

EXPERT

2019

HCPCS Level II

A resourceful compilation of HCPCS codes

Supports HIPAA compliance



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Introduction

Organization of HCPCS

The Optum360 2019 *HCPCS Level II* Expert contains mandated changes and new codes for use as of January 1, 2019. 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 2019 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.

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, or prosthetic in question to find the appropriate codes. This index also refers to many of the brand names by which these items are known.

Table of Drugs and Biologicals

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

Quality Payment Program

Previously, this appendix contained lists of the numerators and denominators applicable to Medicare PQRS. However, with the implementation of the Quality Payment Program (QPP) mandated by passage of the Medicare Access and Chip Reauthorization Act (MACRA) of 2015, the PQRS system will be obsolete. This appendix now contains information pertinent to that legislation as well as a comprehensive overview of the QPP.

Color-coded Coverage Instructions

The Optum360 *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.

HOW TO USE OPTUM360 HCPCS LEVEL II BOOKS

Green Color Bar—Special Coverage Instructions

A green 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 Internet Only Manuals (IOM) reference numbers. The appendixes provide the full text of the cited Medicare IOM.

A4336 Incontinence supply, urethral insert, any type, each

Yellow Color Bar—Carrier Discretion

Issues that are left to “carrier discretion” are covered with a yellow bar. Contact the carrier for specific coverage information on those codes.

A9581 Injection, gadoxetate disodium, 1 ml

Pink Color Bar—Not Covered by or Invalid for Medicare

Codes that are not covered by or are invalid for Medicare are covered by a pink 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 appendixes, where the Medicare references are listed.

A4264 Permanent implantable contraceptive intratubal occlusion device(s) and delivery system

Codes in the Optum360 *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 recycled/reinstated code.
- Codes deleted from the current active codes appear with a strike-out.

● **C9014** Injection, cerliponase alfa, 1 mg
 ▲ **Q4163** WoundEx, BioSkin, per sq cm
 ○ **J7345** Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg
 ○ **Q9987** Pathogen(s) test for platelets

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 to verify quantities in this code. These quantity alerts do not represent Medicare Unlikely Edits (MUEs) and should not be used for MUEs.

☑ **J0120** Injection, tetracycline, up to 250 mg

A

Abdomen/abdominal
 dressing holder/binder, A4461, A4463
 pad, low profile, L1270

Abduction
 control, each, L2624
 pillow, E1399
 rotation bar, foot, L3140-L3170

Ablation
 prostate, transrectal
 high intensity focused ultrasound, C9747
 ultrasound, C9734

Abortion, S0199, S2260-S2267

Absorption dressing, A6251-A6256

Accessories
 ambulation devices, E0153-E0159
 artificial kidney and machine (*see also* ES-
 RD), E1510-E1699
 beds, E0271-E0280
 Medicare IVIG demonstration, Q2052
 oxygen, E1352, E1354-E1358
 ventricular assist device, Q0477, Q0501-
 Q0509
 wheelchairs, E0950-E1012, E1050-E1298,
 E2201-E2231, E2295, E2300-E2367,
 K0001-K0108

Access system, A4301

AccuChek
 blood glucose meter, E0607
 test strips, box of 50, A4253

Accurate
 prosthetic sock, L8420-L8435
 stump sock, L8470-L8485

Acetate concentrate for hemodialysis, A4708

Acid concentrate for hemodialysis, A4709

Action Patriot manual wheelchair, K0004

Action Xtra, Action MVP, Action Pro-T, manual wheelchair, K0005

Active Life
 convex one-piece urostomy pouch, A4421
 flush away, A5051
 one-piece
 drainable custom pouch, A5061
 pre-cut closed-end pouch, A5051
 stoma cap, A5055

Activity therapy, G0176

Adaptor
 electric/pneumatic ventricular assist device,
 Q0478
 neurostimulator, C1883
 pacing lead, C1883

Addition
 cushion AK, L5648
 cushion BK, L5646
 harness upper extremity, L6675-L6676
 to halo procedure, L0861
 to lower extremity orthotic, K0672, L2750-
 L2760, L2780-L2861
 to lower extremity prosthesis, L5970-L5990
 to upper extremity orthotic, L3891
 wrist, flexion, extension, L6620

Adhesive
 barrier, C1765
 catheter, A4364
 disc or foam pad, A5126
 medical, A4364
 Nu-Hope
 1 oz bottle with applicator, A4364
 3 oz bottle with applicator, A4364
 ostomy, A4364
 pads, A6203-A6205, A6212-A6214, A6219-
 A6221, A6237-A6239, A6245-A6247,
 A6254-A6256
 remover, A4455, A4456
 support, breast prosthesis, A4280
 tape, A4450, A4452
 tissue, G0168

Adjunctive blue light cystoscopy, C9738

Adjustabrace 3, L2999

Adjustment
 bariatric band, S2083

Administration
 aerosolized drug therapy, home, S9061
 chemotherapy infusion
 continued in community, G0498

Administration — continued
 hepatitis B vaccine, G0010
 influenza virus vaccine, G0008
 medication, T1502-T1503
 direct observation, H0033
 pneumococcal vaccine, G0009

Adoptive immunotherapy, S2107

Adrenal transplant, S2103

AdvantaJet, A4210

AFO, E1815, E1830, L1900-L1990, L4392, L4396

Aimsco Ultra Thin syringe, 1 cc or 1/2 cc, each, A4206

Air bubble detector, dialysis, E1530

Aircast air stirrup ankle brace, L1906

Air fluidized bed, E0194

Airlife Brand Misty-Neb nebulizer, E0580

Air pressure pad/mattress, E0186, E0197

AirSep, E0601

Air travel and nonemergency transportation, A0140

Airway device, E0485-E0486

Alarm
 device, A9280
 enuresis, S8270
 pressure, dialysis, E1540

Albumarc, P9041

Albumin, human, P9041, P9045-P9047

Alcohol
 abuse service, G0396, G0397, H0047
 assessment, H0001
 pint, A4244
 testing, H0048
 wipes, A4245

Alert device, A9280

Algiderm, alginate dressing, A6196-A6199

Alginate dressing, A6196-A6199

Algosteril, alginate dressing, A6196-A6199

Alkaline battery for blood glucose monitor, A4233-A4236

Allogenic cord blood harvest, S2140

Allograft
 small intestine and liver, S2053

Alternating pressure mattress/pad, E0181, E0277
 pump, E0182

Alternative communication device, i.e., communication board, E1902

Ambulance, A0021-A0999
 air, A0436
 disposable supplies, A0382-A0398
 non-emergency, S9960-S9961
 oxygen, A0422
 response, treatment, no transport, A0998

Ambulation device, E0100-E0159

Ambulation stimulator
 spinal cord injured, E0762

Aminaid, enteral nutrition, B4154

Amirosyn-RF, parenteral nutrition, B5000

Ammonia test paper, A4774

AmnioBand wound matrix, Q4168

AmnioGen-A wound matrix, Q4162

AmnioGen-C wound matrix, Q4162

AmnioPro Flow wound matrix, Q4162

AmnioPro wound matrix, Q4163

Amputee
 adapter, wheelchair, E0959
 prosthesis, L5000-L7510, L7520, L8400-
 L8465
 stump sock, L8470
 wheelchair, E1170-E1190, E1200

Analysis
 dose optimization, S3722
 gene sequence
 hypertrophic cardiomyopathy,
 S3865, S3866
 semen, G0027

Anchor, screw, C1713

Anesthesia
 dialysis, A4736-A4737
 monitored (MAC), G9654

Angiography
 fluorescent
 nonocular, C9733
 iliac artery, G0278
 magnetic resonance, C8901-C8914, C8918-
 C8920

Angiography — continued
 reconstruction, G0288

Ankle foot system, L5973

Ankle orthosis, L1902, L1904, L1907

Ankle-foot orthotic (AFO), L1900, L1906, L1910-
 L1940, L2106-L2116
 Dorsiwedge Night Splint, A4570, L2999,
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 Specialist
 Ankle Foot Orthotic, L1930
 Tibial Pre-formed Fracture Brace,
 L2116
 Surround Ankle Stirrup Braces with Foam,
 L1906

Annual wellness visit, G0438-G0439

Antenna
 replacement
 diaphragmatic/phrenic nerve stimu-
 lator, L8696

Anterior-posterior orthotic
 lateral orthotic, L0700, L0710

Antibiotic home infusion therapy, S9494-S9504

Antibiotic regimen, G9286-G9287

Antibody testing, HIV-1, S3645

Anticoagulation clinic, S9401

Antifungal home infusion therapy, S9494-
 S9504

Antimicrobial prophylaxis, G9196-G9198

Antiseptic
 chlorhexidine, A4248

Antisperm antibodies, S3655

Antiviral home infusion therapy, S9494-S9504

Apheresis
 low density lipid, S2120

Apnea monitor, E0618-E0619
 with recording feature, E0619
 electrodes, A4556
 lead wires, A4557

Appliance
 cleaner, A5131
 pneumatic, E0655-E0673

Application
 skin substitute, C5271-C5278
 tantalum rings, S8030

AquaPedic sectional gel flotation, E0196

Aqueous
 shunt, L8612

Arch support, L3040-L3100

Arm
 sling
 deluxe, A4565
 mesh cradle, A4565
 universal
 arm, A4565
 elevator, A4565
 wheelchair, E0973

Arrow, power wheelchair, K0014

Artacent wound matrix, Q4169

Arthroereisis
 subtalar, S2117

Arthroscopy
 knee
 harvest of cartilage, S2112
 removal loose body, FB, G0289
 shoulder
 with capsulorrhaphy, S2300

Artificial
 kidney machines and accessories (*see also*
 Dialysis), E1510-E1699
 larynx, L8500
 saliva, A9155

Assertive community treatment, H0039-H0040

Assessment
 alcohol and/or substance, G0396-G0397,
 H0001
 audiologic, V5008-V5020
 chronic care management services
 comprehensive, G0506
 family, H1011
 functional outcome, G9227
 geriatric, S0250
 mental health, H0031
 pain, G8442
 speech, V5362-V5364
 wellness, S5190

Assisted living, T2030-T2031

Assistive listening device, V5268-V5274
 alerting device, V5269
 cochlear implant assistive device, V5273
 FM/DM, V5281
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 supplies and accessories, V5267
 TDD, V5272
 telephone amplifier, V5268
 television caption decoder, V5271

Asthma
 education, S9441
 kit, S8097

Attendant care, S5125-S5126

Attends, adult diapers, A4335

Audiologic assessment, V5008-V5020

Audiometry, S0618

Auditory osseointegrated device, L8690, L8691,
 L8692-L8693

Autoclix lancet device, A4258

Auto-Glide folding walker, E0143

Autolance lancet device, A4258

Autolet lancet device, A4258

Autolet Lite lancet device, A4258

Autolet Mark II lancet device, A4258

B

Babysitter, child of parents in treatment, T1009

Back school, S9117

Back supports, L0450-L0710

Bacterial sensitivity study, P7001

Bag
 drainage, A4357
 irrigation supply, A4398
 resuscitation bag, S8999
 spacer, for metered dose inhaler, A4627
 urinary, A4358, A5112

Balken, fracture frame, E0946

Ballistocardiogram, S3902

Bandage
 adhesive, A6413
 compression
 high, A6452
 light, A6448-A6450
 medium, A6451
 padding, S8430
 roll, S8431
 conforming, A6442-A6447
 Orthoflex elastic plastic bandages, A4580
 padding, A6441
 self-adherent, A6413, A6453-A6455
 specialist plaster bandages, A4580
 zinc paste impregnated, A6456

Bariatric
 bed, E0302-E0304
 brief/diaper, T4543
 surgery, S2083

Barium enema, G0106
 cancer screening, G0120

Barrier
 with flange, A4373
 4 x 4, A4372
 adhesion, C1765

Baseball finger splint, A4570

Bath chair, E0240

Bathtub
 chair, E0240
 heat unit, E0249
 stool or bench, E0245
 transfer bench, E0247, E0248
 transfer rail, E0246
 wall rail, E0241, E0242

Battery, L7360, L7364
 blood glucose monitor, A4233-A4236
 charger, L7362, L7366, L7368, L8695,
 L8699, Q0495
 cochlear implant device
 alkaline, L8622
 lithium, L8623-L8624
 zinc, L8621
 hearing device, V5266
 infusion pump, external, A4602, K0601-
 K0605
 lithium, A4601-A4602, L7367, Q0506
 charger, L7368

A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1) A CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 AHA: 4Q, '12, 1
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency) A CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 AHA: 4Q, '12, 1
A0428	Ambulance service, basic life support, nonemergency transport, (BLS) A CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,20.6; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 AHA: 4Q, '12, 1
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency) A CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 AHA: 4Q, '12, 1
A0430	Ambulance service, conventional air services, transport, one way (fixed wing) A CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,20.3; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 AHA: 4Q, '12, 1
A0431	Ambulance service, conventional air services, transport, one way (rotary wing) A CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,20.3; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 AHA: 4Q, '12, 1
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers A CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 AHA: 4Q, '12, 1
A0433	Advanced life support, level 2 (ALS 2) A CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 AHA: 4Q, '12, 1
A0434	Specialty care transport (SCT) A CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 AHA: 4Q, '12, 1

A0435	Fixed wing air mileage, per statute mile A CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,20.3; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 AHA: 4Q, '12, 1
A0436	Rotary wing air mileage, per statute mile A CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,10.2.2; 100-02,10,10.3.3; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-02,10,20; 100-04,15,10.3; 100-04,15,20.1.4; 100-04,15,20.3; 100-04,15,30; 100-04,15,30.1.2; 100-04,15,30.2; 100-04,15,30.2.1; 100-04,15,40 AHA: 4Q, '12, 1
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility) E CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1; 100-04,15,30.1.2; 100-04,15,30.2.4
A0998	Ambulance response and treatment, no transport E CMS: 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,30.1; 100-02,10,30.1.1
A0999	Unlisted ambulance service A CMS: 100-02,10,10.1; 100-02,10,10.1.2; 100-02,10,10.2.1; 100-02,10,20; 100-02,10,30.1; 100-02,10,30.1.1

Medical and Surgical Supplies A4206-A9999

This section covers a wide variety of medical, surgical, and some durable medical equipment (DME) related supplies and accessories. DME-related supplies, accessories, maintenance, and repair required to ensure the proper functioning of this equipment is generally covered by Medicare under the prosthetic devices provision.

Injection Supplies

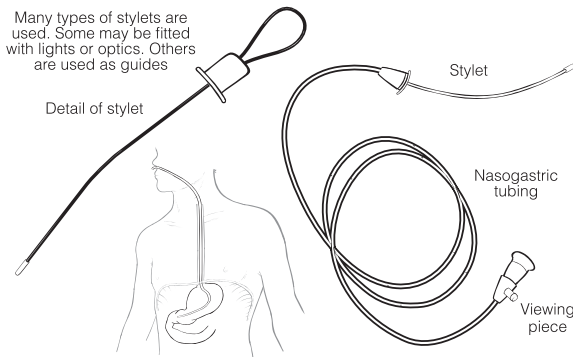
A4206	Syringe with needle, sterile, 1 cc or less, each N ✓
A4207	Syringe with needle, sterile 2 cc, each N ✓
A4208	Syringe with needle, sterile 3 cc, each N ✓
A4209	Syringe with needle, sterile 5 cc or greater, each N ✓
A4210	Needle-free injection device, each E ✓ Sometimes covered by commercial payers with preauthorization and physician letter stating need (e.g., for insulin injection in young children).
A4211	Supplies for self-administered injections N When a drug that is usually injected by the patient (e.g., insulin or calcitonin) is injected by the physician, it is excluded from Medicare coverage unless administered in an emergency situation (e.g., diabetic coma).
A4212	Noncoring needle or stylet with or without catheter N
A4213	Syringe, sterile, 20 cc or greater, each N ✓
A4215	Needle, sterile, any size, each N
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml N NI ✓ ♿
A4217	Sterile water/saline, 500 ml N NI ✓ ♿ (AU) CMS: 100-04,20,30.9
A4218	Sterile saline or water, metered dose dispenser, 10 ml N NI ✓
A4220	Refill kit for implantable infusion pump N NI
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately) N ♿
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately) N ♿
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately) N ✓
A4224	Supplies for maintenance of insulin infusion catheter, per week N ♿

Enteral and Parenteral Therapy B4034-B9999

This section includes codes for supplies, formulae, nutritional solutions, and infusion pumps.

Enteral Formulae and Enteral Medical Supplies

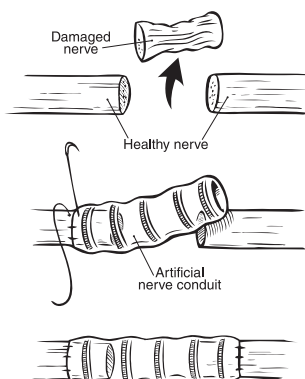
- B4034** Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape Y ✓
CMS: 100-03,180.2; 100-04,20,160.2; 100-04,23,60.3
- B4035** Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape Y ✓
CMS: 100-03,180.2; 100-04,20,160.2; 100-04,23,60.3
- B4036** Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape Y ✓
CMS: 100-03,180.2; 100-04,20,160.2; 100-04,23,60.3
- B4081** Nasogastric tubing with stylet Y
CMS: 100-03,180.2; 100-04,20,160.2; 100-04,23,60.3



- B4082** Nasogastric tubing without stylet Y
CMS: 100-03,180.2; 100-04,20,160.2; 100-04,23,60.3
- B4083** Stomach tube - Levine type Y
CMS: 100-03,180.2; 100-04,20,160.2; 100-04,23,60.3
- B4087** Gastrostomy/jejunostomy tube, standard, any material, any type, each A ✓
CMS: 100-03,180.2; 100-04,23,60.3
- B4088** Gastrostomy/jejunostomy tube, low-profile, any material, any type, each A ✓
CMS: 100-03,180.2; 100-04,23,60.3
- B4100** Food thickener, administered orally, per oz E ✓
CMS: 100-03,180.2
- B4102** Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit Y ✓
CMS: 100-03,180.2
- B4103** Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit Y ✓
CMS: 100-03,180.2
- B4104** Additive for enteral formula (e.g., fiber) E
CMS: 100-03,180.2
- B4149** Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit Y ✓
CMS: 100-03,180.2; 100-04,23,60.3

- B4150** Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit Y ✓
Use this code for Enrich, Ensure, Ensure HN, Ensure Powder, Isocal, Lonalac Powder, Meritene, Meritene Powder, Osmolite, Osmolite HN, Portagen Powder, Sustacal, Renu, Sustagen Powder, Travasorb.
CMS: 100-03,180.2; 100-04,20,160.2; 100-04,23,60.3
- B4152** Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit Y ✓
Use this code for Magnacal, Isocal HCN, Sustacal HC, Ensure Plus, Ensure Plus HN.
CMS: 100-03,180.2; 100-04,20,160.2; 100-04,23,60.3
- B4153** Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit Y ✓
Use this code for Criticare HN, Vivonex t.e.n. (Total Enteral Nutrition), Vivonex HN, Vital (Vital HN), Travasorb HN, Isotein HN, Precision HN, Precision Isotonic.
CMS: 100-03,180.2; 100-04,20,160.2; 100-04,23,60.3
- B4154** Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit Y ✓
Use this code for Hepatic-aid, Travasorb Hepatic, Travasorb MCT, Travasorb Renal, Traum-aid, Tramacal, Aminaid.
CMS: 100-03,180.2; 100-04,20,160.2; 100-04,23,60.3
- B4155** Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit Y ✓
Use this code for Propac, Gerval Protein, Promix, Casec, Modulac, Controlyte, Polycose Liquid or Powder, Sumacal, Microlipids, MCT Oil, Nutri-source.
CMS: 100-03,180.2; 100-04,20,160.2; 100-04,23,60.3
- B4157** Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit Y ✓
CMS: 100-03,180.2
- B4158** Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit Y ✓
CMS: 100-03,180.2
- B4159** Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit Y ✓
CMS: 100-03,180.2
- B4160** Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit Y ✓
CMS: 100-03,180.2

- C9250** Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2 ml K K2 ✓
- C9254** Injection, iacosamide, 1 mg N M1 ✓
Use this code for VIMPAT.
- C9257** Injection, bevacizumab, 0.25 mg K K2 ✓
Use this code for Avastin.
CMS: 100-03,110.17
AHA: 3Q, '13, 9
- C9275** Injection, hexaminolevulinate HCl, 100 mg, per study dose N M1 ✓
Use this code for Cysview.
AHA: 2Q, '15, 9
- C9285** Lidocaine 70 mg/tetracaine 70 mg, per patch N M1 ✓
Use this code for SYNERA.
AHA: 3Q, '11, 9
- C9290** Injection, bupivacaine liposome, 1 mg N M1 ✓
Use this code for EXPAREL.
AHA: 2Q, '12, 7
- C9293** Injection, glucarpidase, 10 units K K2 ✓
Use this code for Voraxaze.
- C9352** Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length N M1 ✓
AHA: 1Q, '08, 6



A synthetic "bridge" is affixed to each end of a severed nerve with sutures. This procedure is performed using an operating microscope.

- C9353** Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length N M1 ✓
AHA: 1Q, '08, 6
- C9354** Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm N M1 ✓
AHA: 1Q, '08, 6
- C9355** Collagen nerve cuff (NeuroMatrix), per 0.5 cm length N M1 ✓
AHA: 1Q, '08, 6
- C9356** Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm N M1 ✓
AHA: 3Q, '08, 6
- C9358** Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm N M1 ✓
AHA: 2Q, '12, 7; 3Q, '08, 6

- C9359** Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc N M1 ✓
AHA: 3Q, '15, 2
- C9360** Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm N M1 ✓
AHA: 2Q, '12, 7
- C9361** Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length N M1 ✓
- C9362** Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc N M1 ✓
AHA: 2Q, '10, 8
- C9363** Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm N M1 ✓
AHA: 2Q, '12, 7; 2Q, '10, 8
- C9364** Porcine implant, Permacol, per sq cm N M1 ✓
- C9399** Unclassified drugs or biologicals A K7
CMS: 100-04,17,90.3
AHA: 1Q, '17, 8; 1Q, '17, 1-3; 4Q, '16, 10; 4Q, '14, 5; 2Q, '14, 8; 2Q, '13, 5; 1Q, '13, 9; 1Q, '08, 6; 4Q, '05, 7, 9; 4Q, '04, 3
- C9447** Injection, phenylephrine and ketorolac, 4 ml vial G K2 ✓
Use this code for Omidria.
- C9460** Injection, cangrelor, 1 mg G K2 ✓
Use this code for Kengreal.
AHA: 1Q, '16, 6-8
- C9482** Injection, sotalol hydrochloride, 1 mg G K2 ✓
AHA: 4Q, '16, 9
- C9483^{Jan}** Injection, atezolizumab, 10 mg G K2 ✓
To report, see ~J9022
- C9484^{Jan}** Injection, eteplirsen, 10 mg G K2 ✓
To report, see ~J1428
- C9485^{Jan}** Injection, olaratumab, 10 mg G K2 ✓
To report, see ~J9285
- C9486^{Jan}** Injection, granisetron extended-release, 0.1 mg G K2 ✓
To report, see ~J1627
- C9487^{Jan}** Ustekinumab, for intravenous injection, 1 mg G K2 ✓
To report, see ~Q9989
- C9488^{Jan}** Injection, conivaptan hydrochloride, 1 mg G K2 ✓
Use this code for Vaprisol.
- C9489^{Jan}** Injection, nusinersen, 0.1 mg G K2 ✓
To report, see ~J2326
- C9490^{Jan}** Injection, bezlotoxumab, 10 mg G K2 ✓
To report, see ~J0565
- C9491^{Jan}** Injection, avelumab, 10 mg G K2 ✓
To report, see ~J9023
- C9492^{Jan}** Injection, durvalumab, 10 mg G K2 ✓
Use this code for Imfinzi.
- C9493^{Jan}** Injection, edaravone, 1 mg G K2 ✓
Use this code for Radicava.
- C9494^{Jan}** Injection, ocrelizumab, 1 mg G K2 ✓
To report, see ~J2350
- C9497** Loxapine, inhalation powder, 10 mg K K2 ✓
AHA: 1Q, '14, 6
- C9600** Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch J

Jan January Update

Special Coverage Instructions Noncovered by Medicare Carrier Discretion Quantity Alert New Code Recycled/Reinstated Revised Code

- E0247** Transfer bench for tub or toilet with or without commode opening E
- E0248** Transfer bench, heavy-duty, for tub or toilet with or without commode opening E
- E0249** Pad for water circulating heat unit, for replacement only Y ☒ (NU,RR,UE)

Hospital Beds and Accessories

- E0250** Hospital bed, fixed height, with any type side rails, with mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0251** Hospital bed, fixed height, with any type side rails, without mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0255** Hospital bed, variable height, hi-lo, with any type side rails, with mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0256** Hospital bed, variable height, hi-lo, with any type side rails, without mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0260** Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0261** Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0265** Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0266** Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0270** Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress E
- E0271** Mattress, innerspring Y ☒ (NU,RR,UE)
CMS: 100-04,23,60.3; 100-04,36,50.14
- E0272** Mattress, foam rubber Y ☒ (NU,RR,UE)
CMS: 100-04,23,60.3; 100-04,36,50.14
- E0273** Bed board E
- E0274** Over-bed table E
- E0275** Bed pan, standard, metal or plastic Y ☒ (NU,RR,UE)
Reusable, autoclavable bedpans are covered by Medicare for bed-confined patients.
- E0276** Bed pan, fracture, metal or plastic Y ☒ (NU,RR,UE)
Reusable, autoclavable bedpans are covered by Medicare for bed-confined patients.
- E0277** Powered pressure-reducing air mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0280** Bed cradle, any type Y ☒ (NU,RR,UE)
CMS: 100-04,23,60.3; 100-04,36,50.14
- E0290** Hospital bed, fixed height, without side rails, with mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0291** Hospital bed, fixed height, without side rails, without mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0292** Hospital bed, variable height, hi-lo, without side rails, with mattress Y ☒ (RR)
CMS: 100-04,23,60.3

- E0293** Hospital bed, variable height, hi-lo, without side rails, without mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0294** Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0295** Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0296** Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0297** Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0300** Pediatric crib, hospital grade, fully enclosed, with or without top enclosure Y ☒ (RR)
CMS: 100-04,23,60.3
- E0301** Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0302** Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0303** Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0304** Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress Y ☒ (RR)
CMS: 100-04,23,60.3
- E0305** Bedside rails, half-length Y ☒ (RR)
CMS: 100-04,23,60.3
- E0310** Bedside rails, full-length Y ☒ (NU,RR,UE)
CMS: 100-04,23,60.3; 100-04,36,50.14
- E0315** Bed accessory: board, table, or support device, any type E
- E0316** Safety enclosure frame/canopy for use with hospital bed, any type Y ☒ (RR)
CMS: 100-04,23,60.3
AHA: 1Q, '02, 5
- E0325** Urinal; male, jug-type, any material ♂ Y ☒ (NU,RR,UE)
- E0326** Urinal; female, jug-type, any material ♀ A Y ☒ (NU,RR,UE)
- E0328** Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress Y
- E0329** Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress Y
- E0350** Control unit for electronic bowel irrigation/evacuation system E
- E0352** Disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system E
- E0370** Air pressure elevator for heel E

G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes A ✓ ☑ CMS: 100-04,12,190.3; 100-04,12,190.6; 100-04,12,190.6.1; 100-04,12,190.7	G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses E AHA: 1Q, '03, 7
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes A ✓ ☑	G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making) S CMS: 100-02,13,220; 100-02,13,220.1; 100-02,13,220.3; 100-04,18,220; 100-04,18,220.1; 100-04,18,220.2; 100-04,18,220.3; 100-04,18,220.5; 100-04,13,220.1
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial J B2 CMS: 100-03,150.13; 100-04,32,330.1; 100-04,32,330.2	G0297	Low dose CT scan (LDCT) for lung cancer screening S CMS: 100-04,18,220; 100-04,18,220.1; 100-04,18,220.2; 100-04,18,220.3; 100-04,18,220.5
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval S AHA: 3Q, '15, 7	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes B CMS: 100-01,3,30.3; 100-04,10,40.2; 100-04,11,30.3
G0278	Iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure) N ☑ AHA: 3Q, '11, 3; 4Q, '06, 8	G0300	Direct skilled nursing services of a licensed practical nurse (lpn) in the home health or hospice setting, each 15 minutes B CMS: 100-01,3,30.3; 100-04,10,40.2; 100-04,11,30.3
G0279 ^{Jan}	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065-77067) A CMS: 100-04,18,20.2; 100-04,18,20.2.2	G0302	Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services S ✓
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care A CMS: 100-04,32,11.1 AHA: 2Q, '03, 7; 1Q, '03, 7	G0303	Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services S ✓
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 E CMS: 100-04,32,11.1 AHA: 2Q, '03, 7; 1Q, '03, 7	G0304	Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services S ✓
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care A AHA: 2Q, '09, 1; 2Q, '03, 7; 1Q, '03, 7	G0305	Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services S ✓
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery N	G0306	Complete CBC, automated (Hgb, Hct, RBC, WBC, without platelet count) and automated WBC differential count Q CMS: 100-02,11,20.2
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee N ☑ AHA: 2Q, '03, 9	G0307	Complete (CBC), automated (Hgb, Hct, RBC, WBC; without platelet count) Q CMS: 100-02,11,20.2
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day M ✓ AHA: 4Q, '02, 9-10	G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations A CMS: 100-02,15,280.2.2; 100-04,16,70.8; 100-04,18,60; 100-04,18,60.1; 100-04,18,60.1.1; 100-04,18,60.2; 100-04,18,60.2.1; 100-04,18,60.6; 100-04,18,60.7 AHA: 2Q, '12, 9
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day M ✓ AHA: 4Q, '02, 9-10	G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care A CMS: 100-04,32,11.2
		G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary M
		G0337	Hospice evaluation and counseling services, preelection B CMS: 100-04,11,10
		G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment B ☑ AHA: 4Q, '13, 8-10; 1Q, '04, 6
		G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment B ☑ AHA: 4Q, '13, 8-10; 1Q, '04, 6

Jan January Update

Special Coverage Instructions Noncovered by Medicare Carrier Discretion Quantity Alert New Code Recycled/Reinstated Revised Code

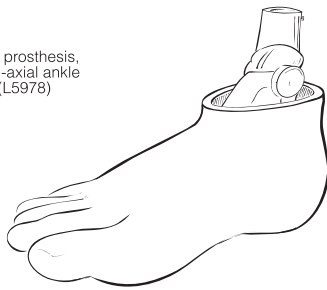
J2150	Injection, mannitol, 25% in 50 ml Use this code for Osmitrol. CMS: 100-04,4,20.6.4	N M1 ✓	J2323	Injection, natalizumab, 1 mg Use this code for Tysabri. AHA: 1Q, '08, 6	K K2 ✓
J2170	Injection, mecasermin, 1 mg Use this code for Iplex, Increlex. CMS: 100-04,4,20.6.4	N M1 ✓	J2325	Injection, nesiritide, 0.1 mg Use this code for Natrecor. CMS: 100-03,200.1	K K2 ✓
J2175	Injection, meperidine HCl, per 100 mg Use this code for Demerol. CMS: 100-04,4,20.6.4	N M1 ✓	● J2326^{Jan}	Injection, nusinersen, 0.1 mg Use this code for Spinraza.	
J2180	Injection, meperidine and promethazine HCl, up to 50 mg Use this code for Mepergan Injection. CMS: 100-04,4,20.6.4	N M1 ✓	○ J2350^{Jan}	Injection, ocrelizumab, 1 mg Use this code for Ocrevus.	
J2182	Injection, mepolizumab, 1 mg Use this code for Nucala.	G K2 ✓	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg Use this code for Sandostatin LAR.	K K2 ✓
J2185	Injection, meropenem, 100 mg Use this code for Merrem. CMS: 100-04,4,20.6.4 AHA: 2Q, '05, 11	N M1 ✓	J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg Use this code for Sandostatin.	N M1 ✓
J2210	Injection, methylergonovine maleate, up to 0.2 mg Use this code for Methergine. CMS: 100-04,4,20.6.4	N M1 ✓	J2355	Injection, oprelvekin, 5 mg Use this code for Neumega. AHA: 2Q, '05, 11	K K2 ✓
J2212	Injection, methylalntrexone, 0.1 mg Use this code for Relistor.	N M1 ✓	J2357	Injection, omalizumab, 5 mg Use this code for Xolair. AHA: 2Q, '05, 11	K K2 ✓
J2248	Injection, micafungin sodium, 1 mg Use this code for Mycamine.	N M1 ✓	J2358	Injection, olanzapine, long-acting, 1 mg Use this code for ZYPREXA RELPREVV.	K K2 ✓
J2250	Injection, midazolam HCl, per 1 mg Use this code for Versed. CMS: 100-04,4,20.6.4	N M1 ✓	J2360	Injection, orphenadrine citrate, up to 60 mg Use this code for Norflex.	N M1 ✓
J2260	Injection, milrinone lactate, 5 mg Use this code for Primacor. CMS: 100-04,4,20.6.4	K K2 ✓	J2370	Injection, phenylephrine HCl, up to 1 ml	N M1 ✓
J2265	Injection, minocycline HCl, 1 mg Use this code for MINOCIN.	K K2 ✓	J2400	Injection, chlorprocaine HCl, per 30 ml Use this code for Nesacaine, Nesacaine-MPF.	N M1 ✓
J2270	Injection, morphine sulfate, up to 10 mg Use this code for Depodur, Infumorph. CMS: 100-04,4,20.6.4 AHA: 2Q, '13, 5; 4Q, '05, 1-6; 3Q, '04, 1-10	N M1 ✓	J2405	Injection, ondansetron HCl, per 1 mg Use this code for Zofran.	N M1 ✓
J2274	Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg Use this code for DepoDur, Astromorph PF, Durarmorph PF. AHA: 1Q, '15, 6	N M1 ✓	J2407	Injection, oritavancin, 10 mg Use this code for Orbactiv.	G K2 ✓
J2278	Injection, ziconotide, 1 mcg Use this code for Prialt.	K K2 ✓	J2410	Injection, oxymorphone HCl, up to 1 mg Use this code for Numorphan, Oxymorphone HCl.	N M1 ✓
J2280	Injection, moxifloxacin, 100 mg Use this code for Avelox. CMS: 100-04,4,20.6.4 AHA: 2Q, '05, 11	N M1 ✓	J2425	Injection, palifermin, 50 mcg Use this code for Kevipance.	K K2 ✓
J2300	Injection, nalbuphine HCl, per 10 mg Use this code for Nubain. CMS: 100-04,4,20.6.4	N M1 ✓	J2426	Injection, paliperidone palmitate extended release, 1 mg Use this code for INVEGA SUSTENNA.	K K2 ✓
J2310	Injection, naloxone HCl, per 1 mg Use this code for Narcan.	N M1 ✓	J2430	Injection, pamidronate disodium, per 30 mg Use this code for Aredia.	N M1 ✓
J2315	Injection, naltrexone, depot form, 1 mg Use this code for Vivitrol.	K K2 ✓	J2440	Injection, papaverine HCl, up to 60 mg	N M1 ✓
J2320	Injection, nandrolone decanoate, up to 50 mg	K K2 ✓	J2460	Injection, oxytetracycline HCl, up to 50 mg Use this code for Terramycin IM.	N M1 ✓
			J2469	Injection, palonosetron HCl, 25 mcg Use this code for Aloxi. AHA: 2Q, '05, 11; 1Q, '05, 7, 9-10	K K2 ✓
			J2501	Injection, paricalcitol, 1 mcg Use this code For Zemplar.	N M1 ✓
			J2502	Injection, pasireotide long acting, 1 mg Use this code for Signifor LAR.	G K2 ✓
			J2503	Injection, pegaptanib sodium, 0.3 mg Use this code for Macugen.	K K2 ✓
			J2504	Injection, pegademase bovine, 25 IU Use this code for Adagen.	K K2 ✓

Jan January Update

Special Coverage Instructions Noncovered by Medicare Carrier Discretion Quantity Alert ● New Code ○ Recycled/Reinstated ▲ Revised Code

L5978 All lower extremity prostheses, foot, multiaxial ankle/foot A

Foot prosthesis, multi-axial ankle (L5978)



L5979 All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system A

L5980 All lower extremity prostheses, flex-foot system A

L5981 All lower extremity prostheses, flex-walk system or equal A

L5982 All exoskeletal lower extremity prostheses, axial rotation unit A

L5984 All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability A

L5985 All endoskeletal lower extremity prostheses, dynamic prosthetic pylon A

L5986 All lower extremity prostheses, multiaxial rotation unit (MCP or equal) A

L5987 All lower extremity prostheses, shank foot system with vertical loading pylon A

L5988 Addition to lower limb prosthesis, vertical shock reducing pylon feature A

L5990 Addition to lower extremity prosthesis, user adjustable heel height A
 AHA: 1Q, '02, 5

L5999 Lower extremity prosthesis, not otherwise specified A
 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.

Partial Hand

L6000 Partial hand, thumb remaining A

L6010 Partial hand, little and/or ring finger remaining A

L6020 Partial hand, no finger remaining A

L6026 Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s) A

Wrist Disarticulation

L6050 Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad A

L6055 Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad A

Below Elbow

L6100 Below elbow, molded socket, flexible elbow hinge, triceps pad A

L6110 Below elbow, molded socket (Muenster or Northwestern suspension types) A

L6120 Below elbow, molded double wall split socket, step-up hinges, half cuff A

L6130 Below elbow, molded double wall split socket, stump activated locking hinge, half cuff A

Elbow Disarticulation

L6200 Elbow disarticulation, molded socket, outside locking hinge, forearm A

L6205 Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm A

Above Elbow

L6250 Above elbow, molded double wall socket, internal locking elbow, forearm A

Shoulder Disarticulation

L6300 Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm A

L6310 Shoulder disarticulation, passive restoration (complete prosthesis) A

L6320 Shoulder disarticulation, passive restoration (shoulder cap only) A

Interscapular Thoracic

L6350 Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm A

L6360 Interscapular thoracic, passive restoration (complete prosthesis) A

L6370 Interscapular thoracic, passive restoration (shoulder cap only) A

Immediate and Early Postsurgical Procedures

L6380 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow A

L6382 Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow A

L6384 Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic A

L6386 Immediate postsurgical or early fitting, each additional cast change and realignment A

L6388 Immediate postsurgical or early fitting, application of rigid dressing only A

Molded Socket

L6400 Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping A

L6450 Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping A

L6500 Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping A

L6550 Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping A

L6570 Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping A

- 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 N M ✓
 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.
CMS: 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1
AHA: 1Q, '08, 1
- 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 N M ✓
 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.
CMS: 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1
AHA: 1Q, '08, 1
- 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 24-hour dosage regimen N M ✓
 Medicare covers at the time of chemotherapy if regimen doesn't exceed 24 hours. Submit on the same claim as the chemotherapy. Use this code for Anzemet.
CMS: 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1
AHA: 1Q, '08, 1
- 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 N M ✓
 Medicare covers at the time of chemotherapy if regimen doesn't exceed 48-hours. Submit on the same claim as the chemotherapy.
CMS: 100-02,15,50.5.4; 100-03,110.18; 100-04,17,80.2.1
AHA: 2Q, '12, 9; 1Q, '08, 1
- **Q0477^{Jan}** Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only
- Q0478** Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type A b
- Q0479** Power module for use with electric or electric/pneumatic ventricular assist device, replacement only A b
- Q0480** Driver for use with pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0481** Microprocessor control unit for use with electric ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0482** Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0483** Monitor/display module for use with electric ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0484** Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0485** Monitor control cable for use with electric ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2

- Q0486** Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0487** Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0488** Power pack base for use with electric ventricular assist device, replacement only A
AHA: 3Q, '05, 1-2
- Q0489** Power pack base for use with electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0490** Emergency power source for use with electric ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0491** Emergency power source for use with electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0492** Emergency power supply cable for use with electric ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0493** Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0494** Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0495** Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0496** Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0497** Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0498** Holster for use with electric or electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0499** Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0500** Filters for use with electric or electric/pneumatic ventricular assist device, replacement only A ✓ b
 The base unit for this code is for each filter.
AHA: 3Q, '05, 1-2
- Q0501** Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0502** Mobility cart for pneumatic ventricular assist device, replacement only A b
AHA: 3Q, '05, 1-2
- Q0503** Battery for pneumatic ventricular assist device, replacement only, each A ✓ b
AHA: 3Q, '05, 1-2