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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 2023
- CPT® crosswalk codes for select HCPCS Level II G codes
- Deleted codes crosswalk for 2023
- 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.
HCPCS Level II Coding Procedures

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 ambulance services and 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

Basilar artery
Internal carotid artery
External carotid artery
External jugular vein
Internal jugular vein
Vertebral arteries
Common carotid arteries

Pulmonary arteries
Pulmonary veins
Heart

Celiac trunk
Hepatic vein
Renal veins
Renal artery
Gonadal vein
Gonadal artery
Common iliac vein
Common iliac artery
Internal iliac artery
Internal iliac vein
External iliac vein

Great saphenous vein
Femoral artery
Femoral vein

Popliteal artery
Popliteal vein
Small saphenous vein
Anterior tibial artery
Posterior tibial artery
Peroneal artery
Anterior/posterior tibial veins

Dorsal venous arch
Dorsal digital vein

Arcuate artery
Dorsal digital arteries

Subclavian artery
Subclavian vein
Cephalic vein
Axillary vein
Axillary artery
Aorta
Superior vena cava
Inferior vena cava
Descending aorta
Branchial artery
Basilic vein
Median cubital vein
Cephalic vein
Ulnar artery
Radial artery

Palmar digital veins
Digital artery

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

Anatomical Illustrations

Ear Anatomy - Cochlea (Inner Ear)

Title: 1406_Cochlea.jpg, Author: OpenStax, Source: https://cnx.org/contents/FPtK1zmh@8.25:fEI3C8Ot@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
  Restraint, shoulder L3650
  Canvas and webbing L3660
  Vest type L3675
  Rotation bar
    Foot L3150
    Adjustable shoeStyled 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
Acetylcysteine
  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
  Acyclovir J0133
  Adalimumab J0135
  Adapter
    Breast pump A4282
    Electric/pneumatic ventricular assist device Q0478
    Neurostimulator C1883
    Oxygen accessory E1358
    Pacing lead C1883
    Pneumatic ventricular assist device Q0504
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
**Argus® - Aztreonam**

**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

### Index to Services, Supplies, Equipment, Drugs

**Assistive listening device**
- Alerting V5269
- Cochlear implant assistive V5273
- FM/DM
  - Accessories
    - Direct audio input receiver V5285
    - Ear level receiver V5284
    - Neck loop induction receiver V5283
  - Not otherwise specified (NOS) V5287
  - Personal adapter/boot coupling V5289
  - Personal Bluetooth® receiver V5286
  - Personal transmitter V5288
  - Transmitter microphone V5290
- System
  - Binaural V5282
  - Monaural V5281
  - Not otherwise specified (NOS) V5274
  - Supplies and accessories not otherwise specified (NOS) V5267
  - TDD V5272
  - Telephone amplifier V5268
  - Television amplifier V5270
  - Television caption decoder V5271

**Asthma**
- Education S9441
- Kit S8097
- Reporting
  - Not well-controlled, reason not given G9434
  - Result documented G9432
  - Well-controlled G9432

**Atezolizumab injection** J9022

**Atropine sulfate** J0461

**Atropine, inhalation solution**
- Concentrated J7635
  - Unit dose J7636

**Attendant care**
- Per 15 min S5125
- Per diem S5126

**Audiologic assessment**
- Conformity evaluation V5020
- Fitting/orientation/checking, hearing aid V5011
- Hearing aid V5010
- Repair/modification V5014
- Hearing screening V5008

**Audiometry** S0618

**Auditory osseointegrated device**
- Abutment length replacement L8693
- Batteries L8624
- External sound processor
  - Headband or other external attachment L8692
  - Replacement L8691
- Internal and external components L8690
- Transducer/actuator replacement L8694
- Transmitting cable L8618

**Aurothioglucose** J2910

**Autograft suspension** C1832 *

**Autologous cultured chondrocytes, implant** J7330

**Avelumab injection** J9023

**Axicabtagene ciloleucel** Q2041

**Axobio** Q4211

**Axolotl** Q4210, Q4215

**Azacitidine** J9025

**Azathioprine** J7500, J7501

**Azithromycin** J0456

**Azithromycin dihydrate** Q0144

**Aztreonam** S0073

---

*New index entry*
### Medical and Surgical Supplies (A2001-A8004)

#### RESPIRATORY SUPPLIES AND EQUIPMENT (A4611-A4629)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Modifier</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4590</td>
<td>Special casting material (e.g., fiberglass)</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1A Medical/surgical supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service not separately priced by Part B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4595</td>
<td>Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1E Other DME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4600</td>
<td>Sleeve for intermittent limb compression device, replacement only, each</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1E Other DME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4601</td>
<td>Lithium ion battery, rechargeable, for non-prosthetic use, replacement</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1E Other DME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4602</td>
<td>Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1E Other DME</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DME Modifier: NU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4603</td>
<td>Tubing with integrated heating element for use with positive airway pressure device</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1E Other DME</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DME Modifier: NU</td>
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<tr>
<td></td>
<td>Pub: 100-4, Chapter-36, 50.14</td>
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<tr>
<td>A4604</td>
<td>Tracheal suction catheter, closed system, each</td>
<td>E1</td>
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<tr>
<td></td>
<td>BETOS: D1E Other DME</td>
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<td></td>
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<td></td>
<td>DME Modifier: NU</td>
<td></td>
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<tr>
<td>A4606</td>
<td>Oxygen probe for use with oximeter device, replacement</td>
<td>N</td>
<td></td>
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<tr>
<td></td>
<td>BETOS: D1E Other DME</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service not separately priced by Part B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4608</td>
<td>Transtracheal oxygen catheter, each</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1C Oxygen and supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service not separately priced by Part B</td>
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</table>

### Nasal cannula

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Modifier</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4615</td>
<td>Cannula, nasal</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1C Oxygen and supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service not separately priced by Part B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4616</td>
<td>Tubing (oxygen), per foot</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1C Oxygen and supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service not separately priced by Part B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4617</td>
<td>Mouth piece</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1C Oxygen and supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service not separately priced by Part B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4618</td>
<td>Breathing circuits</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1E Other DME</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DME Modifier: NU, RR, UE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4619</td>
<td>Face tent</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1E Other DME</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DME Modifier: NU</td>
<td></td>
<td></td>
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<tr>
<td>A4620</td>
<td>Variable concentration mask</td>
<td>E1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BETOS: D1C Oxygen and supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service not separately priced by Part B</td>
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</tr>
<tr>
<td>A4623</td>
<td>Tracheostomy, inner cannula</td>
<td>E1</td>
<td></td>
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<tr>
<td></td>
<td>BETOS: D1F Prosthetic/Orthotic devices</td>
<td></td>
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<tr>
<td>A4624</td>
<td>Tracheal suction catheter, any type other than closed system, each</td>
<td>E1</td>
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<td></td>
<td>BETOS: D1E Other DME</td>
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<td>DME Modifier: NU</td>
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<tr>
<td>A4625</td>
<td>Tracheostomy care kit for new tracheostomy</td>
<td>E1</td>
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<td>BETOS: D1F Prosthetic/Orthotic devices</td>
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<tr>
<td>A4626</td>
<td>Tracheostomy cleaning brush, each</td>
<td>E1</td>
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<td>BETOS: D1F Prosthetic/Orthotic devices</td>
<td></td>
<td></td>
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<tr>
<td>A4627</td>
<td>Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler</td>
<td>E1</td>
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<tr>
<td></td>
<td>BETOS: D1A Medical/surgical supplies</td>
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<td>Service not separately priced by Part B</td>
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<tr>
<td>A4628</td>
<td>Oropharyngeal suction catheter, each</td>
<td>E1</td>
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<td>BETOS: D1E Other DME</td>
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<tr>
<td>A4629</td>
<td>Tracheostomy care kit for established tracheostomy</td>
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<td>BETOS: D1F Prosthetic/Orthotic devices</td>
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</tbody>
</table>

###Notes

- **CPT® is a registered trademark of the American Medical Association. All rights reserved.**
- **A - Z = APC Status indicator**
- **ASC = ASC Approved Procedure**
- **E1** Paid under the DME fee schedule
- **MIPS** MIPS code
- **Z2** Undefined codes
A4630 - A4670

REPLACEMENT PARTS (A4630-A4640)

D A4630 Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
BETOS: D1E Other DME
DME Modifier: NU

C A4633 Replacement bulb/lamp for ultraviolet light therapy system, each
BETOS: D1E Other DME
DME Modifier: NU

C A4634 Replacement bulb for therapeutic light box, tabletop model
BETOS: D1E Other DME
Service not separately priced by Part B

D A4635 Underarm pad, crutch, replacement, each
BETOS: D1E Other DME
DME Modifier: NU,RR,UE

D A4636 Replacement, handgrip, cane, crutch, or walker, each
BETOS: D1E Other DME
DME Modifier: KE,NU,RR,UE
Pub: 100-4, Chapter-36, 50.15

D A4637 Replacement, tip, cane, crutch, walker, each
BETOS: D1E Other DME
DME Modifier: KE,NU,RR,UE
Pub: 100-4, Chapter-36, 50.15

C A4638 Replacement battery for patient-owned ear pulse generator, each
BETOS: D1E Other DME
DME Modifier: NU,RR,UE

C A4639 Replacement pad for infrared heating pad system, each
BETOS: D1E Other DME
DME Modifier: RR
Pub: 100-4, Chapter-5, 20.4

D A4640 Replacement pad for use with medically necessary alternating pressure pad owned by patient
BETOS: D1E Other DME
DME Modifier: NU,RR,UE

DIAGNOSTIC RADIOPHARMACEUTICALS (A4641-A4642), SEE ALSO DIAGNOSTIC AND THERAPEUTIC RADIOPHARMACEUTICALS (A9500-A9700)

C A4641 Radiopharmaceutical, diagnostic, not otherwise classified
BETOS: 11E Standard imaging - nuclear medicine
Coding Clinic: 2005, Q4
Pub: 100-4, Chapter-13, 60.3

Medical and Surgical Supplies (A2001-A8004)

C A4642 Indium In-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries
BETOS: 11E Standard imaging - nuclear medicine
Coding Clinic: 2002, Q2; 2005, Q4

OTHER SUPPLIES (A4648-A4652)

C A4648 Tissue marker, implantable, any type, each
BETOS: 11E Standard imaging - nuclear medicine
Other carrier priced
Coding Clinic: 2013, Q3; 2018, Q2

C A4649 Surgical supply; miscellaneous
BETOS: D1A Medical/surgical supplies

C A4650 Implantable radiation dosimeter, each
BETOS: 11E Standard imaging - nuclear medicine
Other carrier priced

D A4651 Calibrated microcapillary tube, each
BETOS: P9B Dialysis services
(Non-Medicare fee schedule)
Service not separately priced by Part B
Coding Clinic: 2002, Q1

D A4652 Microcapillary tube sealant
BETOS: P9B Dialysis services
(Non-Medicare fee schedule)
Service not separately priced by Part B
Coding Clinic: 2002, Q1

DIALYSIS EQUIPMENT AND SUPPLIES (A4653-A4932)

C A4653 Peritoneal dialysis catheter anchoring device, belt, each
BETOS: P9B Dialysis services
(Non-Medicare fee schedule)
Service not separately priced by Part B

D A4657 Syringe, with or without needle, each
BETOS: P9B Dialysis services
(Non-Medicare fee schedule)
Service not separately priced by Part B
Coding Clinic: 2002, Q1
Pub: 100-4, Chapter-8, 60.6

D A4660 Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
BETOS: P9B Dialysis services
(Non-Medicare fee schedule)
Service not separately priced by Part B

D A4663 Blood pressure cuff only
BETOS: P9B Dialysis services
(Non-Medicare fee schedule)
Service not separately priced by Part B

M A4670 Automatic blood pressure monitor
BETOS: P9B Dialysis services
(Non-Medicare fee schedule)
Service not separately priced by Part B
### Administrative, Miscellaneous and Investigational (A9150-A9999)

#### MISCELLANEOUS SUPPLIES AND EQUIPMENT (A9150-A9300)

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>BETOS</th>
<th>Payment Indicator</th>
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<td>A9150</td>
<td>Non-prescription drugs</td>
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<td>Other drugs</td>
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<td>A9152</td>
<td>Single vitamin/mineral/trace element, oral, per dose, not otherwise specified</td>
<td>E1</td>
<td>Undefined codes</td>
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<td>A9153</td>
<td>Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified</td>
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<td>Undefined codes</td>
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<td>A9155</td>
<td>Artificial saliva, 30 ml</td>
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<td>Other carrier priced</td>
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<td>A9180</td>
<td>Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker</td>
<td>E1</td>
<td>Undefined codes</td>
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<tr>
<td>A9270</td>
<td>Non-covered item or service</td>
<td>E1</td>
<td>Undefined codes</td>
</tr>
<tr>
<td>A9272</td>
<td>Wound suction, disposable, includes dressing, all accessories and components, any type, each</td>
<td>E1</td>
<td>Medical/surgical supplies</td>
</tr>
<tr>
<td>A9273</td>
<td>Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type</td>
<td>E1</td>
<td>Medical/surgical supplies</td>
</tr>
<tr>
<td>A9274</td>
<td>External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories</td>
<td>E1</td>
<td>Medical/surgical supplies</td>
</tr>
<tr>
<td>A9275</td>
<td>Home glucose disposable monitor, includes test strips</td>
<td>E1</td>
<td>Other DME</td>
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<tr>
<td>A9276</td>
<td>Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply</td>
<td>E1</td>
<td>Other DME</td>
</tr>
<tr>
<td>A9277</td>
<td>Transmitter; external, for use with interstitial continuous glucose monitoring system</td>
<td>E1</td>
<td>Other DME</td>
</tr>
<tr>
<td>A9278</td>
<td>Receiver (monitor); external, for use with interstitial continuous glucose monitoring system</td>
<td>E1</td>
<td>Other DME</td>
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<tr>
<td>A9279</td>
<td>Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified</td>
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<td>Other DME</td>
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<tr>
<td>A9280</td>
<td>Alert or alarm device, not otherwise classified</td>
<td>E1</td>
<td>Undefined codes</td>
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<tr>
<td>A9281</td>
<td>Reaching/grabbing device, any type, any length, each</td>
<td>E1</td>
<td>Other DME</td>
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<tr>
<td>A9282</td>
<td>Wig, any type, each</td>
<td>E1</td>
<td>Undefined codes</td>
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<td>A9283</td>
<td>Foot pressure off loading/supportive device, any type, each</td>
<td>E1</td>
<td>Other DME</td>
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<td>A9284</td>
<td>Spirometer, non-electronic, includes all accessories</td>
<td>N</td>
<td>Undefined codes</td>
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<td>A9285</td>
<td>Inversion/eversion correction device</td>
<td>A</td>
<td>Undefined codes</td>
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<td>A9286</td>
<td>Hygienic item or device, disposable or non-disposable, any type, each</td>
<td>E1</td>
<td>Other DME</td>
</tr>
<tr>
<td>A9300</td>
<td>Exercise equipment</td>
<td>E1</td>
<td>Other DME</td>
</tr>
</tbody>
</table>
E0232 - E0273

**Warming card for use with the non contact wound warming device and non contact wound warming cover**

**BETOS:** D1E Other DME

**Service not separately priced by Part B**

*Coding Clinic: 2002, Q1*

**E0235**

Paraffin bath unit, portable (see medical supply code A4265 for paraffin)

**BETOS:** D1E Other DME

**DME Modifier: RR**

**E0236**

Pump for water circulating pad

**BETOS:** D1E Other DME

**DME Modifier: RR**

**E0239**

Hydrocollator unit, portable

**BETOS:** D1E Other DME

**DME Modifier: NU,RR,UE**

**Bathing Supplies (E0240-E0249)**

**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)**

**E0250**

Hospital bed, fixed height, with any type side rails, with mattress

**BETOS:** D1B Hospital beds

**DME Modifier: RR**

**E0251**

Hospital bed, fixed height, with any type side rails, without mattress

**BETOS:** D1B Hospital beds

**DME Modifier: RR**

**E0255**

Hospital bed, variable height, hi-lo, with any type side rails, with mattress

**BETOS:** D1B Hospital beds

**DME Modifier: RR**

**E0256**

Hospital bed, variable height, hi-lo, with any type side rails, without mattress

**BETOS:** D1B Hospital beds

**DME Modifier: RR**

**E0260**

Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress

**BETOS:** D1B Hospital beds

**DME Modifier: RR**

**E0261**

Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress

**BETOS:** D1B Hospital beds

**DME Modifier: RR**

**E0265**

Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress

**BETOS:** D1B Hospital beds

**DME Modifier: RR**

**E0266**

Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress

**BETOS:** D1B Hospital beds

**DME Modifier: RR**

**E0270**

Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress

**BETOS:** D1B Hospital beds

**Special coverage instructions apply**

**E0271**

Mattress, innerspring

**BETOS:** D1B Hospital beds

**DME Modifier: NU,RR,UE**

**Pub:** 100-4, Chapter-36, 50.14

**E0272**

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**

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Durable Medical Equipment (DME) (K0001-K1027)

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: KF,RR

K0012 Lightweight portable motorized/power wheelchair
BETOS: D1D Wheelchairs
DME Modifier: RR

K0013 Custom motorized/power wheelchair base
BETOS: D1D Wheelchairs

K0014 Other motorized/power wheelchair base
BETOS: D1D Wheelchairs

K0015 Detachable, non-adjustable height armrest, replacement only, each
BETOS: D1D Wheelchairs
DME Modifier: KE,KU,RR

K0017 Detachable, adjustable height armrest, base, replacement only, each
BETOS: D1D Wheelchairs
DME Modifier: KE,KU,NU,RR,UE

K0018 Detachable, adjustable height armrest, upper portion, replacement only, each
BETOS: D1D Wheelchairs
DME Modifier: KE,KU,NU,RR,UE

K0019 Arm pad, replacement only, each
BETOS: D1D Wheelchairs
DME Modifier: KE,KU,NU,RR,UE

K0020 Fixed, adjustable height armrest, pair
BETOS: D1D Wheelchairs
DME Modifier: KE,KU,NU,RR,UE

K0037 High mount flip-up footrest, each
BETOS: D1D Wheelchairs
DME Modifier: KE,KU,NU,RR,UE

K0038 Leg strap, each
BETOS: D1D Wheelchairs
DME Modifier: KE,KU,NU,RR,UE

K0039 Leg strap, H style, each
BETOS: D1D Wheelchairs
DME Modifier: KE,KU,NU,RR,UE

K0040 Adjustable angle footplate, each
BETOS: D1D Wheelchairs
DME Modifier: KE,KU,NU,RR,UE

K0041 Large size footplate, each
BETOS: D1D Wheelchairs
DME Modifier: KE,KU,NU,RR,UE

K0042 Standard size footplate, replacement only, each
BETOS: D1D Wheelchairs
DME Modifier: KE,KU,NU,RR,UE
**Durable Medical Equipment (DME) (K0001-K1027)**

<table>
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<tr>
<th>Code</th>
<th>Description</th>
<th>New Code</th>
<th>Revised Code</th>
<th>Carrier Judgment</th>
<th>Special Coverage Instructions Apply</th>
<th>Not Payable by Medicare</th>
<th>Non-Covered by Medicare</th>
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<td>K0043</td>
<td>Footrest, lower extension tube, replacement only, each</td>
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<td>BETOS: D1D</td>
<td>Wheelchairs</td>
<td>DME Modifier: KE,KU,NU,RR,UE</td>
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<tr>
<td>K0044</td>
<td>Footrest, upper hanger bracket, replacement only, each</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
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<td>DME Modifier: KE,KU,NU,RR,UE</td>
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<td>K0045</td>
<td>Footrest, complete assembly, replacement only, each</td>
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<td>K0050</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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<tr>
<td>K0052</td>
<td>Swingaway, detachable footrests, replacement only, each</td>
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<tr>
<td>K0053</td>
<td>Elevating footrests, articulating (telescoping), each</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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<tr>
<td>BETOS: D1D</td>
<td>Wheelchairs</td>
<td>DME Modifier: KE,KU,NU,RR,UE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K0065</td>
<td>Spoke protectors, each</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
</tr>
<tr>
<td>BETOS: D1D</td>
<td>Wheelchairs</td>
<td>DME Modifier: KU,NU,RR,UE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K0069</td>
<td>Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
</tr>
<tr>
<td>BETOS: D1D</td>
<td>Wheelchairs</td>
<td>DME Modifier: KU,NU,RR,UE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K0070</td>
<td>Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
</tr>
<tr>
<td>BETOS: D1D</td>
<td>Wheelchairs</td>
<td>DME Modifier: KU,RR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>New Code</th>
<th>Revised Code</th>
<th>Carrier Judgment</th>
<th>Special Coverage Instructions Apply</th>
<th>Not Payable by Medicare</th>
<th>Non-Covered by Medicare</th>
<th></th>
<th></th>
<th></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>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
<td>❖</td>
</tr>
<tr>
<td>BETOS: D1E</td>
<td>Other DME</td>
<td>DME Modifier: RR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix A
Table of Drugs and Biologicals

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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA</td>
<td>Intra-arterial administration</td>
</tr>
<tr>
<td>IV</td>
<td>Intravenous administration</td>
</tr>
<tr>
<td>IM</td>
<td>Intramuscular administration</td>
</tr>
<tr>
<td>IT</td>
<td>Intrathecal</td>
</tr>
<tr>
<td>SC</td>
<td>Subcutaneous administration</td>
</tr>
<tr>
<td>INH</td>
<td>Administration by inhaled solution</td>
</tr>
<tr>
<td>VAR</td>
<td>Various routes of administration</td>
</tr>
<tr>
<td>OTH</td>
<td>Other routes of administration</td>
</tr>
<tr>
<td>ORAL</td>
<td>Administered orally</td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>Drug Name</th>
<th>Unit Per</th>
<th>Route</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABATACEPT</strong></td>
<td>10 mg</td>
<td>IV</td>
<td>J0129</td>
</tr>
<tr>
<td><strong>ABCIXIMAB</strong></td>
<td>10 mg</td>
<td>IV</td>
<td>J0130</td>
</tr>
<tr>
<td><strong>ABECET®</strong></td>
<td>10 mg</td>
<td>IV</td>
<td>J0287</td>
</tr>
<tr>
<td><strong>ABILIFY MAINTENA®</strong></td>
<td>1 mg</td>
<td>IM</td>
<td>J0401</td>
</tr>
<tr>
<td><strong>ABOBOTULINUM TOXIN A</strong></td>
<td>5 IU</td>
<td>IM</td>
<td>J0586</td>
</tr>
<tr>
<td><strong>ABRAXANE®</strong></td>
<td>1 mg</td>
<td>IV</td>
<td>J0264</td>
</tr>
<tr>
<td><strong>ACETADOTE®</strong></td>
<td>100 mg</td>
<td>IV</td>
<td>J0132</td>
</tr>
<tr>
<td><strong>ACETAMINOPHEN</strong></td>
<td>10 mg</td>
<td>IV</td>
<td>J0131</td>
</tr>
<tr>
<td><strong>ACETAZOLAMIDE SODIUM</strong></td>
<td>up to 500 mg</td>
<td>IV, IM</td>
<td>J1120</td>
</tr>
<tr>
<td><strong>ACETYLCYSTEINE</strong></td>
<td>100 mg</td>
<td>IV</td>
<td>J0132</td>
</tr>
<tr>
<td><strong>ACETYLCYSTEINE, UNIT DOSE, COMPOUNDED</strong></td>
<td>1 gram INH</td>
<td>J7604</td>
<td></td>
</tr>
<tr>
<td><strong>ACETYLCYSTEINE, UNIT DOSE, NON-COMPOUNDED</strong></td>
<td>1 gram INH</td>
<td>J7608</td>
<td></td>
</tr>
<tr>
<td><strong>ACTEMRA®</strong></td>
<td>1 mg</td>
<td>IV</td>
<td>J0132</td>
</tr>
<tr>
<td><strong>ACTHREL®</strong></td>
<td>0.1 mg</td>
<td>SC</td>
<td>J0795</td>
</tr>
<tr>
<td><strong>ACYCLOVIR</strong></td>
<td>1 mg</td>
<td>IM</td>
<td>J2297</td>
</tr>
<tr>
<td><strong>ADAGEN®</strong></td>
<td>5 mg</td>
<td>IV</td>
<td>J0133</td>
</tr>
<tr>
<td><strong>ADALIMMAB</strong></td>
<td>25 IU</td>
<td>IM</td>
<td>J2054</td>
</tr>
<tr>
<td><strong>ADALVE®</strong></td>
<td>5 mg</td>
<td>IV</td>
<td>J0791</td>
</tr>
<tr>
<td><strong>ADAMCREB®</strong></td>
<td>20 mg</td>
<td>SC</td>
<td>J0135</td>
</tr>
<tr>
<td><strong>ADENOCARD®</strong></td>
<td>1 mg</td>
<td>IV</td>
<td>J0153</td>
</tr>
<tr>
<td><strong>ADENOGEN®</strong></td>
<td>1 mg</td>
<td>IV</td>
<td>J0132</td>
</tr>
<tr>
<td><strong>ADO-TRASTUZUMAB EMTANSINE</strong></td>
<td>1 mg</td>
<td>IV</td>
<td>J0354</td>
</tr>
<tr>
<td><strong>ADRENAFIN, EPINEPHRINE</strong></td>
<td>0.1 mg</td>
<td>SC, IM</td>
<td>J0171</td>
</tr>
<tr>
<td><strong>ADRIAMYCIN®</strong></td>
<td>10 mg</td>
<td>IV</td>
<td>J0090</td>
</tr>
<tr>
<td><strong>ADRUCIL®</strong></td>
<td>500 mg</td>
<td>IV</td>
<td>J0190</td>
</tr>
<tr>
<td><strong>ADUCANUMAB-AVWA</strong></td>
<td>2 mg</td>
<td>IV</td>
<td>J0172</td>
</tr>
<tr>
<td><strong>ADVATE®</strong></td>
<td>1 IU</td>
<td>IV</td>
<td>J0172</td>
</tr>
<tr>
<td><strong>ADVYNOATE®</strong></td>
<td>1 IU</td>
<td>IV</td>
<td>J0207</td>
</tr>
<tr>
<td><strong>AFAMELANOTIDE IMPLANT</strong></td>
<td>1 mg</td>
<td>OTH</td>
<td>J0352</td>
</tr>
<tr>
<td><strong>ALFIBERCEPT</strong></td>
<td>1 mg</td>
<td>OTH</td>
<td>J0178</td>
</tr>
<tr>
<td><strong>AFSTYLA®</strong></td>
<td>1 IU</td>
<td>IV</td>
<td>J0791</td>
</tr>
<tr>
<td><strong>AGALSIDASE BETA</strong></td>
<td>1 mg</td>
<td>IV</td>
<td>J0130</td>
</tr>
<tr>
<td><strong>AGGRASTAT®</strong></td>
<td>0.25 mg</td>
<td>IM, IV</td>
<td>J0287</td>
</tr>
<tr>
<td><strong>AJOY®</strong></td>
<td>1 mg</td>
<td>SC</td>
<td>J0301</td>
</tr>
<tr>
<td><strong>AKYNZEO®</strong></td>
<td>25 mg</td>
<td>IV</td>
<td></td>
</tr>
<tr>
<td><strong>AKYNZEO®</strong></td>
<td>300 mg and 0.5 mg</td>
<td>ORAL</td>
<td>J0675</td>
</tr>
<tr>
<td><strong>ALATROFLOXIN MESYLATE</strong></td>
<td>100 mg</td>
<td>IV</td>
<td>J0200</td>
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<tr>
<td><strong>ALBUTEROL AND IPRATROP BROMIDE, NON-COMPOUNDED</strong></td>
<td>up to 2.5 mg/ up to 0.5 mg</td>
<td>INH</td>
<td>J06720</td>
</tr>
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<td><strong>ALBUTEROL, CONCENTRATED FORM, COMPOUNDED</strong></td>
<td>1 mg</td>
<td>INH</td>
<td>J06710</td>
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<tr>
<td><strong>ALBUTEROL, CONCENTRATED FORM, NON-COMPOUNDED</strong></td>
<td>1 mg</td>
<td>INH</td>
<td>J06711</td>
</tr>
<tr>
<td><strong>ALBUTEROL, UNIT DOSE, COMPOUNDED</strong></td>
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<td>INH</td>
<td>J06709</td>
</tr>
<tr>
<td><strong>ALBUTEROL, UNIT DOSE, NON-COMPOUNDED</strong></td>
<td>1 mg</td>
<td>INH</td>
<td>J06713</td>
</tr>
<tr>
<td><strong>ALDESLEUKIN</strong></td>
<td>single use vial</td>
<td>IV</td>
<td>J09015</td>
</tr>
<tr>
<td><strong>ALDURAZYME®</strong></td>
<td>0.1 mg</td>
<td>IV</td>
<td>J0913</td>
</tr>
<tr>
<td><strong>ALEFACT®</strong></td>
<td>0.5 mg</td>
<td>IM, IV</td>
<td>J0215</td>
</tr>
<tr>
<td><strong>ALEMTUZUMAB</strong></td>
<td>1 mg</td>
<td>IV</td>
<td>J0222</td>
</tr>
<tr>
<td><strong>ALGGLUCERASE</strong></td>
<td>10 IU</td>
<td>IV</td>
<td>J0205</td>
</tr>
<tr>
<td><strong>ALGGLUCOSIDASE ALFA</strong></td>
<td>10 mg</td>
<td>IV</td>
<td>J0220</td>
</tr>
<tr>
<td><strong>ALGLUCOSIDASE ALFA (LUMIZYME®)</strong></td>
<td>10 mg</td>
<td>IV</td>
<td>J0221</td>
</tr>
<tr>
<td><strong>ALIQOPA®</strong></td>
<td>1 mg</td>
<td>IV</td>
<td>J0957</td>
</tr>
<tr>
<td><strong>ALKERAN I.V.®</strong></td>
<td>50 mg</td>
<td>IV</td>
<td>J0245</td>
</tr>
<tr>
<td><strong>ALOX®</strong></td>
<td>25 mcg</td>
<td>IV</td>
<td>J0469</td>
</tr>
<tr>
<td><strong>ALPHA 1-PROTEINASE INHIBITOR, HUMAN</strong></td>
<td>10 mg</td>
<td>IV</td>
<td>J0256</td>
</tr>
<tr>
<td><strong>ALPHA 1-PROTEINASE INHIBITOR, HUMAN (GLASSIA®)</strong></td>
<td>10 mg</td>
<td>IV</td>
<td>J0257</td>
</tr>
<tr>
<td><strong>ALPHANATE®</strong></td>
<td>1 IU</td>
<td>IV</td>
<td>J0178</td>
</tr>
<tr>
<td><strong>ALPHANINE®</strong></td>
<td>1 IU</td>
<td>IV</td>
<td>J0178</td>
</tr>
<tr>
<td><strong>ALPROLIX®</strong></td>
<td>1 IU</td>
<td>IV</td>
<td>J0201</td>
</tr>
<tr>
<td>Mod</td>
<td>Modifier Description, Definition, Explanation, and Tips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<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 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>
<tr>
<td>AI</td>
<td>Principal physician of record</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Definition:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Explanation:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Tips:</strong> Remember that modifier AI is for inpatient use only, not for outpatient evaluation and management, or E/M, codes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Modifier AI is informational only and does not impact the payment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AJ</td>
<td>Clinical social worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Definition:</strong> Append this modifier to indicate the services of a clinical social worker.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Explanation:</strong> 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.</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 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AK</td>
<td>Non participating physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Definition:</strong> Append this modifier to indicate the services of a non participating physician.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Explanation:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Tips:</strong> Use this modifier to represent the services of a non participating physician in a critical access hospital.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AM</td>
<td>Physician, team member service</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Definition:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Explanation:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Tips:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AO</td>
<td>Alternate payment method declined by provider of service</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Definition:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Explanation:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Tips:</strong> 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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, 20.5.2

Part B Blood Deductible

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

100-1, 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.
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