HCPCS Level II
Expert
Updateable

2015
Introduction

ORGANIZATION OF HCPCS
The OptumInsight 2011 HCPCS Level II book contains mandated changes and new codes for use as of January 1, 2011. Deleted codes have also been indicated and cross-referenced to active codes when possible. New codes have been added to the appropriate sections, eliminating the time-consuming step of looking in two places for a code. However, keep in mind that the information in this book is a reproduction of the 2011 HCPCS; additional information on coverage issues may have been provided to Medicare contractors after publication. All contractors periodically update their systems and records throughout the year. If this book does not agree with your contractor, it is either because of a mid-year update or correction or a specific local or regional coverage policy.

We have included codes noted in addendum B of the 2011 Outpatient Prospective Payment System (OPPS) update as published in the Federal Register and from transmittals through 2011 that include codes not discussed in other Centers for Medicare and Medicaid Services (CMS) documents. The sources for these codes are often noted in blue beneath the description.

HOW TO USE OPTUMINSIGHT HCPCS LEVEL II BOOK

Blue Color Bar—Special Coverage Instructions
A blue bar for “special coverage instructions” over a code means that special coverage instructions apply to that code. These special instructions are also typically given in the form of Medicare Pub. 100 reference numbers. The appendices provide the full text of the cited Medicare Pub. 100 references.

Yellow Color Bar—Contractor Discretion
Items that are left to “contractor discretion” are covered with a yellow bar. Contact the contractor for specific coverage information on those codes.

Red Color Bar—Not Covered by or Invalid for Medicare
Codes that are not covered by or are invalid for Medicare are covered by a red bar. The pertinent Medicare internet-only manuals (Pub. 100) reference numbers are also given explaining why a particular code is not covered. These numbers refer to the appendices, where we have listed the Medicare references.

Codes in the OptumInsight HCPCS Level II follow the AMA CPT book conventions to indicate new, revised, and deleted codes.
- A black circle (●) precedes a new code.
- A black triangle (▲) precedes a code with revised terminology or rules.
- A circle (❍) precedes a revised code.
- Codes deleted from the 2010 active codes appear with a strike-out.

Quantity Alert
Many codes in HCPCS report quantities that may not coincide with quantities available in the marketplace. For instance, a HCPCS code for an ostomy pouch with skin barrier reports each pouch, but the product is generally sold in a package of 10; “10” must be indicated in the quantity box on the CMS claim form to ensure proper reimbursement. This symbol indicates that care should be taken in verifying quantities in this code. These quantity alerts do not represent Medicare Unlikely Edits (MUEs) and should not be used for MUEs. An appendix of the MUE’s can be found in appendix 8 of the HCPCS Level II Expert edition.

Index
Because HCPCS is organized by code number rather than by service or supply name, the index enables the coder to locate any code without looking through individual ranges of codes. Just look up the medical or surgical supply, service, orthotic, prosthetic, or generic or brand name drug in question to find the appropriate code. This index also refers to many of the brand names by which these items are known.

Table of Drugs
The brand names of drugs listed are examples only and may not include all products available for that type of drug. Our table of drugs lists HCPCS codes from any available sections including A codes, C codes, J codes, S codes, and Q codes under brand and generic drug names with amount, route of administration, and code numbers. While we try to make the table comprehensive, it is not all-inclusive.

Color-coded Coverage Instructions
The OptumInsight HCPCS Level II book provides colored symbols for each coverage and reimbursement instruction. A legend to these symbols is provided on the bottom of each two-page spread.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>HCPCS OUTPATIENT PPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2615</td>
<td>Sealant, pulmonary, liquid</td>
<td>MED: 100-4,4,61.1 AHA: 30; '02; 6, 10, '06</td>
</tr>
<tr>
<td>C2616</td>
<td>Brachytherapy source, nonstranded, yttrium-90, per source</td>
<td>MED: 100-4,4,61.1; 100-4,6,61.4; 100-4,4,61.4,2; 100-4,4,61.4,3 AHA: 30; '03; 11; 30; '02,5</td>
</tr>
<tr>
<td>C2617</td>
<td>Stent, noncoronary, temporary, without delivery system</td>
<td>MED: 100-4,4,61.1 AHA: 40; '02; 8, 30; '02; 5, 10, '01,5</td>
</tr>
<tr>
<td>C2618</td>
<td>Probe, cryoablation</td>
<td>MED: 100-4,4,61.1 AHA: 40; '03; 8, 30; '02; 5, 10, '01,6</td>
</tr>
<tr>
<td>C2619</td>
<td>Pacemaker, dual chamber, nonrate-responsive (implantable)</td>
<td>MED: 100-4,4,61.1; 100-4,4,61.4,8 AHA: 30; '02; 5, 10, '01,6, 30; '01,4</td>
</tr>
<tr>
<td>C2620</td>
<td>Pacemaker, single chamber, nonrate-responsive (implantable)</td>
<td>MED: 100-4,3,10,4; 100-4,6,61.1 AHA: 40; '03; 8, 10, '01,6</td>
</tr>
<tr>
<td>C2621</td>
<td>Pacemaker, other than single or dual chamber (implantable)</td>
<td>MED: 100-4,3,10,4; 100-4,6,61.1 AHA: 40; '03; 8, 30; '02; 5, 10, '01,6</td>
</tr>
<tr>
<td>C2622</td>
<td>Prosthesis, penile, noninflatable</td>
<td>MED: 100-4,6,61.1 AHA: 40; '02; 8, 30; '02; 5, 10, '01,6</td>
</tr>
<tr>
<td>C2625</td>
<td>Stent, noncoronary, temporary, with delivery system</td>
<td>MED: 100-4,4,61.1 AHA: 40; '03; 8, 30; '02; 5, 10, '01,6</td>
</tr>
<tr>
<td>C2626</td>
<td>Infusion pump, nonprogrammable, temporary (implantable)</td>
<td>MED: 100-4,4,61.1; 100-4,4,61.4,8 AHA: 30; '02; 5, 10, '01,6</td>
</tr>
<tr>
<td>C2627</td>
<td>Catheter, suprapubic/ cystoscopic</td>
<td>MED: 100-4,4,61.1 AHA: 40; '03; 8, 30; '02; 5, 10, '01,5</td>
</tr>
<tr>
<td>C2628</td>
<td>Catheter, occlusion</td>
<td>MED: 100-4,4,61.1 AHA: 40; '03; 8, 30; '02; 5, 10, '01,5</td>
</tr>
<tr>
<td>C2629</td>
<td>Introducer/sheath, other than guiding, intracardiac electrophysiological, laser</td>
<td>MED: 100-4,4,61.1 AHA: 30; '02; 5, 10, '01,6</td>
</tr>
<tr>
<td>C2630</td>
<td>Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip</td>
<td>MED: 100-4,4,61.1 AHA: 30; '02; 5, 10, '01,5</td>
</tr>
<tr>
<td>C2631</td>
<td>Repair device, urinary, incontinence, without sling graft</td>
<td>MED: 100-4,4,61.1; 100-4,4,61.4,8 AHA: 40; '02; 8, 30; '02; 5, 10, '01,6</td>
</tr>
<tr>
<td>C2634</td>
<td>Brachytherapy source, nonstranded, iodine-125, greater than 1.01 mCi (NIST), per source</td>
<td>MED: 100-4,4,61.1; 100-4,6,61.4,1; 100-4,4,61.4,2; 100-4,4,61.4,3 AHA: 20; '05; 8</td>
</tr>
<tr>
<td>C2635</td>
<td>Brachytherapy source, nonstranded, iodine-125, greater than 2.2 mCi (NIST), per source</td>
<td>MED: 100-4,4,61.1; 100-4,6,61.4,1; 100-4,4,61.4,2; 100-4,4,61.4,2 AHA: 20; '05; 8</td>
</tr>
</tbody>
</table>

**Special Coverage Instructions**
- Noncovered by Medicare
- Carrier Discretion

2014 HCPCS
- ASC Pmt
- MED: Pub 100
- DMEPOS Paid
- SNF Excluded
- PGRS

C Codes — 23
### G0384 — G0423

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Status</th>
<th>Noncovered by Medicare</th>
<th>Carrier Discretion</th>
<th>Quantity Alert</th>
<th>New Code</th>
<th>Recycled/Reinstated</th>
<th>Revised Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0384</td>
<td>Level 5 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) MED: 100-4,160; 100-4,4,290.5.1</td>
<td>Male</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0385</td>
<td>Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening MED: 100-4,9,160</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0390</td>
<td>Trauma response team associated with hospital critical care service MED: 100-4,4,160.1</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0396</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes MED: 100-4,2,400.6</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0397</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0398</td>
<td>Home sleep test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation MED: 100-3,240.6</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0399</td>
<td>Home sleep test (HST) with type III portable monitor, unattended; minimum of 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0400</td>
<td>Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0402</td>
<td>Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment MED: 100-4,9,150</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0403</td>
<td>Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0404</td>
<td>Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0405</td>
<td>Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0406</td>
<td>Follow-up inpatient telehealth consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth MED: 100-2,15,270; 100-2,15,270.2; 100-4,12,190.3; 100-4,12,190.3.3</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0407</td>
<td>Follow-up inpatient telehealth consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0408</td>
<td>Follow-up inpatient telehealth consultation, complex, physicians typically spend 35 minutes or more communicating with the patient via telehealth</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0409</td>
<td>Social work and psychological services, directly relating to and/or furthering the patient’s rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF qualified social worker or psychologist in a CORF) MED: 100-2,12,310.1</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0410</td>
<td>Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0411</td>
<td>Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0412</td>
<td>Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0413</td>
<td>Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0414</td>
<td>Open treatment of anterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes public sympysis and/or superior/inferior rami)</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0415</td>
<td>Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0416</td>
<td>Surgical pathology, gross and microscopic examination for prostate needle saturation biopsy sampling, 1-20 specimens</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0417</td>
<td>Surgical pathology, gross and microscopic examination for prostate needle saturation biopsy sampling, 21-40 specimens</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0418</td>
<td>Surgical pathology, gross and microscopic examination for prostate needle saturation biopsy sampling, 41-60 specimens</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0419</td>
<td>Surgical pathology, gross and microscopic examination for prostate needle saturation biopsy sampling, greater than 60 specimens</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0420</td>
<td>Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour MED: 100-2,15,310; 100-2,15,310.1; 100-2,15,310.2; 100-2,15,310.3; 100-2,15,310.4; 100-2,15,310.5; 100-2,32,310.2</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0421</td>
<td>Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0422</td>
<td>Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session MED: 100-2,15,232; 100-4,32,140.2.1; 100-4,32,140.3.1; 100-4,10,2.2.8</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0423</td>
<td>Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session</td>
<td>Non-covered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Instructions
- MED: 100-4,160: 100-4,4,290.5.1
- MED: 100-4,9,160
- MED: 100-4,4,160.1
- MED: 100-4,2,400.6
- MED: 100-4,4,200.6
- MED: 100-3,240.6; 100-3,240.4.1; 100-3,240.4.1
- MED: 100-3,240.6; 100-3,240.4.1
- MED: 100-3,240.4; 100-3,240.4.1
- MED: 100-3,240.4; 100-3,240.4.1
- MED: 100-4,9,150
- MED: 100-2,15,310; 100-2,15,310.1; 100-2,15,310.2; 100-2,15,310.3; 100-2,15,310.4; 100-2,15,310.5; 100-2,32,310.2
- MED: 100-2,15,232; 100-4,32,140.2.1; 100-4,32,140.3.1; 100-4,10,2.2.8
- MED: 100-4,32,140.3.1

### Coverage Indicators
- Noncovered by Medicare
- Carrier Discretion
These codes cover the cost of the chemotherapy drug only, not the administration.

- **Topotecan, oral, 0.25 mg**
  - Use this code for Hycamtin.
  - **J9000**

- **Prescription drug, oral, chemotherapeutic, NOS**
  - Determine if an alternative HCPCS Level II or a CPT code better describes the service being reported. This code should be used only if a more specific code is unavailable.
  - **J9999**

- **CHEMOTHERAPY DRUGS J9000-J9999**
  - These codes cover the cost of the chemotherapy drug only, not the administration.

- **Injection, doxorubicin HCl, 10 mg**
  - Use this code for Adriaycin PFS, Adriaycin RDF, Rubex.
  - **J9001**
  - **MED:** 100-2,15,50; 100-4,4,240; 100-4,17,80.1.1; 100-4,17,80.1.2

- **Injection, doxorubicin HCl, all lipid formulations, 10 mg**
  - Use this code for Doxil.
  - **J9002**

- **Injection, alectuzumab, 10 mg**
  - Use this code for Campath.
  - **J9010**

- **Injection, aldesleukin, per single use vial**
  - Use this code for Proleukin, IL-2, Interleukin.
  - **J9015**

- **Injection, arsenic trioxide, 1 mg**
  - Use this code for Trisenox.
  - **J9017**

- **Injection, asparaginase, 10,000 units**
  - Use this code for Elspar.
  - **J9020**

- **Injection, azacitidine, 1 mg**
  - Use this code for Vidaza.
  - **J9025**

- **Injection, clofarabine, 1 mg**
  - Use this code for Clolar.
  - **J9027**

- **BCG (intravesical) per instillation**
  - Use this code for Tice BCG, PACIS BCG, TheraCys.
  - **J9031**

- **Injection, bendamustine HCl, 1 mg**
  - Use this code for TREANDA.
  - **J9033**

- **Injection, bevacizumab, 10 mg**
  - Use this code for Avastin.
  - **J9035**

- **Injection, bleomycin sulfate, 15 units**
  - Use this code for Blenoxane.
  - **J9040**

- **Injection, bortezomib, 0.1 mg**
  - Use this code for Velcade.
  - **J9041**

- **Injection, carboplatin, 50 mg**
  - Use this code for Paraplatin.
  - **J9045**

- **Injection, carmustine, 100 mg**
  - Use this code for BiCNU.
  - **J9050**

- **Injection, cetuximab, 10 mg**
  - Use this code for Erbitux.
  - **J9055**

- **Injection, cisplatin, powder or solution, 10 mg**
  - Use this code for Plantinol AQ.
  - **J9060**

  **Cisplatin, 50 mg**
  - To report, see J9060
HCPCS Q CODES (TEMPORARY)

Q0171 Chlorpromazine HCl, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Medicare covers at the time of chemotherapy if regimen doesn’t exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Thorazine.
MED: 100-2,6,10; 100-4,4,240; 100-4,17,80.2

Q0172 Chlorpromazine HCl, 25 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Medicare covers at the time of chemotherapy if regimen doesn’t exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Thorazine.
MED: 100-2,6,10; 100-4,4,240; 100-4,17,80.2

Q0173 Trimethobenzamide HCl, 250 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Medicare covers at the time of chemotherapy if regimen doesn’t exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Tebamide, T-Gen, Ticen, Tigan, Triban, Thimazine.
MED: 100-2,6,10; 100-4,4,240; 100-4,17,80.2

Q0174 Thiethylperazine maleate, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Medicare covers at the time of chemotherapy if regimen doesn’t exceed 48 hours. Submit on the same claim as the chemotherapy.
MED: 100-2,6,10; 100-4,4,240; 100-4,17,80.2

Q0175 Perphenazine, 4 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Medicare covers at the time of chemotherapy if regimen doesn’t exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Trilifon.
MED: 100-2,6,10; 100-4,4,240; 100-4,17,80.2

Q0176 Perphenazine, 8 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Medicare covers at the time of chemotherapy if regimen doesn’t exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Trilifon.
MED: 100-2,6,10; 100-4,4,240; 100-4,17,80.2

Q0177 Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Medicare covers at the time of chemotherapy if regimen doesn’t exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Vistaril.
MED: 100-2,6,10; 100-4,4,240; 100-4,17,80.2

Q0178 Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Medicare covers at the time of chemotherapy if regimen doesn’t exceed 48 hours. Submit on the same claim as the chemotherapy.
MED: 100-2,6,10; 100-4,4,240; 100-4,17,80.2

Q0179 Ondansetron HCl 8 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Medicare covers at the time of chemotherapy if regimen doesn’t exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Zofran.
MED: 100-2,6,10; 100-4,4,240; 100-4,17,80.2

Q0180 Dolasetron mesylate, 100 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Medicare covers at the time of chemotherapy if regimen doesn’t exceed 48 hours. Submit on the same claim as the chemotherapy. Use this code for Anzemet.
MED: 100-2,6,10; 100-4,4,240; 100-4,17,80.2

Q0181 Unspecified oral dosage form, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Medicare covers at the time of chemotherapy if regimen doesn’t exceed 48-hours. Submit on the same claim as the chemotherapy.
MED: 100-2,6,10; 100-4,4,240; 100-4,17,80.2

Q0470 Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type

Q0471 Power module for use with electric or electric/pneumatic ventricular assist device, vehicle type

Q0480 Driver for use with pneumatic ventricular assist device, replacement only
AHA: 3Q,05,2

Q0481 Microprocessor control unit for use with electric ventricular assist device, replacement only
AHA: 3Q,05,2

Q0482 Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only
AHA: 3Q,05,2

Q0483 Monitor/display module for use with electric ventricular assist device, replacement only
AHA: 3Q,05,2

Q0484 Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only
AHA: 3Q,05,2

Q0485 Monitor control cable for use with electric ventricular assist device, replacement only
AHA: 3Q,05,2

Q0486 Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only
AHA: 3Q,05,2
## APPENDIX 11 — PHYSICIAN QUALITY REPORTING SYSTEM (PQRS)

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