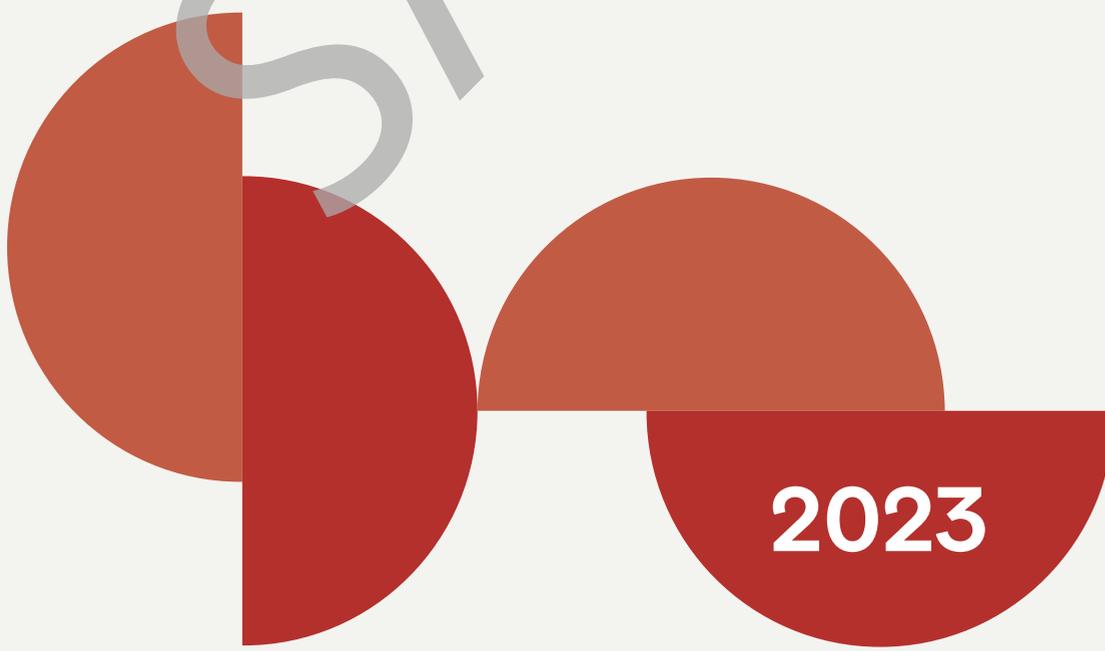


HCPCS Level II

A resourceful compilation of HCPCS codes

Supports HIPAA compliance

SAMPLE



2023

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G0076-G0087 in-home visit, G2001-G2009, G2013-G2015 remote in-home visit, G9481-G9489, G9978-G9987</p> <p>Cochlear implant, L8614 battery alkaline, L8622 lithium, L8623-L8624 zinc, L8621 external recharging system, L8625 external sound processor, L8691 headset, L8615 microphone, L8616 replacement, L8619 transducer/actuator, replacement, L8625 transmitter cable, L8618 transmitting coil, L8617 zinc, L8621</p> <p>Cogenex Amniotic Membrane, Q4229</p> <p>Cogenex Flowable Amnion, Q4230</p> <p>Coil, imaging, C1770</p> <p>Cold fluid bottle/wrap, A9273</p> <p>Collagen implant, urinary tract, L8603 microporous nonhuman origin, C9352-C9353 skin test, Q3031 wound dressing, A6021-A6024, Q4164</p> <p>Collar cervical contour (low, standard), L0120 multiple post, L0180-L0200</p>	<p>Collar — <i>continued</i> cervical — <i>continued</i> nonadjustable foam, L0120 Philadelphia tracheotomy, L0172 Philly one-piece extraction, L0150 tracheotomy, L0172 traction, E0856 turtle neck safety, E0942</p> <p>Collection, specimen COVID-19, any source, C9803, G2023-G2024</p> <p>Coll-e-Derm, Q4193</p> <p>Colonoscopy, G9659-G9661 cancer screening patient at high risk, G0105 patient not at high risk, G0121 consultation, prescreening, S0285</p> <p>Coloplast closed pouch, A5051 drainable pouch, A5061 closed, A5054 small, A5063 skin barrier 4 x 4, A4362 6 x 6, A5121 8 x 8, A5122 stoma cap, A5055</p> <p>Colpopexy, vaginal, C9778</p> <p>Coma stimulation, S9056</p> <p>Combo-Seat universal raised toilet seat, E0244</p> <p>Commode, E0160-E0171 chair, E0163-E0165, E0170-E0171 lift, E0172, E0625 pail, E0167 seat, wheelchair, E0968</p> <p>Communication board, E1902</p> <p>Companion care, S5135-S5136</p> <p>Composite dressing, A6203-A6205</p> <p>Compressed gas system, E0424-E0480</p> <p>Compression bandage high, A6452 light, A6448 medium, A6451 burn garment, A6501-A6512 burn mask, A6513 nonpneumatic garment, full arm, K1025 compression controller, K1024 stockings, A6530-A6549 wrap, A6545</p> <p>Compressogrip prosthetic shrinker, L8440-L8465</p> <p>Compressor, E0565, E0570, E0650-E0652, E0670, K0738</p> <p>Computer aided detection breast MRI image, C8937</p> <p>Concentrator oxygen, E1390-E1392 rental, E1392</p> <p>Condom female, A4268 male, A4267</p> <p>Conductive garment (for TENS), E0731 paste or gel, A4558</p> <p>Conductivity meter (for dialysis), E1550</p> <p>Conference interdisciplinary team, G0175</p> <p>Conforming bandage, A6442-A6447</p> <p>Congenital torticollis orthotic, L0112</p> <p>Congo red, blood, P2029</p> <p>Consultation telehealth, G0406-G0408, G0425-G0427, G0508-G0509</p> <p>Contact layer, A6206-A6208</p> <p>Contact lens, S0500, S0512-S0514, V2500-V2599</p> <p>Continent device, A5081, A5082</p> <p>Continuous intraoperative neurophysiology monitoring, G0453</p> <p>Continuous, monitor blood glucose, S1030-S1031 receiver, K0554 supply allowance, 1 month, K0553</p> <p>Continuous passive motion exercise device, E0936</p>
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● **A2010** Apis, per sq cm

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 ✓ 6
- A4217** Sterile water/saline, 500 ml N ✓ 6 (AU)
CMS: 100-04,20,30,9
- A4218** Sterile saline or water, metered dose dispenser, 10 ml N ✓
- A4220** Refill kit for implantable infusion pump N
- A4221** Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately) N 6
- A4222** Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately) N 6
- 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 6
- A4225** Supplies for external insulin infusion pump, syringe type cartridge, sterile, each N 6
- A4226** Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week N 6
- A4230** Infusion set for external insulin pump, nonneedle cannula type N ✓
Covered by some commercial payers as ongoing supply to preauthorized pump.
- A4231** Infusion set for external insulin pump, needle type N ✓
Covered by some commercial payers as ongoing supply to preauthorized pump.
- A4232** Syringe with needle for external insulin pump, sterile, 3 cc E ✓
Covered by some commercial payers as ongoing supply to preauthorized pump.

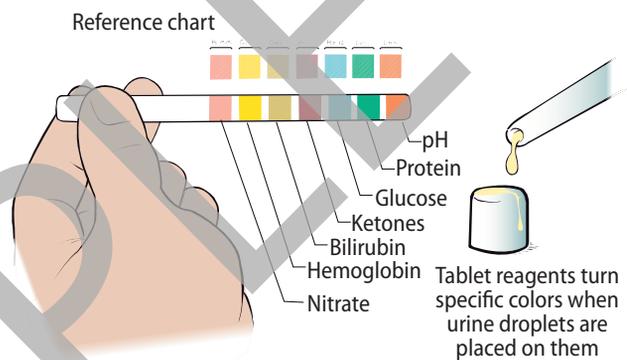
Batteries

- A4233** Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each E ✓ 6 (NU)
- A4234** Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each E ✓ 6 (NU)

- A4235** Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each E ✓ 6 (NU)
- A4236** Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each E ✓ 6 (NU)

Other Supplies

- A4244** Alcohol or peroxide, per pint N ✓
- A4245** Alcohol wipes, per box N ✓
- A4246** Betadine or pHisoHex solution, per pint N ✓
- A4247** Betadine or iodine swabs/wipes, per box N ✓
- A4248** Chlorhexidine containing antiseptic, 1 ml N ✓
- A4250** Urine test or reagent strips or tablets (100 tablets or strips) E ✓
CMS: 100-02,15,110



Dipstick urinalysis: The strip is dipped and color-coded squares are read at timed intervals (e.g., pH immediately; ketones at 15 seconds, etc.). Results are compared against a reference chart

- A4252** Blood ketone test or reagent strip, each E ✓
- A4253** Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips N ✓ 6 (NU)
Medicare covers glucose strips for diabetic patients using home glucose monitoring devices prescribed by their physicians.
- A4255** Platforms for home blood glucose monitor, 50 per box N ✓ 6
Some Medicare contractors cover monitor platforms for diabetic patients using home glucose monitoring devices prescribed by their physicians. Some commercial payers also provide this coverage to noninsulin dependent diabetics.
- A4256** Normal, low, and high calibrator solution/chips N 6
Some Medicare contractors cover calibration solutions or chips for diabetic patients using home glucose monitoring devices prescribed by their physicians. Some commercial payers also provide this coverage to noninsulin dependent diabetics.
- A4257** Replacement lens shield cartridge for use with laser skin piercing device, each E ✓ 6
AHA: 1Q, '02, 5
- A4258** Spring-powered device for lancet, each N ✓ 6
Some Medicare contractors cover lancing devices for diabetic patients using home glucose monitoring devices prescribed by their physicians. Medicare jurisdiction: DME regional contractor. Some commercial payers also provide this coverage to noninsulin dependent diabetics.
- A4259** Lancets, per box of 100 N ✓ 6
Medicare covers lancets for diabetic patients using home glucose monitoring devices prescribed by their physicians. Medicare jurisdiction: DME regional contractor. Some commercial payers also provide this coverage to noninsulin dependent diabetics.

C2620	Pacemaker, single chamber, nonrate-responsive (implantable) NI NI
	CMS: 100-04,14,40.8; 100-04,21,320.4.7; 100-04,32,320.4.1; 100-04,32,320.4.2; 100-04,32,320.4.4; 100-04,32,320.4.6; 100-04,32,320.4.7 AHA: 3Q, '16, 10-15; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
C2621	Pacemaker, other than single or dual chamber (implantable) NI NI
	CMS: 100-04,14,40.8 AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 8; 3Q, '02, 4-5; 1Q, '01, 6
C2622	Prosthesis, penile, noninflatable NI NI
	CMS: 100-04,14,40.8 AHA: 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
C2623	Catheter, transluminal angioplasty, drug-coated, nonlaser NI NI
	AHA: 3Q, '16, 10-15
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components NI NI
	AHA: 3Q, '16, 10-15; 3Q, '15, 1-2
C2625	Stent, noncoronary, temporary, with delivery system NI NI
	AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 2Q, '15, 9; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
C2626	Infusion pump, nonprogrammable, temporary (implantable) NI NI
	CMS: 100-04,14,40.8 AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '04, 4-5; 3Q, '02, 4-5; 1Q, '01, 6
C2627	Catheter, suprapubic/cystoscopic NI NI
	AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
C2628	Catheter, occlusion NI NI
	AHA: 3Q, '16, 10-15; 4Q, '04, 4-5; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser NI NI
	AHA: 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6
C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip NI NI
	AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 3Q, '02, 4-5; 1Q, '01, 6
C2631	Repair device, urinary, incontinence, without sling graft NI NI
	CMS: 100-04,14,40.8 AHA: 3Q, '16, 15-19; 3Q, '16, 10-15; 4Q, '03, 8; 3Q, '02, 4-5; 1Q, '01, 6
C2634	Brachytherapy source, nonstranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source U H2 ✓ ✓
	AHA: 3Q, '16, 11; 2Q, '07, 11; 2Q, '05, 8; 4Q, '04, 8
C2635	Brachytherapy source, nonstranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source U H2 ✓ ✓
	AHA: 3Q, '16, 11; 2Q, '07, 11; 2Q, '05, 8; 4Q, '04, 8
C2636	Brachytherapy linear source, nonstranded, palladium-103, per 1 mm U H2 ✓ ✓
	AHA: 3Q, '16, 11; 2Q, '07, 11; 4Q, '04, 8
C2637	Brachytherapy source, nonstranded, ytterbium-169, per source B ✓ ✓
	AHA: 3Q, '16, 11; 2Q, '07, 11; 3Q, '05, 7
C2638	Brachytherapy source, stranded, iodine-125, per source U H2 ✓ ✓
	AHA: 3Q, '16, 11
C2639	Brachytherapy source, nonstranded, iodine-125, per source U H2 ✓ ✓
	AHA: 3Q, '16, 11

C2640	Brachytherapy source, stranded, palladium-103, per source U H2 ✓ ✓
	AHA: 3Q, '16, 11
C2641	Brachytherapy source, nonstranded, palladium-103, per source U H2 ✓ ✓
	AHA: 3Q, '16, 11
C2642	Brachytherapy source, stranded, cesium-131, per source U H2 ✓ ✓
	AHA: 3Q, '16, 11
C2643	Brachytherapy source, nonstranded, cesium-131, per source U H2 ✓ ✓
	AHA: 3Q, '16, 11
C2644	Brachytherapy source, cesium-131 chloride solution, per mCi U ✓ ✓
	AHA: 3Q, '16, 11
C2645	Brachytherapy planar source, palladium-103, per sq mm U H2 ✓ ✓
	AHA: 3Q, '16, 11
C2698	Brachytherapy source, stranded, not otherwise specified, per source U H2 ✓ ✓
	AHA: 3Q, '16, 11
C2699	Brachytherapy source, nonstranded, not otherwise specified, per source U H2 ✓ ✓
	AHA: 3Q, '16, 11
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area T B2 ✓ ✓
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) NI NI ✓ ✓
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children T B2 ✓ ✓
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure) NI NI ✓ ✓
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area T B2 ✓ ✓
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) NI NI ✓ ✓
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children T B2 ✓ ✓
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure) NI NI ✓ ✓

- G0250** Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include four tests M ✓ ○
CMS: 100-03,190.11
AHA: 4Q, '02, 9-10; 3Q, '02, 11
- G0252** PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes) E
CMS: 100-03,220.6.10; 100-03,220.6.3; 100-04,13,60; 100-04,13,60.16
AHA: 1Q, '07, 6; 4Q, '02, 9-10
- G0255** Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve E
AHA: 4Q, '02, 9-10
- G0257** Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility S
CMS: 100-04,4,200.2; 100-04,8,60.4.7
AHA: 3Q, '14, 4; 1Q, '03, 7; 4Q, '02, 9-10
- G0259** Injection procedure for sacroiliac joint; arthrography N
AHA: 4Q, '02, 9-10
- G0260** Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography T A2
AHA: 4Q, '02, 9-10
- G0268** Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing N ○
AHA: 2Q, '16, 2-3; 1Q, '03, 11
- G0269** Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure (e.g., angioseal plug, vascular plug) N ○
AHA: 4Q, '12, 10; 3Q, '11, 3; 4Q, '10, 6
- 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
- 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 (two or more individuals), each 30 minutes A ✓ ○
- 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
- G0277** Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval S
AHA: 3Q, '15, 7
- 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

- G0279** Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066) A
CMS: 100-04,18,20.2; 100-04,18,20.2.1; 100-04,18,20.2.2; 100-04,18,20.6
- 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: 100-02,15,220.4; 100-04,32,11.1; 100-04,5,10.3.2; 100-04,5,10.3.3
AHA: 2Q, '03, 7; 1Q, '03, 7
- 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
- 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
CMS: 100-02,15,220.4; 100-04,5,10.3.2; 100-04,5,10.3.3
AHA: 2Q, '09, 1; 2Q, '03, 7; 1Q, '03, 7
- G0288** Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery N
- 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
- 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
- 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
- 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
- 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; 100-04,18,220.4; 100-04,18,220.5; 100-04,13,220.1
- 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; 100-04,11,130.1; 100-04,11,30.3
- 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; 100-04,11,130.1; 100-04,11,30.3
- G0302** Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services S ✓
- G0303** Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services S ✓
- G0304** Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services S ✓
- G0305** Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services S ✓
- G0306** Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count Q
CMS: 100-02,11,20.2

J1559	Injection, immune globulin (Hizentra), 100 mg CMS: 100-02,15,50.6; 100-04,20,180; 100-04,32,411.3	K1 K2 ✓	J1620	Injection, gonadorelin HCl, per 100 mcg Use this code for Factrel, Lutrepulse.	E ✓
J1560	Injection, gamma globulin, intramuscular, over 10 cc Use this code for GamaSTAN SD. CMS: 100-02,15,50.6; 100-04,17,80.6	K1 K2 ✓	J1626	Injection, granisetron HCl, 100 mcg Use this code for Kytril. CMS: 100-04,4,20.6.4	N1 NI ✓
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg CMS: 100-02,15,50.6; 100-04,20,180; 100-04,32,411.3 AHA: 1Q, '08, 6	K1 K2 ✓	J1627	Injection, granisetron, extended-release, 0.1 mg Use this code for Sustol.	G NI
J1562	Injection, immune globulin (Vivaglobin), 100 mg CMS: 100-02,15,50.6; 100-04,20,180; 100-04,32,411.3	E ✓	J1628	Injection, guselkumab, 1 mg Use this code for Tremfya.	K2
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg Use this code for Carimune, Gammagard S/D, Iiveegam, Polygam, Polygam S/D. CMS: 100-02,15,50.6 AHA: 2Q, '13, 5	K1 K2 ✓	J1630	Injection, haloperidol, up to 5 mg Use this code for Haldol. CMS: 100-04,4,20.6.4	N1 NI ✓
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg CMS: 100-02,15,50.6 AHA: 1Q, '08, 6	K1 K2 ✓	J1631	Injection, haloperidol decanoate, per 50 mg Use this code for Haldol Decanoate-50. CMS: 100-04,4,20.6.4	N1 NI ✓
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg CMS: 100-02,15,50.6; 100-04,20,180; 100-04,32,411.3 AHA: 1Q, '08, 6	K1 K2 ✓	J1632	Injection, brexanolone, 1 mg Use this code for Zulresso.	K2
J1570	Injection, ganciclovir sodium, 500 mg Use this code for Cytovene. CMS: 100-04,20,180; 100-04,32,411.3	N1 NI ✓	J1640	Injection, hemin, 1 mg Use this code for Panhematin.	K1 K2 ✓
J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml AHA: 3Q, '08, 7, 8; 1Q, '08, 6	K1 K2 ✓	J1642	Injection, heparin sodium, (heparin lock flush), per 10 units Use this code for Hep-Lock, Hep-Lock U/P, Hep-Pak, Lok-Pak. CMS: 100-04,4,20.6.4 AHA: 4Q, '05, 1-6	N1 NI ✓
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg AHA: 1Q, '08, 6	K1 K2 ✓	J1644	Injection, Heparin sodium, per 1000 units Use this code for Heparin Sodium, Liquaemin Sodium. CMS: 100-04,4,20.6.4	N1 NI ✓
J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml AHA: 3Q, '08, 7, 8; 1Q, '08, 6	K1 K2 ✓	J1645	Injection, dalteparin sodium, per 2500 IU Use this code for Fragmin. CMS: 100-02,15,50.5; 100-04,4,20.6.4	N1 NI ✓
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin Use this code for HyOvia. CMS: 100-04,20,180; 100-04,32,411.3 AHA: 1Q, '16, 6-8	K1 K2 ✓	J1650	Injection, enoxaparin sodium, 10 mg Use this code for Lovenox. CMS: 100-02,15,50.5; 100-04,4,20.6.4	N1 NI ✓
J1580	Injection, garamycin, gentamicin, up to 80 mg Use this code for Gentamicin Sulfate, Jenamicin.	N1 NI ✓	J1652	Injection, fondaparinux sodium, 0.5 mg Use this code for Arixtra. CMS: 100-02,15,50.5	N1 NI ✓
J1595	Injection, glatiramer acetate, 20 mg Use this code for Copaxone. CMS: 100-02,15,50.5	K1 K2 ✓	J1655	Injection, tinzaparin sodium, 1000 IU Use this code for Innohep. CMS: 100-02,15,50.5; 100-04,4,20.6.4 AHA: 1Q, '02, 5	N1 NI ✓
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg AHA: 2Q, '13, 5	N1 NI ✓	J1670	Injection, tetanus immune globulin, human, up to 250 units Use this code for HyperTET SD.	K1 K2 ✓
J1600	Injection, gold sodium thiomalate, up to 50 mg Use this code for Myochrysin. CMS: 100-04,4,20.6.4	E ✓	J1675	Injection, histrelin acetate, 10 mcg Use this code for Supprelin LA.	B ✓
J1602	Injection, golimumab, 1 mg, for intravenous use Use this code for Simponi. AHA: 1Q, '14, 6	K1 K2 ✓	J1700	Injection, hydrocortisone acetate, up to 25 mg Use this code for Hydrocortone Acetate. CMS: 100-04,4,20.6.4	N1 NI ✓
J1610	Injection, glucagon HCl, per 1 mg Use this code for Glucagen. AHA: 4Q, '05, 1-6	K1 K2 ✓	J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg Use this code for Hydrocortone Phosphate. CMS: 100-04,4,20.6.4	N1 NI ✓
			J1720	Injection, hydrocortisone sodium succinate, up to 100 mg Use this code for Solu-Cortef, A-Hydrocort. CMS: 100-04,4,20.6.4	N1 NI ✓
			J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg	K1 K2

- L5616** Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control A ○ ♿
- L5617** Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each A ☑ ○ ♿

Additions: Test Sockets

- L5618** Addition to lower extremity, test socket, Symes A ○ ♿
- L5620** Addition to lower extremity, test socket, below knee (BK) A ○ ♿
- L5622** Addition to lower extremity, test socket, knee disarticulation A ○ ♿
- L5624** Addition to lower extremity, test socket, above knee (AK) A ○ ♿
- L5626** Addition to lower extremity, test socket, hip disarticulation A ○ ♿
- L5628** Addition to lower extremity, test socket, hemipelvectomy A ○ ♿
- L5629** Addition to lower extremity, below knee, acrylic socket A ○ ♿

Additions: Socket Variations

- L5630** Addition to lower extremity, Symes type, expandable wall socket A ○ ♿
- L5631** Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket A ○ ♿
- L5632** Addition to lower extremity, Symes type, PTB brim design socket A ○ ♿
- L5634** Addition to lower extremity, Symes type, posterior opening (Canadian) socket A ○ ♿
- L5636** Addition to lower extremity, Symes type, medial opening socket A ○ ♿
- L5637** Addition to lower extremity, below knee (BK), total contact A ○ ♿
- L5638** Addition to lower extremity, below knee (BK), leather socket A ○ ♿
- L5639** Addition to lower extremity, below knee (BK), wood socket A ○ ♿
- L5640** Addition to lower extremity, knee disarticulation, leather socket A ○ ♿
- L5642** Addition to lower extremity, above knee (AK), leather socket A ○ ♿
- L5643** Addition to lower extremity, hip disarticulation, flexible inner socket, external frame A ○ ♿
- L5644** Addition to lower extremity, above knee (AK), wood socket A ○ ♿
- L5645** Addition to lower extremity, below knee (BK), flexible inner socket, external frame A ○ ♿
- L5646** Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket A ○ ♿
- L5647** Addition to lower extremity, below knee (BK), suction socket A ○ ♿
- L5648** Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket A ○ ♿
- L5649** Addition to lower extremity, ischial containment/narrow M-L socket A ○ ♿

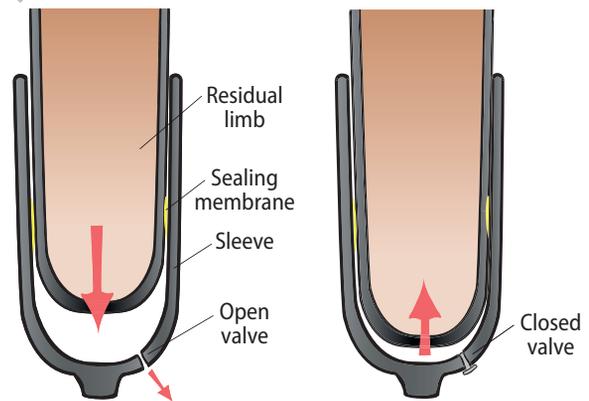
- L5650** Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket A ○ ♿
- L5651** Addition to lower extremity, above knee (AK), flexible inner socket, external frame A ○ ♿
- L5652** Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket A ○ ♿
- L5653** Addition to lower extremity, knee disarticulation, expandable wall socket A ○ ♿

Additions: Socket Insert and Suspension

- L5654** Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal) A ○ ♿
- L5655** Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal) A ○ ♿
- L5656** Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal) A ○ ♿
- L5658** Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal) A ○ ♿
- L5661** Addition to lower extremity, socket insert, multidurometer Symes A ○ ♿
- L5665** Addition to lower extremity, socket insert, multidurometer, below knee (BK) A ○ ♿
- L5666** Addition to lower extremity, below knee (BK), cuff suspension A ○ ♿
- L5668** Addition to lower extremity, below knee (BK), molded distal cushion A ○ ♿
- L5670** Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar) A ○ ♿

As the suspension sleeve is donned, air is driven out through a valve

The valve is closed upon donning and a suction fit is formed around the residual limb



- L5671** Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert A ○ ♿
AHA: 1Q, '02, 5
- L5672** Addition to lower extremity, below knee (BK), removable medial brim suspension A ○ ♿
- L5673** Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism A ○ ♿
- L5676** Additions to lower extremity, below knee (BK), knee joints, single axis, pair A ☑ ○ ♿

S3853	Genetic testing for myotonic muscular dystrophy	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment AHA: 2Q, '16, 5	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	
S3900	Surface electromyography (EMG)	
S3902	Ballistocardiogram	
S3904	Masters two step	
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	M ♀
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	M ♀
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	M ♀
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	M ♀
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	M ♀
S4016	Frozen in vitro fertilization cycle, case rate	M ♀
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	M ♀
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	M ♀
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	M ♀
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	M ♀
S4022	Assisted oocyte fertilization, case rate	M ♀
S4023	Donor egg cycle, incomplete, case rate	M ♀
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	A ♀
S4026	Procurement of donor sperm from sperm bank	♂
S4027	Storage of previously frozen embryos	M ♀
S4028	Microsurgical epididymal sperm aspiration (MESA)	A ♂
S4030	Sperm procurement and cryopreservation services; initial visit	A ♂
S4031	Sperm procurement and cryopreservation services; subsequent visit	A ♂
S4035	Stimulated intrauterine insemination (IUI), case rate	M ♀
S4037	Cryopreserved embryo transfer, case rate	M ♀
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	M ♀
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle	
S4981	Insertion of levonorgestrel-releasing intrauterine system	♀
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	M ♀
S4990	Nicotine patches, legend	✓
S4991	Nicotine patches, nonlegend	✓
S4993	Contraceptive pills for birth control	M ♀ ✓
S4995	Smoking cessation gum	✓
S5000	Prescription drug, generic	✓
S5001	Prescription drug, brand name	✓
S5010	5% dextrose and 0.45% normal saline, 1000 ml	✓
S5012	5% dextrose with potassium chloride, 1000 ml	✓
S5013	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	✓
S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	✓
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	
S5100	Day care services, adult; per 15 minutes	A ✓
S5101	Day care services, adult; per half day	A ✓
S5102	Day care services, adult; per diem	A ✓
S5105	Day care services, center-based; services not included in program fee, per diem	✓
S5108	Home care training to home care client, per 15 minutes	✓
S5109	Home care training to home care client, per session	✓
S5110	Home care training, family; per 15 minutes	✓
S5111	Home care training, family; per session	✓
S5115	Home care training, nonfamily; per 15 minutes	✓
S5116	Home care training, nonfamily; per session	✓
S5120	Chore services; per 15 minutes	✓
S5121	Chore services; per diem	✓
S5125	Attendant care services; per 15 minutes	✓
S5126	Attendant care services; per diem	✓
S5130	Homemaker service, NOS; per 15 minutes	✓
S5131	Homemaker service, NOS; per diem	✓
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes	A ✓
S5136	Companion care, adult (e.g., IADL/ADL); per diem	A ✓
S5140	Foster care, adult; per diem	A ✓
S5141	Foster care, adult; per month	A ✓
S5145	Foster care, therapeutic, child; per diem	A ✓
S5146	Foster care, therapeutic, child; per month	A ✓
S5150	Unskilled respite care, not hospice; per 15 minutes	✓
S5151	Unskilled respite care, not hospice; per diem	✓
S5160	Emergency response system; installation and testing	
S5161	Emergency response system; service fee, per month (excludes installation and testing)	✓

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

Appendix 1 — Table of Drugs and Biologicals

INTRODUCTION AND DIRECTIONS

The HCPCS 2022 Table of Drugs and Biologicals is designed to quickly and easily direct the user to drug names and their corresponding codes. Both generic and brand or trade names are alphabetically listed in the “Drug Name” column of the table. The associated A, C, J, K, Q, or S code is given only for the generic name of the drug. While every effort is made to make the table comprehensive, it is not all-inclusive.

The “Unit Per” column lists the stated amount for the referenced generic drug as provided by CMS. “Up to” listings are inclusive of all quantities up to and including the listed amount. All other listings are for the amount of the drug as listed. The editors recognize that the availability of some drugs in the quantities listed is dependent on many variables beyond the control of the clinical ordering clerk. The availability in your area of regularly used drugs in the most cost-effective quantities should be relayed to your third-party payers.

The “Route of Administration” column addresses the most common methods of delivering the referenced generic drug as described in current pharmaceutical literature. The official definitions for Level II drug codes generally describe administration other than by oral method. Therefore, with a handful of exceptions, oral-delivered options for most drugs are omitted from the Route of Administration column.

Intravenous administration includes all methods, such as gravity infusion, injections, and timed pushes. When several routes of administration are listed, the first listing is simply the first, or most common, method as described in current reference literature. The “VAR” posting 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. Listings posted with “OTH” alert the user to other administration methods, such as suppositories or catheter injections.

Please be reminded that the Table of Drugs and Biologicals, as well as all HCPCS Level II national definitions and listings, constitutes a post-treatment medical reference for billing purposes only. Although the editors have exercised all normal precautions to ensure the accuracy of the table and related material, the use of any of this information to select medical treatment is entirely inappropriate. Do not code directly from the table. Refer to the tabular section for complete information.

See Appendix 3 for abbreviations.

Drug Name	Unit Per	Route	Code
10% LMD	500 ML	IV	J7100
4-FACTOR PROTHROMBIN COMPLEX CONCENTRATE	1 IU	IV	Q9132
5% DEXTROSE AND .45% NORMAL SALINE	1000 ML	IV	S5010
5% DEXTROSE IN LACTATED RINGERS	1000 CC	IV	J7121
5% DEXTROSE WITH POTASSIUM CHLORIDE	1000 ML	IV	S5012
5% DEXTROSE/.45% NS WITH KCL AND MAG SULFATE	1000ML	IV	S5013
5% DEXTROSE/.45% NS WITH KCL AND MAG SULFATE	1500 ML	IV	S5014
5% DEXTROSE/NORMAL SALINE	5%	VAR	J7042
5% DEXTROSE/WATER	500 ML	IV	J7060
A-HYDROCORT	100 MG	IV, IM, SC	J1720
A-METHAPRED	40 MG	IM, IV	J2920
A-METHAPRED	125 MG	IM, IV	J2930
ABATACEPT	10 MG	IV	J0129
ABCIXIMAB	10 MG	IV	J0130

Drug Name	Unit Per	Route	Code
ABECMA	UP TO 460-MILLION-CELLS/M	IV	Q9081
ABECMA	UP TO 460 MILLION CELLS	IV	Q2055
ABELCET	10 MG	IV	J0287
ABILIFY	0.25 MG	IM	J0400
ABILIFY MAINTENA KIT	1 MG	IM	J0401
ABLAVAR	1 ML	IV	A9583
ABOBOTULINUMTOXINA	5 UNITS	IM	J0586
ABRAXANE	1 MG	IV	J9264
ACCELULAR PERICARDIAL TISSUE MATRIX NONHUMAN	SQ CM	OTH	C9354
ACCUNEB NONCOMPOUNDED, CONCENTRATED	1 MG	INH	J7611
ACCUNEB NONCOMPOUNDED, UNIT DOSE	1 MG	INH	J7613
ACETADOTE	1 G	INH	J7608
ACETADOTE	100 MG	IV	J0132
ACETAMINOPHEN	10 MG	IV	J0131
ACETAZOLAMIDE SODIUM	500 MG	IM, IV	J1120
ACETYLCYSTEINE COMPOUNDED	PER G	INH	J7604
ACETYLCYSTEINE NONCOMPOUNDED	1 G	INH	J7608
ACTEMRA	1 MG	IV	J3262
ACTEMRA	1 MG	IV	Q0249
ACTHREL	1 MCG	IV	J0795
ACTIMMUNE	3 MU	SC	J9216
ACTIVASE	1 MG	IV	J2997
ACUTECT	STUDY DOSE UP TO 20 MCI	IV	A9504
ACYCLOVIR	5 MG	IV	J0133
ADAGEN	25 IU	IM	J2504
ADAKVEO	5 MG	IV	J0791
ADALIMUMAB	20 MG	SC	J0135
ADASUVE	1 MG	INH	J2062
ADCETRIS	1 MG	IV	J9042
ADENOCARD	1 MG	IV	J0153
ADENOSINE	1 MG	IV	J0153
ADENSOSCAN	1 MG	IV	J0153
ADO-TRASTUZUMAB EMTANSINE	1 MG	IV	J9354
ADRENALIN	0.1 MG	IM, IV, SC	J0171
ADRENOCORT	1 MG	IM, IV, OTH	J1100
ADRIAMYCIN	10 MG	IV	J9000
ADRUCIL	500 MG	IV	J9190
ADUCANUMAB-AVWA	2 MG	IV	J0172
ADUHELM	2 MG	IV	J0172
ADYNOVATE	1 IU	IV	J7207
AEROBID	1 MG	INH	J7641

Appendix 2 — Modifiers

A modifier is a two-position code that is added to the end of a code to clarify the services being billed. Modifiers provide a means by which a service can be altered without changing the procedure code. They add more information, such as the anatomical site, to the code. In addition, they help to eliminate the appearance of duplicate billing and unbundling. Modifiers are used to increase accuracy in reimbursement, coding consistency, editing, and to capture payment data.

A1	Dressing for one wound	BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
A2	Dressing for two wounds	BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
A3	Dressing for three wounds	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
A4	Dressing for four wounds	CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
A5	Dressing for five wounds	CB	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
A6	Dressing for six wounds	CC	Procedure code change (use CC when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
A7	Dressing for seven wounds	CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
A8	Dressing for eight wounds	CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
A9	Dressing for nine or more wounds	CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
AA	Anesthesia services performed personally by anesthesiologist	CG	Policy criteria applied
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures	CH	Zero percent impaired, limited or restricted
AE	Registered dietitian	CI	At least 1 percent but less than 20 percent impaired, limited or restricted
AF	Specialty physician	CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
AG	Primary physician	CK	At least 40 percent but less than 60 percent impaired, limited or restricted
AH	Clinical psychologist	CL	At least 60 percent but less than 80 percent impaired, limited or restricted
AI	Principal physician of record	CM	At least 80 percent but less than 100 percent impaired, limited or restricted
AJ	Clinical social worker	CN	100 percent impaired, limited or restricted
AK	Nonparticipating physician	CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
AM	Physician, team member service	CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
AO	Alternate payment method declined by provider of service	CR	Catastrophe/disaster related
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination	CS	Cost-sharing waived for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)	CT	Computed tomography services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (NEMA) XR-29-2013 standard
AR	Physician provider services in a physician scarcity area	DA	Oral health assessment by a licensed health professional other than a dentist
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery	E1	Upper left, eyelid
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)	E2	Lower left, eyelid
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply	E3	Upper right, eyelid
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic		
AW	Item furnished in conjunction with a surgical dressing		
AX	Item furnished in conjunction with dialysis services		
AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD		
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment		
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services		
BL	Special acquisition of blood and blood products		
BO	Orally administered nutrition, not by feeding tube		