D0260 Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
  BETOS: D1B Hospital beds
  DME Modifier: RR

D0261 Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
  BETOS: D1B Hospital beds
  DME Modifier: RR

D0265 Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
  BETOS: D1B Hospital beds
  DME Modifier: RR

D0266 Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress
  BETOS: D1B Hospital beds
  DME Modifier: RR

D0270 Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress
  BETOS: D1B Hospital beds

D0271 Mattress, innerspring
  BETOS: D1B Hospital beds
  DME Modifier: NU,RR,UE
  Pub: 100-4, Chapter-36, 50.14

D0272 Mattress, foam rubber
  BETOS: D1B Hospital beds
  DME Modifier: NU,RR,UE
  Pub: 100-4, Chapter-36, 50.14

E0273 Bed board
  BETOS: D1B Hospital beds
  Service not separately priced by Part B
# Wheelchairs, Components, and Accessories (K0001-K0195)

## Durable Medical Equipment (DME) (K0001-K1027)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Betos</th>
<th>Dme</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0001</td>
<td>Standard wheelchair</td>
<td>D1D</td>
<td>Wheelchairs</td>
</tr>
<tr>
<td>K0002</td>
<td>Standard hemi (low seat) wheelchair</td>
<td>D1D</td>
<td>Wheelchairs</td>
</tr>
<tr>
<td>K0003</td>
<td>Lightweight wheelchair</td>
<td>D1D</td>
<td>Wheelchairs</td>
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<tr>
<td>K0004</td>
<td>High strength, lightweight wheelchair</td>
<td>D1D</td>
<td>Wheelchairs</td>
</tr>
<tr>
<td>K0005</td>
<td>Ultralightweight wheelchair</td>
<td>D1D</td>
<td>Wheelchairs</td>
</tr>
<tr>
<td>K0006</td>
<td>Heavy duty wheelchair</td>
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<td>K0007</td>
<td>Extra heavy duty wheelchair</td>
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<td>Wheelchairs</td>
</tr>
<tr>
<td>K0008</td>
<td>Custom manual wheelchair/base</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K0009</td>
<td>Other manual wheelchair/base</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K0010</td>
<td>Standard - weight frame motorized/power wheelchair</td>
<td>D1D</td>
<td>Wheelchairs</td>
</tr>
</tbody>
</table>

### Wheelchair Accessories

- **K0011**: Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0012**: Lightweight portable motorized/power wheelchair
  - Betos: D1D | Wheelchairs
  - Dme Modifier: RR

- **K0013**: Custom motorized/power wheelchair base
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0014**: Other motorized/power wheelchair base
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0015**: Detachable, non-adjustable height armrest, replacement only, each
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0016**: Detachable, adjustable height armrest, base, replacement only, each
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0017**: Detachable, adjustable height armrest, upper portion, replacement only, each
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0018**: Detachable, adjustable height armrest, upper portion, replacement only, each
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0019**: Arm pad, replacement only, each
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0020**: Fixed, adjustable height armrest, pair
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0021**: High mount flip-up footrest, each
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0022**: Leg strap, each
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0023**: Leg strap, H style, each
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0024**: Adjustable angle footplate, each
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0025**: Large size footplate, each
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

- **K0026**: Standard size footplate, replacement only, each
  - Betos: D1D | Wheelchairs
  - Dme Modifier: KE,RR

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### Durable Medical Equipment (DME) (K0001-K1027)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>BETOS</th>
<th>DME Modifier</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0043</td>
<td>Footrest, lower extension tube, replacement only, each</td>
<td>Y</td>
<td>K0455</td>
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<tr>
<td></td>
<td>BETOS: D1D Wheelchairs</td>
<td></td>
<td>KE,KU,NU,RR,UE</td>
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<tr>
<td>K0044</td>
<td>Footrest, upper hanger bracket, replacement only, each</td>
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<td>K0455</td>
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<td>BETOS: D1D Wheelchairs</td>
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<tr>
<td>K0045</td>
<td>Footrest, complete assembly, replacement only, each</td>
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<td>BETOS: D1D Wheelchairs</td>
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<td>K0046</td>
<td>Elevating leg rest, lower extension tube, replacement only, each</td>
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<td>BETOS: D1D Wheelchairs</td>
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<td>K0047</td>
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<td>K0050</td>
<td>Ratchet assembly, replacement only</td>
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<td>K0051</td>
<td>Cam release assembly, foot rest or leg rest, replacement only, each</td>
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<td>BETOS: D1D Wheelchairs</td>
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<td>K0052</td>
<td>Swingaway, detachable footrests, replacement only, each</td>
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<td>K0053</td>
<td>Elevating footrests, articulating (telescoping), each</td>
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<td>K0455</td>
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<td>BETOS: D1D Wheelchairs</td>
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<td>K0056</td>
<td>Seat height less than 17&quot; or equal to or greater than 21&quot; for a high strength, lightweight, or ultralightweight wheelchair</td>
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<td>BETOS: D1D Wheelchairs</td>
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<tr>
<td>K0065</td>
<td>Spoke protectors, each</td>
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<td>K0455</td>
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<td>BETOS: D1D Wheelchairs</td>
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<td>KU,NU,RR,UE</td>
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<tr>
<td>K0069</td>
<td>Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each</td>
<td>Y</td>
<td>K0455</td>
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<td>BETOS: D1D Wheelchairs</td>
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<tr>
<td>K0070</td>
<td>Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each</td>
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<td>BETOS: D1D Wheelchairs</td>
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<td>K0071</td>
<td>Front caster assembly, complete, with pneumatic tire, replacement only, each</td>
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<td>BETOS: D1D Wheelchairs</td>
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<td>KU,NU,RR,UE</td>
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<tr>
<td>K0072</td>
<td>Front caster assembly, complete, with semi-pneumatic tire, replacement only, each</td>
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<td>K0455</td>
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<td>BETOS: D1D Wheelchairs</td>
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<td>KU,NU,RR,UE</td>
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<tr>
<td>K0073</td>
<td>Caster pin lock, each</td>
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<td>BETOS: D1D Wheelchairs</td>
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<td>KU,NU,RR,UE</td>
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<tr>
<td>K0077</td>
<td>Front caster assembly, complete, with solid tire, replacement only, each</td>
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<td>K0455</td>
<td></td>
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<tr>
<td></td>
<td>BETOS: D1D Wheelchairs</td>
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<td>KU,NU,RR,UE</td>
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<tr>
<td>K0098</td>
<td>Drive belt for power wheelchair, replacement only</td>
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<td>K0455</td>
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</tr>
<tr>
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<td>BETOS: D1D Wheelchairs</td>
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<td>KU,NU,RR,UE</td>
<td></td>
</tr>
<tr>
<td>K0105</td>
<td>IV hanger, each</td>
<td>Y</td>
<td>K0455</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1D Wheelchairs</td>
<td></td>
<td>KU,NU,RR,UE</td>
<td></td>
</tr>
<tr>
<td>K0066</td>
<td>Elevating leg rests, pair (for use with capped rental wheelchair base)</td>
<td>Y</td>
<td>K0455</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1D Wheelchairs</td>
<td></td>
<td>KU,NU,RR,UE</td>
<td></td>
</tr>
<tr>
<td>K0084</td>
<td>Elevating leg rests, for use with capped rental wheelchair base</td>
<td>Y</td>
<td>K0455</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1D Wheelchairs</td>
<td></td>
<td>KU,NU,RR,UE</td>
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</tr>
</tbody>
</table>

### INFUSION PUMPS AND SUPPLIES (K0455-K0605)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>BETOS</th>
<th>DME Modifier</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0455</td>
<td>Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)</td>
<td>Y</td>
<td>RR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1E Other DME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DME Modifier: RR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Special coverage instructions apply*

- New code
- Revised code
- Carrier judgment
- D Special coverage instructions apply
- Not payable by Medicare
- Non-covered by Medicare
- Non-covered by Medicare statute

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Generic and brand-name drugs found throughout the Table of Drugs and Biologicals are a representative sample of drugs and biologicals commonly associated with HCPCS Level II codes. Please check the CMS and FDA websites for the most up-to-date information on coverage, active brand names, and validity of drugs.

Caution: Never code directly from the Table of Drugs and Biologicals. Always cross-reference the code to the Tabular List before final code assignment. Questions regarding coding and billing guidance should be submitted to the insurer in whose jurisdiction a claim would be filed. For private sector health insurance systems, please contact the individual private insurance entity. For Medicaid systems, please contact the Medicaid agency in the state in which the claim is being filed. For Medicare, contact the Medicare contractor.

### Abbreviations used in the Table of Drugs and Biologicals

- IA - Intra-arterial administration
- IT - Intrathecal
- IV - Intravenous administration
- IM - Intramuscular administration
- SC - Subcutaneous administration
- ORAL - Administered orally
- INH - Administration by inhaled solution
- VAR - Various routes of administration
- OTH - Other routes of administration
- SC - Subcutaneous administration
- VAR - Various routes of administration
- ORAL - Administered orally
- INH - Administration by inhaled solution
- IA - Intra-arterial administration
- IV - Intravenous administration
- IM - Intramuscular administration
- IT - Intrathecal
- VAR - Various routes of administration
- OTH - Other routes of administration
- SC - Subcutaneous administration

Intravenous administration includes all methods, such as gravity infusion, injections, and timed pushes into blood vessels, usually veins. IM refers to injections into muscles; IT to injections into the spinal column; and SC to injections into tissues (not muscle) under the skin. VAR 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. OTH indicates other administration methods, such as intraocular injections, suppositories, or catheter injections.

### Table of Drugs and Biologicals

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Unit Per</th>
<th>Route</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABATACEPT</td>
<td>10 mg</td>
<td>IV</td>
<td>J0129</td>
</tr>
<tr>
<td>ABCIXIMAB</td>
<td>10 mg</td>
<td>IV</td>
<td>J0130</td>
</tr>
<tr>
<td>ABELCET®</td>
<td>10 mg</td>
<td>IV</td>
<td>J0287</td>
</tr>
<tr>
<td>ABLIFY MAINTENA®</td>
<td>1 mg</td>
<td>IM</td>
<td>J0401</td>
</tr>
<tr>
<td>ABOBOTULINUM TOXIN A</td>
<td>5 IU</td>
<td>IM</td>
<td>J0586</td>
</tr>
<tr>
<td>ABRAXANE®</td>
<td>1 mg</td>
<td>IV</td>
<td>J0264</td>
</tr>
<tr>
<td>ACETADOTE®</td>
<td>100 mg</td>
<td>IV</td>
<td>J0132</td>
</tr>
<tr>
<td>ACETAMINOPHEN</td>
<td>10 mg</td>
<td>IV</td>
<td>J0131</td>
</tr>
<tr>
<td>ACETAZOLAMIDE SODIUM</td>
<td>up to 500 mg</td>
<td>IV, IM</td>
<td>J1120</td>
</tr>
<tr>
<td>ACETYLCYSTEINE</td>
<td>100 mg</td>
<td>IV</td>
<td>J0132</td>
</tr>
<tr>
<td>ACETYLCYSTEINE, UNIT DOSE, COMPOUNDED</td>
<td>1 gram</td>
<td>INH</td>
<td>J7604</td>
</tr>
<tr>
<td>ACETYLCYSTEINE, UNIT DOSE, NON-COMPOUNDED</td>
<td>1 gram</td>
<td>INH</td>
<td>J7608</td>
</tr>
<tr>
<td>ACTEMRA®</td>
<td>1 mg</td>
<td>IV</td>
<td>J3262</td>
</tr>
<tr>
<td>ACTHREL®</td>
<td>up to 40 IU</td>
<td>IV, IM, SC</td>
<td>J0900</td>
</tr>
<tr>
<td>ACTHRELE®</td>
<td>1 mcg</td>
<td>IV, IM</td>
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</tr>
<tr>
<td>ACTIVASE®</td>
<td>1 mg</td>
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<td>J2999</td>
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<td>ACYCLOVIR</td>
<td>5 mg</td>
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<td>J0133</td>
</tr>
<tr>
<td>ADAGEN®</td>
<td>25 IU</td>
<td>IM</td>
<td>J0594</td>
</tr>
<tr>
<td>ADAKVEO®</td>
<td>5 mg</td>
<td>IV</td>
<td>J0791</td>
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<tr>
<td>ADALIMUMAB</td>
<td>20 mg</td>
<td>SC</td>
<td>J0135</td>
</tr>
<tr>
<td>ADECETRIS®</td>
<td>1 mg</td>
<td>IV</td>
<td>J0942</td>
</tr>
<tr>
<td>ADENOCARD®</td>
<td>1 mg</td>
<td>IV</td>
<td>J0153</td>
</tr>
<tr>
<td>ADENOSINE</td>
<td>1 mg</td>
<td>IV</td>
<td>J0153</td>
</tr>
<tr>
<td>ADO-TRASTUZUMAB EMTANSINE</td>
<td>1 mg</td>
<td>IV</td>
<td>J9354</td>
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<tr>
<td>ADRENALIN, EPINEPHRINE</td>
<td>0.1 mg</td>
<td>SC, IM</td>
<td>J0171</td>
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<tr>
<td>ADRIAMYCIN®</td>
<td>10 mg</td>
<td>IV</td>
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<td>ADRUCET®</td>
<td>500 mg</td>
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<td>J9190</td>
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<td>ADUCANUMAB-AVWA</td>
<td>2 mg</td>
<td>IV</td>
<td>J0172</td>
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<tr>
<td>ADVATE®</td>
<td>1 IU</td>
<td>IV</td>
<td>J1922</td>
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<tr>
<td>ADYNOVATE®</td>
<td>1 IU</td>
<td>IV</td>
<td>J2026</td>
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<tr>
<td>AFAMELANOTIDE IMPLANT</td>
<td>1 mg</td>
<td>OTH</td>
<td>J7352</td>
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<tr>
<td>AFLIBERCEPT</td>
<td>1 mg</td>
<td>OTH</td>
<td>J0178</td>
</tr>
<tr>
<td>ALPROLIX®</td>
<td>1 IU</td>
<td>IV</td>
<td>J7201</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Unit Per</th>
<th>Route</th>
<th>Code</th>
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<tr>
<td>AFSTYLA®</td>
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<td>AGALSIDASE BETA</td>
<td>1 mg</td>
<td>IV</td>
<td>J0160</td>
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<tr>
<td>AGGRASTAT®</td>
<td>0.25 mg</td>
<td>IM, IV</td>
<td>J3246</td>
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<td>AJOYY®</td>
<td>1 mg</td>
<td>SC</td>
<td>J3011</td>
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<tr>
<td>AKYNZEO®</td>
<td>25 mg</td>
<td>IV</td>
<td>J1454</td>
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<tr>
<td>AKYNZEO®</td>
<td>300 mg and 0.5 mg</td>
<td>ORAL</td>
<td>J8655</td>
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<td>ALATROFLOXACIN MESYLATE</td>
<td>100 mg</td>
<td>IV</td>
<td>J0230</td>
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<tr>
<td>ALBUTOROL AND IPRATROPIUM BROMIDE, NON-COMPOUNDED</td>
<td>up to 2.5 mg/ up to 0.5 mg</td>
<td>INH</td>
<td>J7620</td>
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<td>ALBUTOROL, CONCENTRATED FORM, COMPOUNDED</td>
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<td>INH</td>
<td>J7610</td>
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<td>ALBUTOROL, CONCENTRATED FORM, NON-COMPOUNDED</td>
<td>1 mg</td>
<td>INH</td>
<td>J7611</td>
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<tr>
<td>ALBUTOROL, UNIT DOSE, COMPOUNDED</td>
<td>1 mg</td>
<td>INH</td>
<td>J7609</td>
</tr>
<tr>
<td>ALBUTOROL, UNIT DOSE, NON-COMPOUNDED</td>
<td>1 mg</td>
<td>INH</td>
<td>J7613</td>
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<tr>
<td>ALDESLEUKIN</td>
<td>single use vial</td>
<td>IV</td>
<td>J9015</td>
</tr>
<tr>
<td>ALDURAZYME®</td>
<td>0.1 mg</td>
<td>IV</td>
<td>J9130</td>
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<tr>
<td>ALEFACEPT</td>
<td>0.5 mg</td>
<td>IM, IV</td>
<td>J0215</td>
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<tr>
<td>ALEMUTUMAB</td>
<td>1 mg</td>
<td>IV</td>
<td>J0202</td>
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<tr>
<td>ALGLUCERASE</td>
<td>10 IU</td>
<td>IV</td>
<td>J0205</td>
</tr>
<tr>
<td>ALGLUCOSIDASE ALFA</td>
<td>10 mg</td>
<td>IV</td>
<td>J0220</td>
</tr>
<tr>
<td>ALGLUCOSIDASE ALFA (LUMIZYME®)</td>
<td>10 mg</td>
<td>IV</td>
<td>J0221</td>
</tr>
<tr>
<td>ALIQOVA®</td>
<td>1 mg</td>
<td>IV</td>
<td>J9057</td>
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<tr>
<td>ALKERAN I.V.®</td>
<td>50 mg</td>
<td>IV</td>
<td>J9245</td>
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<tr>
<td>ALOX®</td>
<td>25 mcg</td>
<td>IV</td>
<td>J2469</td>
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<tr>
<td>ALPHA 1-PROTEINASE INHIBITOR, HUMAN</td>
<td>10 mg</td>
<td>IV</td>
<td>J0256</td>
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<tr>
<td>ALPHA 1-PROTEINASE INHIBITOR, HUMAN (GLASSIA®)</td>
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<td>IV</td>
<td>J0257</td>
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<tr>
<td>ALPHANATE®</td>
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<td>IV</td>
<td>J7193</td>
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<td>ALPHANINE®</td>
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<td>IV</td>
<td>J7201</td>
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<td>ALPROLIX®</td>
<td>1 IU</td>
<td>IV</td>
<td>J7201</td>
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<tr>
<td>Mod</td>
<td>Modifier Description, Definition, Explanation, and Tips</td>
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<tr>
<td>-----</td>
<td>-------------------------------------------------------</td>
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<td></td>
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<tr>
<td>AH</td>
<td>Clinical psychologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Definition:</strong> Append this modifier to indicate the services of a clinical psychologist.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Explanation:</strong> This modifier indicates the services the provider is reporting are for a qualified clinical psychologist for the psychiatric therapeutic procedures that he performs for a patient in a facility. The modifier indicates that a clinical psychologist, who qualifies as per Medicare guidelines to provide these services, is performing the service the facility is reporting under the CPT® code for the procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Tips:</strong> When the facility uses this modifier with any CPT® code, it lets the payer know that a qualified clinical psychologist handled the services and reimbursement can be made as per Medicare payment guidelines. If you fail to append the right modifier to the CPT® code, it may lead to incorrect payments and fraudulent claims.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| AI  | Principal physician of record                         |
|     | **Definition:** Append this modifier to indicate the initial hospital and nursing home visit codes to show that the provider is responsible for the overall care of the patient. |
|     | **Explanation:** This modifier indicates the service by the admitting or attending provider who oversees the patient’s care, as distinct from other providers who may furnish specialty care. The principal provider of record shall append modifier AI to the initial visit code. The primary purpose of this modifier is to identify the principal provider of record on the initial hospital and nursing home visit codes. |
|     | **Tips:** Remember that modifier AI is for inpatient use only, not for outpatient evaluation and management, or E/M, codes. |
|     | Modifier AI is informational only and does not impact the payment. |

| AJ  | Clinical social worker                                 |
|     | **Definition:** Append this modifier to indicate the services of a clinical social worker. |
|     | **Explanation:** This modifier indicates the services of a qualified clinical social worker for therapeutic procedures that he performs in the facility. The modifier indicates that a clinical social worker, who qualifies as per Medicare guidelines to provide these services, is performing the service the facility is reporting under the CPT® code for the procedure. |
|     | **Tips:** When the facility uses this modifier with any CPT® code, it lets the payer know that a qualified clinical social worker handled the services and reimbursement can be made as per CMS payment guidelines. If you fail to append the right modifier to the CPT® code, it may lead to incorrect payments and fraudulent claims. |

| AK  | Non participating physician                            |
|     | **Definition:** Append this modifier to indicate the services of a non participating physician. |
|     | **Explanation:** This modifier indicates the services of a non participating provider who chooses not to participate in the Medicare fee schedule reimbursement, meaning he does not accept the Medicare approved amount as full payment for covered service. Medicare does not reimburse non participating physicians directly. Instead Medicare reimburses the patient for the allowable costs. The provider has to arrange for payment directly from the patient. |
|     | **Tips:** Use this modifier to represent the services of a non participating physician in a critical access hospital. |

| AM  | Physician, team member service                         |
|     | **Definition:** Append this modifier to indicate the services of a member of a provider’s team, usually a physician assistant who is part of the provider’s team. |
|     | **Explanation:** Append modifier AM if a physician assistant or other team member of the provider’s team renders service. Usually, the supervising provider bills these services and the provider uses this modifier to indicate that his team member performs the service. |
|     | **Tips:** This modifier is informational only and should not impact reimbursement. It just identifies that during the procedure the provider is not rendering the actual service but he is supervising the service. |

| AO  | Alternate payment method declined by provider of service |
|     | **Definition:** Append this modifier to each line of service on a claim if the provider prefers to decline participation in an alternate payment method by the payer. |
|     | **Explanation:** Modifier AO indicates that the provider declines an alternate payment methodology and wants to continue with the original method of reimbursement. Use this modifier if you do not prefer to participate in bundled payment program for example for a care improvement initiative under the Affordable care act and you would continue to receive the reimbursement according to regular fee for service payment rules. |
|     | **Tips:** If the provider does not report the AO modifier on each line of service on the claim then the provider receives the claim back as unprocessable with instruction to rebill the services on separate claims. |
Appendix I Publication 100 References

Disclaimer: This appendix includes relevant sections of the CMS Medicare and Medicaid Publication 100 information but is not an all-inclusive document. CMS updates policies and procedures frequently. The information contained here was the most up-to-date information on the CMS website at the time of printing. For more recent updates, visit the CMS website.

100-1, Chapter-1, 10.1
Hospital Insurance (Part A) for Inpatient Hospital, Hospice, Home Health and Skilled Nursing Facility (SNF) Services - A Brief Description

Hospital insurance is designed to help patients defray the expenses incurred by hospitalization and related care. In addition to inpatient hospital benefits, hospital insurance covers post hospital extended care in SNFs and post hospital care furnished by a home health agency in the patient's home. Blood clotting factors, for hemophilia patients competent to use such factors to control bleeding without medical or other supervision, and items related to the administration of such factors, are also a Part A benefit for beneficiaries in a covered Part A stay. The purpose of these additional benefits is to provide continued treatment after hospitalization and to encourage the appropriate use of more economical alternatives to inpatient hospital care.

Program payments for services rendered to beneficiaries by providers (i.e., hospitals, SNFs, and home health agencies) are generally made to the provider. In each benefit period, payment may be made for up to 90 inpatient hospital days, and 100 days of post hospital extended care services.

Hospices also provide Part A hospital insurance services such as short-term inpatient care. In order to be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and be certified as being terminally ill. An individual is considered to be terminally ill if the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.

The Part A benefit categories of inpatient hospital services and SNF services are each subject to separate and mutually exclusive day limits, so that the use of benefit days under one of these benefits does not affect the number of benefit days that remain available under the other. Accordingly, the 90 days of inpatient hospital benefits (plus 60 nonrenewable lifetime reserve days — see Pub. 100-02, Medicare Benefit Policy Manual, chapter 5) that are available to a beneficiary in a hospital do not count against the 100 days of posthospital extended care benefits that are available in a SNF, and vice-versa.

100-1, Chapter-3, 20.5
Blood Deductibles (Part A and Part B)

Program payment may not be made for the first 3 pints of whole blood or equivalent units of packed red cells received under Part A and Part B combined in a calendar year. However, blood processing (e.g., administration, storage) is not subject to the deductible.

The blood deductibles are in addition to any other applicable deductible and coinsurance amounts for which the patient is responsible.

The deductible applies only to the first 3 pints of blood furnished in a calendar year, even if more than one provider furnished blood.

100-1, Chapter-3, 20.5.2
Part B Blood Deductible

Blood is furnished on an outpatient basis or is subject to the Part B deductible and is counted toward the combined limit. It should be noted that payment for blood may be made to the hospital under Part B only for blood furnished in an outpatient setting. Blood is not covered for inpatient Part B services.

100-1, Chapter-3, 20.5.3
Items Subject to Blood Deductibles

The blood deductibles apply only to whole blood and packed red cells. The term whole blood means human blood from which none of the liquid or cellular components have been removed. Where packed red cells are furnished, a unit of packed red cells is considered equivalent to a pint of whole blood. Other components of blood such as platelets, fibrinogen, plasma, gamma globulin, and serum albumin are not subject to the blood deductible. However, these components of blood are covered as biological.

Refer to Pub. 100-04, Medicare Claims Processing Manual, chapter 4, §231 regarding billing for blood and blood products under the Hospital Outpatient Prospective Payment System (OPPS).

100-1, Chapter-3, 30
Outpatient Mental Health Treatment Limitation

Regardless of the actual expenses a beneficiary incurs in connection with the treatment of mental, psychoneurotic, and personality disorders while the beneficiary is not an inpatient of a hospital at the time such expenses are incurred, the amount of those expenses that may be recognized for Part B deductible and payment purposes is limited to 62.5 percent of the Medicare approved amount for those services. The limitation is called the outpatient mental health treatment limitation (the limitation). The 62.5 percent limitation has been in place since the inception of the Medicare Part B program and it will remain effective at this percentage amount until January 1, 2010. However, effective January 1, 2010, through January 1, 2014, the limitation will be phased out as follows:

- January 1, 2010 – December 31, 2011, the limitation percentage is 68.75%.
- January 1, 2012 – December 31, 2012, the limitation percentage is 75%.
- January 1, 2013 – December 31, 2013, the limitation percentage is 81.25%.
- January 1, 2014 – onward, the limitation percentage is 100%.

For additional details concerning the outpatient mental health treatment limitation, please see the Medicare Claims Processing Manual, Publication 100-04, chapter 9, section 60 and chapter 12, section 210.
### Ambulatory Modifiers

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
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<tbody>
<tr>
<td>P1</td>
<td>A normal healthy patient</td>
</tr>
<tr>
<td>P2</td>
<td>A patient with mild systemic disease</td>
</tr>
<tr>
<td>P3</td>
<td>A patient with severe systemic disease</td>
</tr>
<tr>
<td>P4</td>
<td>A patient with severe systemic disease that is a constant threat to life</td>
</tr>
<tr>
<td>P5</td>
<td>A moribund patient who is not expected to survive without the operation</td>
</tr>
<tr>
<td>P6</td>
<td>A declared brain-dead patient whose organs are being removed for donor purposes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Anesthesia services performed personally by anesthesiologist</td>
</tr>
<tr>
<td>AN</td>
<td>Medical supervision by a physician: more than four concurrent anesthesia procedures</td>
</tr>
<tr>
<td>G8</td>
<td>Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedures</td>
</tr>
<tr>
<td>GC</td>
<td>This service has been performed in part by a resident under the direction of a teaching physician</td>
</tr>
</tbody>
</table>

### Anesthesia Modifiers

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>A normal healthy patient</td>
</tr>
<tr>
<td>P2</td>
<td>A patient with mild systemic disease</td>
</tr>
<tr>
<td>P3</td>
<td>A patient with severe systemic disease</td>
</tr>
<tr>
<td>P4</td>
<td>A patient with severe systemic disease that is a constant threat to life</td>
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<tr>
<td>P5</td>
<td>A moribund patient who is not expected to survive without the operation</td>
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<tr>
<td>P6</td>
<td>A declared brain-dead patient whose organs are being removed for donor purposes</td>
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<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>QX</td>
<td>Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals</td>
</tr>
<tr>
<td>Q5</td>
<td>Monitored anesthesia care service</td>
</tr>
<tr>
<td>QY</td>
<td>Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist</td>
</tr>
</tbody>
</table>

Thanks to your book purchase, AAPC will be able to help even more members who face financial difficulty through the Hardship Fund. The Hardship Fund is a financial aid program created to assist our members with:

- Maintaining their membership and certification through membership renewal dues, exam prep tools and more
- Registration for national or regional conferences
- Certain local chapter events

All awards are based on the availability of funds and the applicant’s ability to demonstrate reasonable hardship. A portion of each book sale goes to helping more applicants through their time of need. We appreciate your contribution and your support for your fellow AAPC members.

To learn more about the Hardship Fund and its efforts or apply for financial assistance, visit visit aapc.com.