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This book will help raise over \$100,000
for AAPC members in financial hardship.

HCPCS Level II

EXPERT

Service/supply codes for caregivers & suppliers

2024

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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 2024
- CPT® crosswalk codes for select HCPCS Level II G codes
- Deleted codes crosswalk for 2024
- 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 Level II 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 using 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.

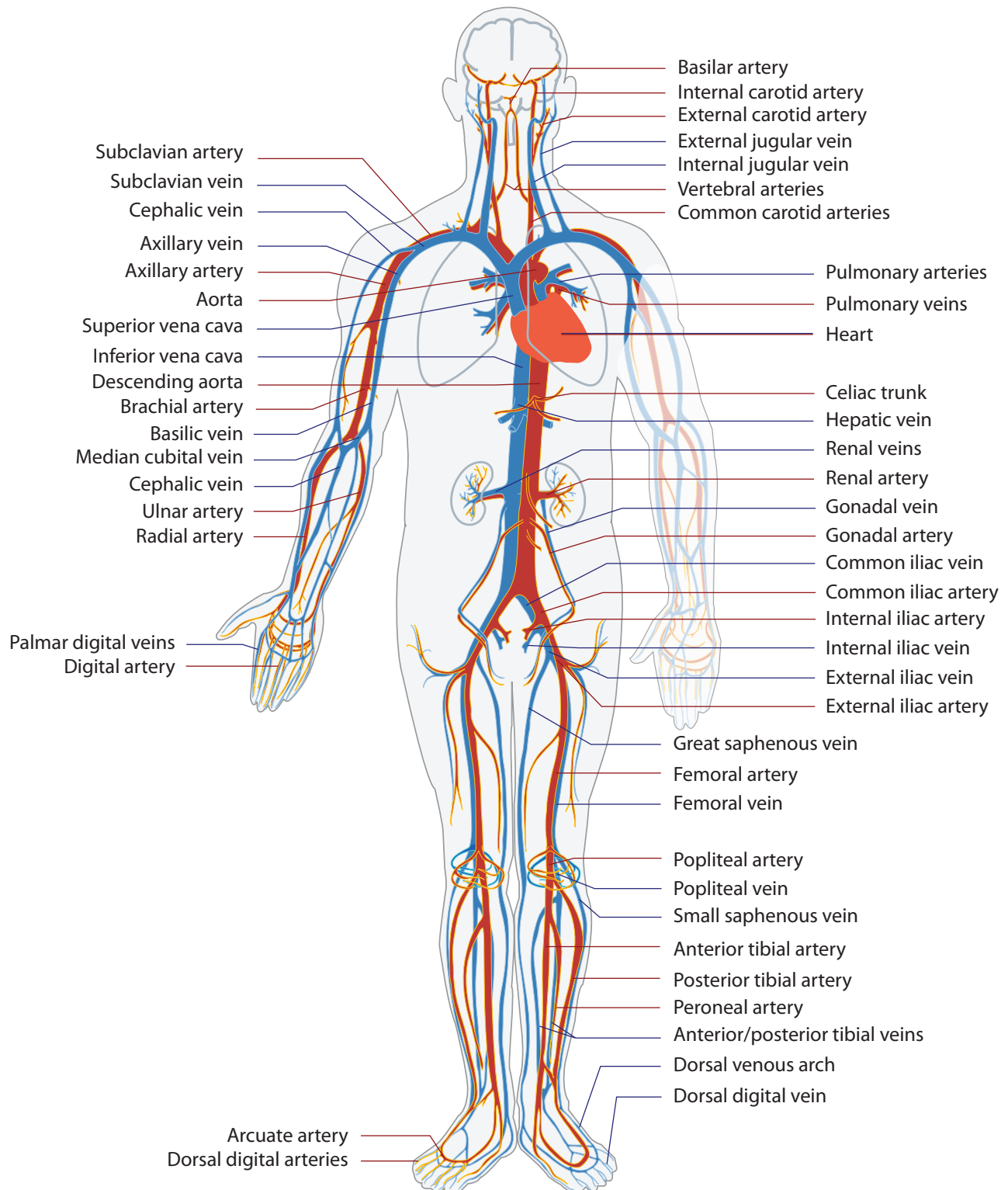
With regard to the Medicare program, if specific Medicare coverage or payment indicators or values have not been established for any new HCPCS codes, this may be because a national Medicare coverage determination and/or fee schedule amounts have not yet been established for these items. This is neither 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.

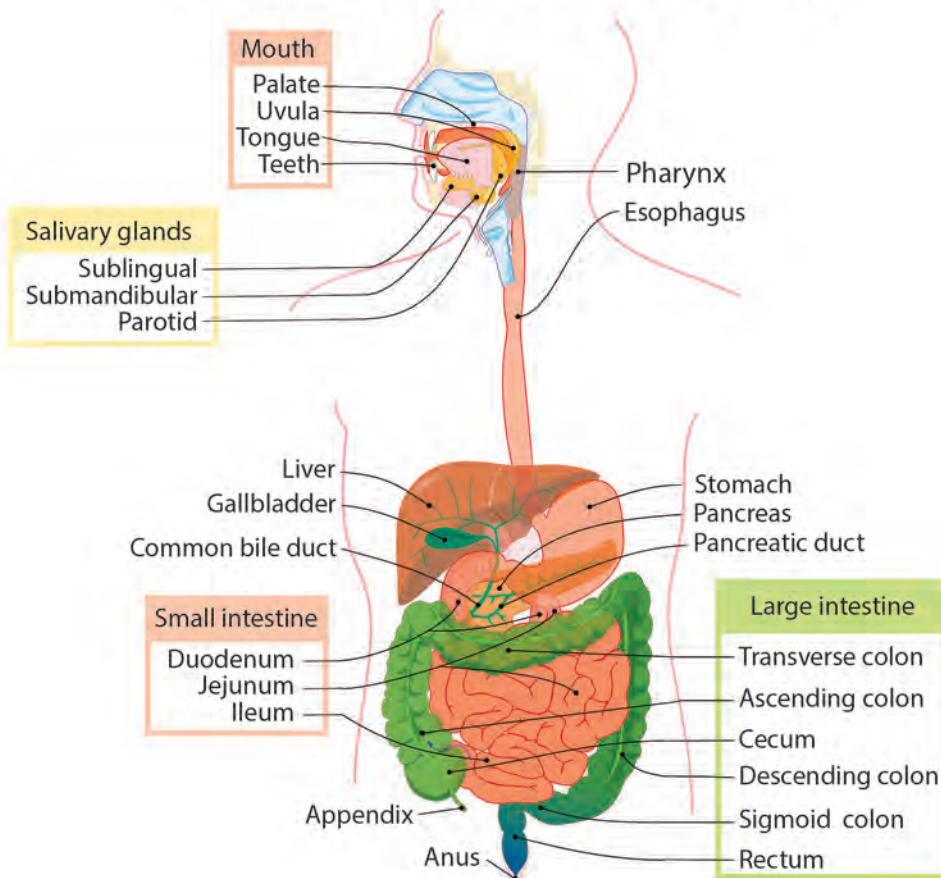
Anatomical Illustrations

Circulatory System — Arteries and Veins



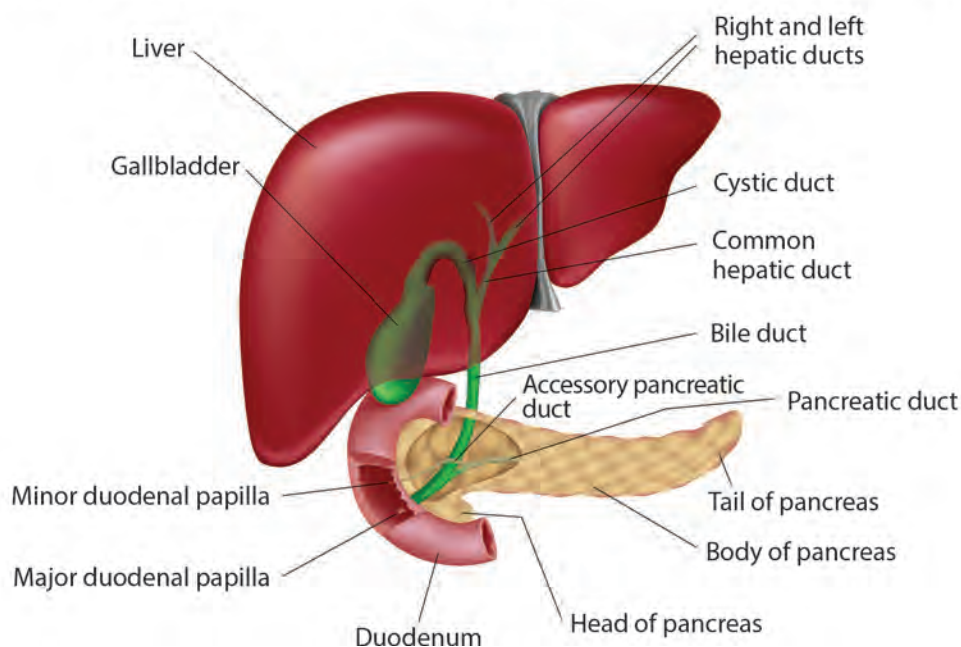
Title: Circulatory System Labels Biology Diagram, **License:** CC0 Creative Commons (Free for commercial use No attribution required), **URL link:** <https://pixabay.com/en/circulatory-system-labels-biology-41523/>

Digestive System Anatomy



Title: Diagram of the gastrointestinal tract, **Author:** Mariana Ruiz (Lady of Hats), Jmarchn, **Source:** Own work, **License:** Public domain, **URL link:** https://en.wikiversity.org/wiki/File:Digestive_system_diagram_en.svg

Digestive System — Liver, Gallbladder, Pancreas



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

Abecma Q2055

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

Transbronchial C9751

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, J0134, J0136 

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 L6620

Adenosine J0153

Adhesive

Bandages

Compression

Light A6448-A6450

Medium A6451

High A6452

Conforming A6442-A6447

Gauze A6216-A6230, A6402-A6404

Padding A6441, S8430

Self-adherent A6453-A6455

With zinc paste 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

Catheterization, specimen collection - Classes

Rectal A4453
 Specialty type A4340
 Suprapubic/cystoscopic C2627
 Thrombectomy/embolectomy C1757
 Tip, disposable (peritoneal dialysis) A4860
 Tracheal
 Oxygen A4608
 Suction A4605, A4624
 Transluminal
 Angioplasty
 Laser C1885
 Non-laser C1725, C2623
 Atherectomy
 Directional C1714
 Rotational C1724
 Intravascular lithotripsy C1761
 Transtracheal oxygen A4608
 Ureteral C1758
 Vacuum drainage collection unit and tubing kit A7048
 Female, metal cup A4327
 Female, pouch A4328
 Perianal fecal A4330

Catheterization, specimen collection P9612, P9615
Cecal landmarks, postsurgical G9612, G9613, G9614
Cefazolin sodium J0689, J0690 **N**
Cefepime HCl J0692, J0701, J0703 **N**
Cefiderocol J0699
Cefoperazone sodium S0021
Cefotaxime sodium J0698
Cefotetan disodium S0074
Cefoxitin sodium J0694
Ceftaroline fosamil J0712
Ceftazidime J0713
Ceftazidime and avibactam J0714
Ceftizoxime sodium J0715
Ceftolozane and tazobactam J0695
Ceftriaxone sodium J0696
Cefuroxime sodium J0697
Celera Dual layer or membrane Q4259 **N**
CellCept® J7517
Cellesta™ Q4184, Q4185, Q4214
Cellular therapy M0075
Cement, ostomy A4364
Cemiplimab-rwlc J9119
Center for Medicare and Medicaid Innovation (CMMI) model G2001-G2015
Centrifuge E1500
Centruroides immune F(ab) J0716
Cephalin flocculation, blood P2028
Cephalothin sodium J1890
Cephapirin sodium J0710
Cerliponase alfa injection J0567
Certolizumab pegol J0717
Cerumen removal G0268
Cervical
 Cap A4261
 Halo L0810-L0830
 Head harness/halter E0942
 Orthosis L0112-L0200
 Traction E0855, E0856
Cervical-thoracic-lumbar-sacral orthosis (CTLSSO) L0700
 With interface material L0710
Cetirizine hydrochloride J1201
Cetuximab J9055
Chair
 Adjustable, dialysis E1570
 Bath/shower E0240
 Lift E0627

Index to Services, Supplies, Equipment, Drugs

Rollabout E1031
 Sitz bath E0160, E0161, E0162

Chamber
 Pacemaker, dual C1785
 Pacemaker, single C1786

Chaplain
 Assessment Q9001
 Counseling Q9002, Q9003

Check in by MD/QHP, brief G2012

Chelation therapy M0300

Chemical endarterectomy M0300

Chemistry and toxicology tests P2028-P3001

Chemodenervation S2340, S2341

Chemotherapy, see also Appendix A: Table of Drugs
 Administration (hospital reporting only) Q0083, Q0084, Q0085
 Anti-emetic Q0161-Q0181
 Drug, oral, not otherwise classified J8999
 Drugs J9000-J9999, Q5101-Q5123
 Office/clinic setting G0498

Chest
 Drain A7040, A7041, A7048
 Shell (cuirass) E0457
 Wall oscillation system E0483
 Hose, replacement A7026
 Vest, replacement A7025
 Wrap E0459

Childbirth classes S9436-S9439, S9442

Chin cup, cervical L0150

Chlamydia screen G9820, G9821

Chlorambucil, oral S0172

Chloramphenicol sodium succinate J0720

Chlordiazepoxide HCl J1990

Chlorhexidine A4248

Chloromycetin sodium succinate J0720

Chloroprocaine HCl J2401, J2402 **N**

Chloroquine HCl J0390

Chlorothiazide sodium J1205

Chlorpromazine HCl J3230, Q0161

Cholangiopancreatography C7541-C7544, S8037 **N**

Choline c-11 A9515

Chorionic gonadotropin J0725

Choroid lesion destruction G0186

Christian Science practitioner services S9900, S9901

Chromic phosphate P32 suspension A9564

Chromium CR-51 sodium chromate A9553

Chronic care management services (CCM) G0506, G0511

Cidofovir J0740

Cilastatin sodium, imipenem J0743

Ciltacabtagene Autoleucl Q2056 **N**

Cimetidine hydrochloride S0023

Cinacalcet, oral J0604

Ciprofloxacin for intravenous infusion J0744

Ciprofloxacin otic suspension J7342

Cisplatin J9060

Cladribine J9065

Clamp
 Dialysis A4918
 Ostomy A4363
 Urethral, external A4356, A4360
 Venous A4918

Clarix™ Q4148, Q4156

Classes
 Asthma education S9441
 Childbirth S9436-S9439, S9442
 Diabetic management S9455, S9460, S9465
 Education NOC S9445, S9446
 Exercise S9451

CMS includes parenthetical coding guidelines for several codes throughout the Tabular List, which are effective for 2024. Some of these guidelines include deleted CPT® or HCPCS codes, even though the guidelines were from the latest updates from CMS for 2024. Please check the CMS website for further updates or guideline changes.

Generic and brand-name drugs found throughout the Tabular List are from the latest CMS updates. Please check the CMS website and the FDA website for further information on valid or discontinued drugs.

TRANSPORTATION SERVICES INCLUDING AMBULANCE (A0021-A0999)

HCPCS Level II codes for ambulance services (A0021-A0999) must be reported with modifiers indicating pick-up origins and destinations. The modifier describing the arrangement (QM, QN) is listed first. The modifiers describing the origin and destination are listed second. Origin and destination modifiers are created by combining two alpha characters from the following list. Each alpha character, with the exception of X, represents either an origin or destination. Each pair of the alpha characters creates one modifier. The first position represents the origin and the second the destination. The modifiers most commonly used are:

D	Diagnostic or therapeutic site other than P or H when these are used as origin codes
E	Residential, domiciliary, custodial facility (other than 1819 facility)
G	Hospital-based dialysis facility
H	Hospital
I	Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
J	Free standing ESRD facility
N	Skilled nursing facility (SNF)
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office on way to hospital (destination code only)

AMBULANCE AND OTHER TRANSPORT SERVICES AND SUPPLIES (A0021-A0999)

- | | |
|---|--|
| <p>I A0021 Ambulance service, outside state per mile, transport (Medicaid only) E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0080 Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0090 Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0100 Non-emergency transportation; taxi E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> | <p>I A0110 Non-emergency transportation and bus, intra or inter state carrier E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0120 Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0130 Non-emergency transportation: wheel-chair van E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0140 Non-emergency transportation and air travel (private or commercial) intra or inter state E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0160 Non-emergency transportation: per mile - case worker or social worker E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0170 Transportation ancillary: parking fees, tolls, other E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0180 Non-emergency transportation: ancillary: lodging-recipient E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0190 Non-emergency transportation: ancillary: meals-recipient E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0200 Non-emergency transportation: ancillary: lodging escort E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0210 Non-emergency transportation: ancillary: meals-escort E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0225 Ambulance service, neonatal transport, base rate, emergency transport, one way A E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> <p>I A0380 BLS mileage (per mile) E1
 BETOS: O1A Ambulance
 <i>Service not separately priced by Part B</i></p> |
|---|--|

A4611 - A4638

RESPIRATORY SUPPLIES AND EQUIPMENT (A4611-A4629)

- S A4611** Battery, heavy duty; replacement for patient owned ventilator **E1**
BETOS: D1E Other DME
Service not separately priced by Part B Statute: 1834a3A
- S A4612** Battery cables; replacement for patient-owned ventilator **E1**
BETOS: D1E Other DME
Service not separately priced by Part B Statute: 1834a3A
- S A4613** Battery charger; replacement for patient-owned ventilator **E1**
BETOS: D1E Other DME
Service not separately priced by Part B Statute: 1834a3A
- C A4614** Peak expiratory flow rate meter, hand held **DME N**
BETOS: Z2 Undefined codes
- D A4615** Cannula, nasal **DME N**
BETOS: D1C Oxygen and supplies
Service not separately priced by Part B



Nasal cannula

- D A4616** Tubing (oxygen), per foot **DME N**
BETOS: D1C Oxygen and supplies
Service not separately priced by Part B
- D A4617** Mouth piece **DME N**
BETOS: D1C Oxygen and supplies
Service not separately priced by Part B
- D A4618** Breathing circuits **DME N**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- D A4619** Face tent **DME N**
BETOS: D1E Other DME
DME Modifier: NU
- D A4620** Variable concentration mask **DME N**
BETOS: D1C Oxygen and supplies
Service not separately priced by Part B
- D A4623** Tracheostomy, inner cannula **DME N**
BETOS: D1F Prosthetic/Orthotic devices

Medical and Surgical Supplies (A2001-A8004)

- C A4624** Tracheal suction catheter, any type other than closed system, each **DME N**
BETOS: D1E Other DME
DME Modifier: NU
- D A4625** Tracheostomy care kit for new tracheostomy **DME N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4626** Tracheostomy cleaning brush, each **DME N**
BETOS: D1F Prosthetic/Orthotic devices
- M A4627** Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler **E1**
BETOS: D1A Medical/surgical supplies
Service not separately priced by Part B
- C A4628** Oropharyngeal suction catheter, each **DME N**
BETOS: D1E Other DME
DME Modifier: NU
- D A4629** Tracheostomy care kit for established tracheostomy **DME N**
BETOS: D1F Prosthetic/Orthotic devices

REPLACEMENT PARTS (A4630-A4640)

- D A4630** Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient **DME E1**
BETOS: D1E Other DME
DME Modifier: NU
- C A4633** Replacement bulb/lamp for ultraviolet light therapy system, each **DME E1**
BETOS: D1E Other DME
DME Modifier: NU
- C A4634** Replacement bulb for therapeutic light box, tabletop model **N**
BETOS: D1E Other DME
Service not separately priced by Part B
- D A4635** Underarm pad, crutch, replacement, each **DME E1**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- D A4636** Replacement, handgrip, cane, crutch, or walker, each **DME E1**
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. **DME E1**
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 **DME E1**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE

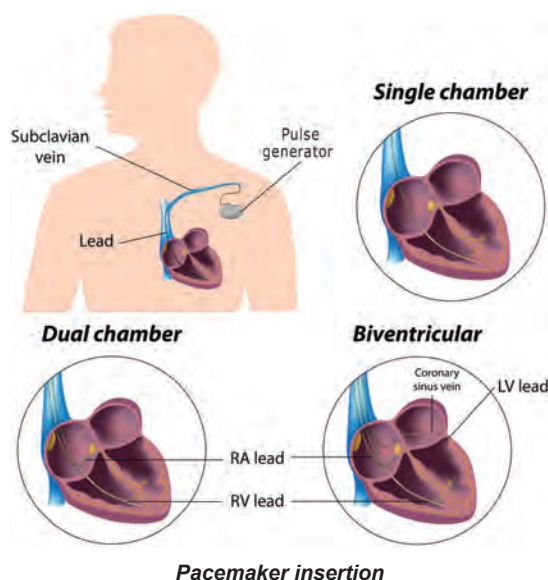
ADMINISTRATIVE, MISCELLANEOUS AND INVESTIGATIONAL (A9150-A9999)**MISCELLANEOUS SUPPLIES AND EQUIPMENT (A9150-A9300)**

- D A9150** Non-prescription drugs **B**
BETOS: O1E Other drugs
 Other carrier priced
- I A9152** Single vitamin/mineral/trace element, oral, per dose, not otherwise specified **E1**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
- I A9153** Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified **E1**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
- C A9155** Artificial saliva, 30 ml **B**
BETOS: Z2 Undefined codes
 Other carrier priced
- I A9180** Pediculosis (lice infestation) treatment, topical, for administration by patient/ caretaker **E1**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
- M A9270** Non-covered item or service **E1**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
- S A9272** Wound suction, disposable, includes dressing, all accessories and components, any type, each **E1**
BETOS: D1A Medical/surgical supplies
 Service not separately priced by Part B
 Statute: 1861(n)
- M A9273** Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type **E1**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
- S A9274** External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories **E1**
BETOS: D1A Medical/surgical supplies
 Service not separately priced by Part B
 Statute: 1861(n)
- M A9275** Home glucose disposable monitor, includes test strips **E1**
BETOS: T1E Lab tests-glucose
 Service not separately priced by Part B
- ▲ S A9276** Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply **E1**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
 Statute: 1861(n)
- ▲ S A9277** Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system **E1**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
 Statute: 1861(n)
- ▲ S A9278** Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system **E1**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
 Statute: 1861(n)
- S A9279** Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified **E1**
BETOS: T2D Other tests-other
 Service not separately priced by Part B
 Statute: 1861(n)
- S A9280** Alert or alarm device, not otherwise classified **E1**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
 Statute: 1861
- S A9281** Reaching/grabbing device, any type, any length, each **E1**
BETOS: D1E Other DME
 Service not separately priced by Part B
 Statute: 1862 SSA
- S A9282** Wig, any type, each **E1**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
 Statute: 1861SSA
- S A9283** Foot pressure off loading/supportive device, any type, each **E1**
BETOS: D1E Other DME
 Service not separately priced by Part B
 Statute: 1862a(i)13
- D A9284** Spirometer, non-electronic, includes all accessories **N**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
Coding Clinic: 2008, Q4
- C A9285** Inversion/eversion correction device **A**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
- S A9286** Hygienic item or device, disposable or non-disposable, any type, each **E1**
BETOS: D1A Medical/surgical supplies
 Service not separately priced by Part B
 Statute: 1834
- ▲ C A9291** Prescription digital cognitive and/or behavioral therapy, fda cleared, per course of treatment **A E1**
BETOS: Z2 Undefined codes
 Value not established

C1780 - C1819

Outpatient PPS (C1052-C9899)

- D C1780** Lens, intraocular (new technology) **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2002, Q3; 2016, Q3; 2016, Q3; 2001, Q1
- D C1781** Mesh (implantable) **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2016, Q3; 2010, Q1; 2016, Q3; 2002, Q3; 2019, Q1; 2012, Q2; 2001, Q1
- D C1782** Morcellator **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2016, Q3; 2016, Q3; 2002, Q3; 2001, Q1
- D C1783** Ocular implant, aqueous drainage assist device **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2017, Q1; 2016, Q3
- D C1784** Ocular device, intraoperative, detached retina **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2001, Q1; 2016, Q3; 2016, Q3; 2002, Q3
- D C1785** Pacemaker, dual chamber, rate-responsive (implantable) **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2001, Q1; 2003, Q4; 2016, Q3; 2006, Q4; 2002, Q3
- D C1786** Pacemaker, single chamber, rate-responsive (implantable) **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2016, Q3; 2003, Q4; 2002, Q3; 2004, Q4; 2001, Q1; 2006, Q4



- D C1787** Patient programmer, neurostimulator **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2016, Q3; 2002, Q3; 2003, Q4; 2016, Q3; 2001, Q1
- D C1788** Port, indwelling (implantable) **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2001, Q3; 2016, Q3; 2014, Q3; 2002, Q3; 2004, Q4; 2003, Q4; 2019, Q2; 2001, Q1
- D C1789** Prosthesis, breast (implantable) **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2001, Q1; 2003, Q4; 2016, Q3; 2002, Q3
- D C1813** Prosthesis, penile, inflatable **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2001, Q1; 2003, Q4; 2016, Q3; 2002, Q3
- D C1814** Retinal tamponade device, silicone oil **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833t
 Coding Clinic: 2006, Q2; 2016, Q3; 2016, Q3
- D C1815** Prosthesis, urinary sphincter (implantable) **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2016, Q3; 2002, Q3; 2001, Q1; 2003, Q4
- D C1816** Receiver and/or transmitter, neurostimulator (implantable) **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2003, Q4; 2016, Q3; 2002, Q3; 2001, Q1
- D C1817** Septal defect implant system, intracardiac **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833(T)
 Coding Clinic: 2016, Q3; 2016, Q3; 2001, Q1; 2003, Q4; 2002, Q3
- D C1818** Integrated keratoprosthesis **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833T
 Coding Clinic: 2016, Q3; 2016, Q3
- D C1819** Surgical tissue localization and excision device (implantable) **N1 ASC N**
 BETOS: D1A Medical/surgical supplies
 Statute: 1833T
 Coding Clinic: 2016, Q3; 2004, Q1

DURABLE MEDICAL EQUIPMENT (E0100-E8002)

WALKING AIDS AND ATTACHMENTS (E0100-E0159)

- D E0100** Cane, includes canes of all materials, adjustable or fixed, with tip **DME Y MIPS**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
Coding Clinic: 2009, Q2
- D E0105** Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips **DME Y MIPS**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- D E0110** Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips **DME Y**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- D E0111** Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips **DME Y**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- D E0112** Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips **DME Y**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- D E0113** Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip **DME Y**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- D E0114** Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips **DME Y**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
Coding Clinic: 2002, Q2
- D E0116** Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each **DME Y**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- D E0117** Crutch, underarm, articulating, spring assisted, each **DME Y**
BETOS: D1E Other DME
DME Modifier: RR
- C E0118** Crutch substitute, lower leg platform, with or without wheels, each **E1**
BETOS: D1E Other DME
- D E0130** Walker, rigid (pickup), adjustable or fixed height **DME Y MIPS**
BETOS: D1E Other DME

DME Modifier: NU, RR, UE**Pub:** 100-4, Chapter-36, 50.15

- D E0135** Walker, folding (pickup), adjustable or fixed height **DME Y MIPS**

BETOS: D1E Other DME**DME Modifier:** NU, RR, UE**Pub:** 100-4, Chapter-36, 50.15

- D E0140** Walker, with trunk support, adjustable or fixed height, any type **DME Y MIPS**

BETOS: D1E Other DME**DME Modifier:** RR**Pub:** 100-4, Chapter-36, 50.15

- D E0141** Walker, rigid, wheeled, adjustable or fixed height **DME Y MIPS**

BETOS: D1E Other DME**DME Modifier:** NU, RR, UE**Pub:** 100-4, Chapter-36, 50.15

- D E0143** Walker, folding, wheeled, adjustable or fixed height **DME Y MIPS**

BETOS: D1E Other DME**DME Modifier:** NU, RR, UE**Pub:** 100-4, Chapter-36, 50.15

Walker

- D E0144** Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat **DME Y MIPS**

BETOS: D1E Other DME**DME Modifier:** RR**Pub:** 100-4, Chapter-36, 50.15

E0740 - E0783

- D E0740** Non-implanted pelvic floor electrical stimulator, complete system **DME Y**
BETOS: D1E Other DME
DME Modifier: RR
- C E0744** Neuromuscular stimulator for scoliosis **DME Y**
BETOS: D1E Other DME
DME Modifier: RR
- D E0745** Neuromuscular stimulator, electronic shock unit **DME Y**
BETOS: D1E Other DME
DME Modifier: RR
- D E0746** Electromyography (EMG), biofeedback device **N**
BETOS: D1E Other DME
Reasonable charge
- D E0747** Osteogenesis stimulator, electrical, non-invasive, other than spinal applications **DME Y**
BETOS: D1E Other DME
DME Modifier: KF, NU, RR, UE
- D E0748** Osteogenesis stimulator, electrical, non-invasive, spinal applications **DME Y**
BETOS: D1E Other DME
DME Modifier: KF, NU, RR, UE
- D E0749** Osteogenesis stimulator, electrical, surgically implanted **DME N**
BETOS: D1E Other DME
DME Modifier: KF, RR
- C E0755** Electronic salivary reflex stimulator (intra-oral/non-invasive) **E1**
BETOS: Z2 Undefined codes
Reasonable charge
- C E0760** Osteogenesis stimulator, low intensity ultrasound, non-invasive **DME Y**
BETOS: D1E Other DME
DME Modifier: KF, NU, RR, UE
Pub: 100-4, Chapter-32, 110.5
- D E0761** Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device **E1**
BETOS: D1E Other DME
Service not separately priced by Part B
- C E0762** Transcutaneous electrical joint stimulation device system, includes all accessories **DME B**
BETOS: D1E Other DME
DME Modifier: RR
- D E0764** Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program **DME Y**
BETOS: D1F Prosthetic/Orthotic devices
DME Modifier: KF, RR

Durable Medical Equipment (E0100-E8002)

- C E0765** FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting **DME Y**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- C E0766** Electrical stimulation device used for cancer treatment, includes all accessories, any type **DME Y**
BETOS: D1E Other DME
DME Modifier: KF, RR
- D E0769** Electrical stimulation or electromagnetic wound treatment device, not otherwise classified **B**
BETOS: Y2 Other - Non-Medicare fee schedule
Service not separately priced by Part B
- D E0770** Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified **Y**
BETOS: D1E Other DME
Coding Clinic: 2008, Q4

INFUSION PUMPS AND SUPPLIES (E0776-E0791)

- C E0776** IV pole **DME Y**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- C E0779** Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater **DME Y**
BETOS: D1E Other DME
DME Modifier: RR
- C E0780** Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours **DME Y**
BETOS: D1E Other DME
DME Modifier: NU
- D E0781** Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient **DME Y**
BETOS: D1E Other DME
DME Modifier: RR
- D E0782** Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) **DME N**
BETOS: D1E Other DME
DME Modifier: KF, NU, RR, UE
- D E0783** Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) **DME N**
BETOS: D1E Other DME
DME Modifier: KF, NU, RR, UE

**DURABLE MEDICAL EQUIPMENT (DME)
(K0001-K1034)****WHEELCHAIRS, COMPONENTS, AND ACCESSORIES
(K0001-K0195)**

- C K0001** Standard wheelchair DME Y
BETOS: D1D Wheelchairs
DME Modifier: RR

*Wheelchair*

- C K0002** Standard hemi (low seat) wheelchair DME Y
BETOS: D1D Wheelchairs
DME Modifier: RR
- C K0003** Lightweight wheelchair DME Y
BETOS: D1D Wheelchairs
DME Modifier: RR
- C K0004** High strength, lightweight wheelchair DME Y
BETOS: D1D Wheelchairs
DME Modifier: RR
- C K0005** Ultralightweight wheelchair DME Y
BETOS: D1D Wheelchairs
DME Modifier: NU, RR, UE
- C K0006** Heavy duty wheelchair DME Y
BETOS: D1D Wheelchairs
DME Modifier: RR
- C K0007** Extra heavy duty wheelchair DME Y
BETOS: D1D Wheelchairs
DME Modifier: RR
- D K0008** Custom manual wheelchair/base Y
BETOS: D1D Wheelchairs
- C K0009** Other manual wheelchair/base DME Y
BETOS: D1D Wheelchairs
DME Modifier: RR
- C K0010** Standard - weight frame motorized/power wheelchair DME Y
BETOS: D1D Wheelchairs
DME Modifier: RR

- C K0011** Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking DME Y
BETOS: D1D Wheelchairs
DME Modifier: KF, RR
- C K0012** Lightweight portable motorized/power wheelchair DME Y
BETOS: D1D Wheelchairs
DME Modifier: RR
- D K0013** Custom motorized/power wheelchair base Y
BETOS: D1D Wheelchairs
- C K0014** Other motorized/power wheelchair base Y
BETOS: D1D Wheelchairs
- C K0015** Detachable, non-adjustable height armrest, each DME Y
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, RR
- C K0017** Detachable, adjustable height armrest, base, replacement only, each DME Y
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C K0018** Detachable, adjustable height armrest, upper portion, replacement only, each DME Y
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C K0019** Arm pad, replacement only, each DME Y
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C K0020** Fixed, adjustable height armrest, pair DME Y
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C K0037** High mount flip-up footrest, each DME Y
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C K0038** Leg strap, each DME Y
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C K0039** Leg strap, H style, each DME Y
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C K0040** Adjustable angle footplate, each DME Y
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C K0041** Large size footplate, each DME Y
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C K0042** Standard size footplate, replacement only, each DME Y
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE

L1831 - L1860

Orthotic Procedures and Services (L0112-L4631)

*Knee orthosis*

- C L1831** Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1832** Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1833** Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1834** Knee orthosis (KO), without knee joint, rigid, custom-fabricated DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1836** Knee orthosis (KO), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1840** Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1843** Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled,

or otherwise customized to fit a specific patient by an individual with expertise DME A
BETOS: D1F Prosthetic/Orthotic devices

- C L1844** Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1845** Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1846** Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1847** Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1848** Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1850** Knee orthosis (KO), swedish type, prefabricated, off-the-shelf DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1851** Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1852** Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf DME A
BETOS: D1F Prosthetic/Orthotic devices
- C L1860** Knee orthosis (KO), modification of supracondylar prosthetic socket, custom-fabricated (SK) DME A
BETOS: D1F Prosthetic/Orthotic devices

● New code

▲ Revised code

C Carrier judgment

D Special coverage instructions apply

I Not payable by Medicare

M Non-covered by Medicare

S Non-covered by Medicare statute

AHA Coding Clinic®

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

IA - Intra-arterial administration

IT - Intrathecal

VAR - Various routes of administration

IV - Intravenous administration

SC - Subcutaneous administration

OTH - Other routes of administration

IM - Intramuscular administration

INH - Administration by inhaled solution

ORAL - Administered orally

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.

Drug Name	Unit Per	Route	Code
ABATACEPT	10 mg	IV	J0129
ABCIXIMAB	10 mg	IV	J0130
ABELCET®	10 mg	IV	J0287
ABILIFY MAINTENA®	1 mg	IM	J0401
ABOBOTULINUM TOXIN A	5 IU	IM	J0586
ABRAXANE®	1 mg	IV	J9264
ACETADOTE®	100 mg	IV	J0132
ACETAMINOPHEN (MADE BY B. BRAUN)	10 mg	IV	J0136
ACETAMINOPHEN (MADE BY FRESENIUS KABI)	10 mg	IV	J0134
ACETAMINOPHEN, NOS	10 mg	IV	J0131
ACETAZOLAMIDE SODIUM	up to 500 mg	IV, IM	J1120
ACETYLCYSTEINE	100 mg	IV	J0132
ACETYLCYSTEINE, UNIT DOSE, COMPOUNDED	1 gram	INH	J7604
ACETYLCYSTEINE, UNIT DOSE, NON-COMPOUNDED	1 gram	INH	J7608
ACTEMRA®	1 mg	IV	J3262
ACTHAR GEL®	up to 40 IU	IV, IM, SC	J0800
ACTHREL®	1 mcg	IV, IM	J0795
ACTIMMUNE®	3 million IU	SC	J9216
ACTIVASE®	1 mg	IV	J2997
ACYCLOVIR	5 mg	IV	J0133
ADAKVEO®	5 mg	IV	J0791
ADALIMUMAB	20 mg	SC	J0135
ADASUVE®	1 mg	OTH	J2062
ADCETRIS®	1 mg	IV	J9042
ADENOSINE	1 mg	IV	J0153
ADO-TRASTUZUMAB EMTANSINE	1 mg	IV	J9354
ADRENALIN, EPINEPHRINE	0.1 mg	IM, SC	J0171
ADUCANUMAB-AVWA	2 mg	IV	J0172
ADUHELM®	2 mg	IV	J0172

Drug Name	Unit Per	Route	Code
ADVATE®	1 IU	IV	J7192
ADYNOVATE®	1 IU	IV	J7207
AFAMELANOTIDE IMPLANT	1 mg	OTH	J7352
AFLIBERCEPT	1 mg	OTH	J0178
AFSTYLA®	1 IU	IV	J7210
AGALSIDASE BETA	1 mg	IV	J0180
AGGRASTAT®	0.25 mg	IV, IM	J3246
AJOVY®	1 mg	SC	J3031
AKYNZEO®	.25 mg	IV	J1454
AKYNZEO®	300 mg	ORAL	J8655
ALATROFLOXACIN MESYLATE	100 mg	IV	J0200
ALBUTEROL AND IPRATROPIUM BROMIDE, NON-COMPOUNDED	up to 2.5 mg/ up to 0.5 mg	INH	J7620
ALBUTEROL, CONCENTRATED FORM, COMPOUNDED	1 mg	INH	J7610
ALBUTEROL, CONCENTRATED FORM, NON-COMPOUNDED	1 mg	INH	J7611
ALBUTEROL, UNIT DOSE, COMPOUNDED	1 mg	INH	J7609
ALBUTEROL, UNIT DOSE, NON-COMPOUNDED	1 mg	INH	J7613
ALDESLEUKIN	single use vial	IV	J9015
ALDURAZYME®	0.1 mg	IV	J1931
ALEFACEPT	0.5 mg	IV, IM	J0215
ALEMTUZUMAB	1 mg	IV	J0202
ALGLUCERASE	10 IU	IV	J0205
ALGLUCOSIDASE ALFA	10 mg	IV	J0220
ALGLUCOSIDASE ALFA (LUMIZYME®)	10 mg	IV	J0221
ALIQOPA®	1 mg	IV	J9057
ALPHA 1-PROTEINASE INHIBITOR, HUMAN	10 mg	IV	J0256
ALPHA 1-PROTEINASE INHIBITOR, HUMAN (GLASSIA®)	10 mg	IV	J0257

Mod	Modifier Description, Definition, Explanation, and Tips
BR	<p>The beneficiary has been informed of the purchase and rental options and has elected to rent the item</p> <p>Definition: Append modifier BR to a code for durable medical equipment, or DME, items where the provider informs the beneficiary of the differences between purchasing and renting of the DME item and the beneficiary chooses to rent the item.</p> <p>Explanation: Modifier BR identifies a code as an item where the beneficiary chooses to rent the item after the provider fully informs the recipient at the time the patient receives the item of the purchase and rental options available. A provider appends this modifier for durable medical equipment, or DME, items such as parenteral and enteral, or PEN pumps and electric wheelchairs, reportable with HCPCS K0835 through K0891.</p> <p>Tips: Medicare discontinued the use of the following modifiers on claims for most capped rental items outside of those identified above: BP, The beneficiary has been informed of the purchase and rental options and has elected to purchase the item, modifier BR, and modifier BU, The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision. This change was due to the implementation of Section 5101 of the Deficit Reduction Act of 2005.</p>
BU	<p>The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision</p> <p>Definition: Append modifier BU to a code for durable medical equipment, or DME, items where the provider informs the beneficiary of the differences between purchasing and renting the item and after 30 days the beneficiary has not informed the supplier of his decision.</p> <p>Explanation: Modifier BU identifies a code for a durable medical equipment, or DME, item that a provider fully informs the recipient at the time the patient receives the item of the purchase and rental options available but the beneficiary does not inform the supplier of his decision to rent or purchase the item for 30 days or more.</p> <p>A provider appends this modifier for certain durable medical equipment, or DME, items such as parenteral and enteral, or PEN, pumps and electric wheelchairs regardless of the date of the first rental period, reportable with HCPCS K0835 thru K0891, and on all capped rental items where the first rental period began prior to January 1, 2006.</p> <p>Tips: Medicare discontinued the use of the following modifiers on claims for most capped rental items outside of those identified above: BP, The beneficiary has been informed of the purchase and rental options and has elected to purchase the item, modifier BR, and modifier BU, The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision. This change was due to the implementation of Section 5101 of the Deficit Reduction Act of 2005.</p>
CA	<p>Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission</p> <p>Definition: Append modifier CA when the patient is an outpatient, in an inpatient setting, and the patient passes away without being admitted as an inpatient.</p> <p>Explanation: In order to receive payment for the CA modifier with a Healthcare Common Procedure Coding System, or HCPCS code, the patient should be an emergency patient and must be an outpatient, the setting should be an inpatient setting only, and the patient passes away without being admitted as an inpatient.</p> <p>For outpatients who receive inpatient only procedures on an emergency basis and who expire before inpatient admittance to the hospital, the provider receives a specific outpatient Ambulatory Payment Classification, or APC payment as reimbursement for all the services on that day. The assignment of a modifier CA on an inpatient only procedure line identifies the service as such and assigns the specific payment, and turns on a packaging flag for all other line items on that claim with that date of service. Payment is only permissible for one procedure with a modifier of CA.</p> <p>Tips: Do not use modifier CA on more than one procedure on a claim. If a provider submits multiple inpatient only procedures with the modifier CA, the payer returns the claim back to the provider. If a provider applies a modifier CA on an inpatient only procedure code for a patient who did not expire, and the patient discharge status code is not 20, Expired, then the provider will also get the claim back.</p>
CB	<p>Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable</p> <p>Definition: A provider appends modifier CB to identify services ordered by a renal dialysis facility, or RDF, provider as part of the dialysis benefit of an end stage renal disease, or ESRD patient. This is not a part of the composite rate payment, and is separately reimbursable.</p> <p>Explanation: A provider appends modifier CB to services related to an ESRD patient's dialysis treatment and ordered by the dialysis facility physician. The test is not a part of the dialysis facility's composite rate payment, and is separately reimbursable. These services may include chest X-rays and other X-rays presumptively considered to be dialysis related and, therefore, appropriate for submission with the CB modifier; along with lab tests such as certain panel tests, urinalysis, and specific electrocardiogram, or ECG, tests and some vascular studies.</p> <p>Tips: Modifier CB affects consolidated billing rules for skilled nursing facilities for inpatients.</p> <p>Append modifier CB, only after determining that the patient has ESRD entitlement, he is undergoing the test for dialysis treatment for ESRD, the test is an order of the dialysis facility, the test is not a part of the composite rate, and is separately reimbursable. The patient should be in a Medicare Part A stay, Bill 21X or 22X.</p>

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 post hospital 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 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%.
(Medicare pays 55% and the patient pays 45%).
- January 1, 2012 –December 31, 2012, the limitation percentage is 75%
(Medicare pays 60% and the patient pays 40%).
- January 1, 2013 –December 31, 2013, the limitation percentage is 81.25%.
(Medicare pays 65% and the patient pays 35%).
- January 1, 2014 –onward, the limitation percentage is 100%
(Medicare pays 80% and the patient pays 20%).

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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