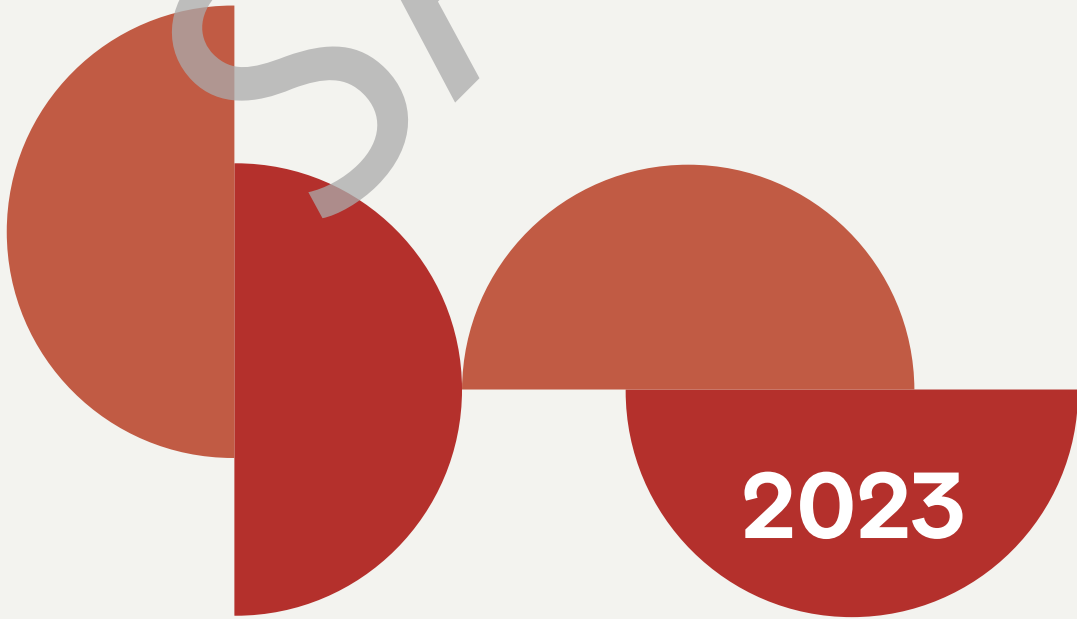


# HCPCS Level II

**A resourceful compilation of HCPCS codes**

Supports HIPAA compliance

SAMPLE



**2023**

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# Introduction

## About HCPCS Codes

HCPCS Level II codes, except for the dental code series, are developed and maintained by a joint editorial panel consisting of the Centers for Medicare and Medicaid Services (CMS), the Blue Cross Blue Shield Association, and the Health Insurance Association of America. HCPCS Level II codes may be used throughout the United States in all Medicare regions. They consist of one alpha character (A through V) followed by four digits. Optum360 does not change the code descriptions other than correcting typographical errors. For 2022, there are some codes that appear to be duplicates. CMS has indicated that each of the codes is used to report a specific condition or service. At press time, CMS had not provided further clarification regarding these codes. Additional information may be found on the CMS website, <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/index.html>.

Any supplier or manufacturer can submit a request for coding modification to the HCPCS Level II National codes. A document explaining the HCPCS modification process, as well as a detailed format for submitting a recommendation for a modification to HCPCS Level II codes, is available on the HCPCS website at [https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCS\\_Coding\\_Questions](https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCS_Coding_Questions). Besides the information requested in this format, a requestor should also submit any additional descriptive material, including the manufacturer's product literature and information that is believed would be helpful in furthering CMS's understanding of the medical features of the item for which a coding modification is being recommended. The HCPCS coding review process is an ongoing, continuous process.

The dental (D) codes are not included in the official 2022 HCPCS Level II code set. The American Dental Association (ADA) holds the copyright on those codes and instructed CMS to remove them. As a result, Optum360 has removed them from this product; however, Optum360 has additional resources available for customers requiring the dental codes. Please visit [www.optum360coding.com](http://www.optum360coding.com) or call 1.800.464.3649.

**Note:** The expanded Medically Unlikely Edit (MUE) tables containing HCPCS/CPT codes, MUE values, MUE adjudication indicators, and MUE rationale are no longer published in this book. They will be available on the Optum360 website for users of the *HCPCS Level II Expert* at [www.optum360coding.com/2022HCPCSMUE](http://www.optum360coding.com/2022HCPCSMUE).

Password: o360mue22

The table containing the Medicare national average payment (NAP) for services, supplies (DME, orthotics, prosthetics, etc.), drugs, biologicals, and nonphysician procedures using HCPCS Level II codes are available at [www.optum360coding.com/2022MedAvgPay](http://www.optum360coding.com/2022MedAvgPay).

Password: o360map22

## How to Use HCPCS Level II

Coders should keep in mind that the insurance companies and government do not base payment solely on what was done for the patient. They need to know why the services were performed. In addition to using the HCPCS coding system for procedures and supplies, coders must also use the ICD-10-CM coding system to denote the diagnosis. This book will not discuss ICD-10-CM codes, which can be found in a current ICD-10-CM code book for diagnosis codes. To locate a HCPCS Level II code, follow these steps:

1. Identify the services or procedures that the patient received.

Example:

Patient administered PSA exam.

2. Look up the appropriate term in the index.

Example:

Screening

prostate specific antigen test (PSA)

Coding Tip: Coders who are unable to find the procedure or service in the index can look in the table of contents for the type of procedure or device to narrow the code choices. Also, coders should remember to check the unlisted procedure guidelines for additional choices.

3. Assign a tentative code.

Example:

Code G0103

Coding Tip: To the right of the terminology, there may be a single code or multiple codes, a cross-reference, or an indication that the code has been deleted. Tentatively assign all codes listed.

4. Locate the code or codes in the appropriate section. When multiple codes are listed in the index, be sure to read the narrative of all codes listed to find the appropriate code based on the service performed.

Example:

**G0103 Prostate cancer screening; prostate specific antigen test (PSA)**

5. Check for color bars, symbols, notes, and references.

**G0103 Prostate cancer screening; prostate specific antigen test (PSA)**



6. Review the appendixes for the reference definitions and other guidelines for coverage issues that apply.

7. Determine whether any modifiers should be appended.

8. Assign the code.

Example:

The code assigned is G0103.

## Coding Standards

### Levels of Use

Coders may find that the same procedure is coded at two or even three levels. Which code is correct? There are certain rules to follow if this should occur.

When both a CPT and a HCPCS Level II code have virtually identical narratives for a procedure or service, the CPT code should be used. If, however, the narratives are not identical (e.g., the CPT code narrative is generic, whereas the HCPCS Level II code is specific), the Level II code should be used.

Be sure to check for a national code when a CPT code description contains an instruction to include additional information, such as describing a specific medication. For example, when billing Medicare or Medicaid for supplies, avoid using CPT code 99070 Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided). There are many HCPCS Level II codes that specify supplies in more detail.

### Special Reports

Submit a special report with the claim when a new, unusual, or variable procedure is provided or a modifier is used. Include the following information:

- A copy of the appropriate report (e.g., operative, x-ray), explaining the nature, extent, and need for the procedure
- Documentation of the medical necessity of the procedure

**Screening — continued**

early periodic screening diagnosis and treatment (EPSDT), S0302  
 glaucoma, G0117-G0118  
 gynecological  
   established patient, S0612  
   new patient, S0610  
 hepatitis B  
   non-pregnant, high-risk individual, G0499  
 hepatitis C antibody, high risk, G0472  
 HIV  
   antigen/antibody combination assay, G0475  
   HIV-1 or HIV-2, G0432-G0433, G0435  
 lung cancer  
   counseling visit to discuss CT screening, G0296  
 newborn metabolic, S3620  
 ophthalmological, including refraction  
   established patient, S0621  
   new patient, S0620  
 pneumococcal, G9279  
 preadmission, T2010-T2011  
 proctoscopy, S0601  
 program participation, T1023  
 prostate  
   digital, rectal, G0102  
   prostate specific antigen test (PSA), G0103  
   vaccination not given, G9281  
**Seal, prosthetic socket insert**, L7700  
**Sealant**  
 pulmonary, liquid, C2615  
 skin, A6250  
**Seat**  
 attachment, walker, E0156  
 insert, wheelchair, E0992  
 lift (patient), E0621, E0627-E0629  
 positioning, T5001  
 power system, wheelchair, E1002-E1012  
**Seattle Carbon Copy II, foot prosthesis**, L5976  
**Secure-All**  
 restraints, E0700  
 universal pelvic traction belt, E0890  
**Sedation, moderate**, G0500  
**Sensitivity study**, P7001  
**Sensor**  
 invasive blood glucose monitor, A9276  
 pulmonary artery, wireless, C2624  
**Sensory nerve conduction test**, G0255  
**Septal defect implant system**, C1817  
**Sermorelin acetate**, Q0515  
**Serum clotting time tube**, A4771  
**Service assessment**, T2024  
**Services**  
 attendant, S5125-S5126  
 behavioral, H2019-H2020  
 by Christian Science practitioner, S9900-S9901  
 chore services, S5120-S5121  
 community support, H2015-H2016  
 community-based wrap-around, H2021-H2022  
 homemaker services, S5130-S5131  
 laundry, S5175  
 Medicare IVIG demonstration, Q2052  
 medication reminder, S5185  
 provided outside USA, S9989  
 psychoeducational, H2027  
 sexual offender treatment, H2028-H2029  
**SEWHO**, L3960-L3962  
**Sexa**, G0130  
**Sheath**  
 introducer  
   guiding, C1766, C1892, C1893  
   other than guiding, C1894, C2629  
**Sheepskin pad**, E0188, E0189  
**Shoes**  
 arch support, L3040-L3100  
 for diabetics, A5500-A5508, A5510, A5512-A5513  
 insert, L3000-L3030  
   for diabetics, A5512-A5513  
 lift, L3300-L3334  
 miscellaneous additions, L3500-L3595

**Shoes — continued**

orthopedic (see Orthopedic shoes), L3201-L3265  
 positioning device, L3140-L3170  
 post-operative  
   Specialist Health/Post Operative Shoe, A9270  
 transfer, L3600-L3649  
 wedge, L3340-L3485  
**Shoulder**  
 abduction positioner, L3999  
 braces, L3999  
   Masterhinge Shoulder Brace 3, L3999  
 disarticulation, prosthetic, L6300-L6320, L6550  
 orthotic (SO), L3650-L3677  
 spinal, cervical, L0112  
**Shoulder-elbow-wrist-hand orthotic (SEWHO)**, L3960-L3978  
**Shower chair**, E0240  
**Shunt accessory for dialysis**, A4740  
 aqueous, L8612  
**Shunt, interatrial**  
 NYHA IDE study, C9760  
**Sickle cell anemia, genetic test**, S3850  
**Sierra wrist flexion unit**, L6805  
**Sigmoidoscopy, cancer screening**, G0104, G0106  
**Sign language or oral interpreter services**, T1013  
**Sildenafil citrate**, S0090  
**Silenzio Elite**, E0601  
**Single bar "AK," ankle-foot orthotic**, L2000, L2010  
**Single bar "BK," ankle-foot orthotic**, L1980  
**Sinus**  
 sinus implant  
   Mometasone, J7402  
   Propel, S1091  
**Sitz bath**, E0160-E0162  
**Skilled nurse**, G0128, G0493-G0496  
**Skin**  
 barrier, ostomy, A4362, A4369, A4385  
 bond or cement, ostomy, A4364  
 gel protective dressing wipes, A5120  
 sealant, protectant, moisturizer, A6250  
**Skin substitute**, Q4100-Q4255  
 Affinity, Q4159  
 AlloDerm, Q4116  
 AlloGen, Q4212  
 AlloPatch HD, Q4128  
 AlloSkin, Q4115  
 AiloSkin AC, Q4141  
 AlloSkin RT, Q4123  
 AlloWrap DS, Q4150  
 AliPly, Q4235  
 Amnio Bio, Q4211  
 AmnioAmp-MP, Q4250  
 AmnioArmor, Q4188  
 AmnioBand, Q4151, Q4168  
 AmnioCore, Q4227  
 AmnioCyte Plus, Q4242  
 AmnioExcel, AmnioExcel Plus, Q4137  
 AmnioMatrix, Q4139  
 Amnio-Maxx, Q4239  
 Amnio-Maxx Lite, Q4239  
 AmnioPro, Q4163  
 AmnioPro Flow, Q4162  
 AMNIOREPAIR, Q4235  
 AmnioText, Q4245  
 AmnioText patch, Q4247  
 AmnioWound, Q4181  
 AmnioWrap2, Q4221  
 AMNIPLY, Q4249  
 Apis, A2010  
 Apligraf, Q4101  
 Architect, Architect PX, or Architect FX, Q4147  
 Artacent AC (fluid), Q4189  
 Artacent AC, Q4190  
 Artacent Cord, Q4216  
 Artacent Wound, Q4169  
 ArthroFlex, Q4125  
 Ascent, Q4213  
 AxoBioMembrane, Q4211  
 Axolotl Ambient, Axolotl Cryo, Q4215

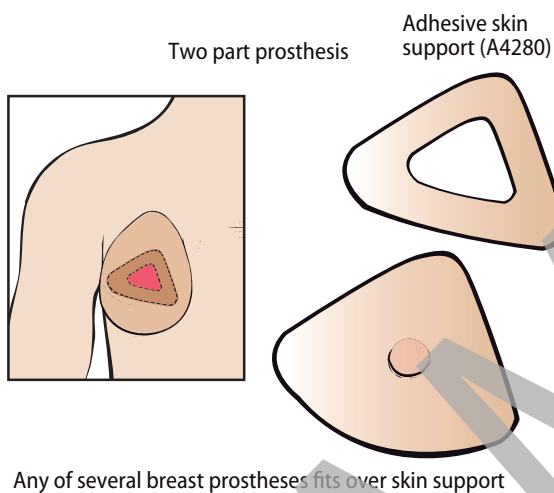
**Skin substitute — continued**

Axolotl Graft, Axolotl DualGraft, Q4210  
 BellaCell HD, Q4220  
 bio-Connekt Wound Matrix, A2003, Q4161  
 BioDExcel, Q4137  
 BioDFence, Q4140  
 BioDFence DryFlex, Q4138  
 BioDMatrix, Q4139  
 BioSkin, Q4163  
 BioSkin Flow, Q4162  
 Biovance, Q4154  
 BioWound, BioWound Plus, BioWound Xplus, Q4217  
 Cellesta, Cellesta Duo, Q4184  
 Cellesta Cord, Q4214  
 Cellesta Flowable Amnion, Q4185  
 Clarix 100, Q4156  
 Clarix Cord, Q4148  
 Clarix Flo, Q4155  
 Cogenex Amniotic Membrane, Q4229  
 Cogenex Flowable Amnion, Q4230  
 Coll-e-Derm, Q4193  
 CoreCyte, Q4240  
 CoreText, Q4246  
 Corplex, Q4232  
 Corplex P, Q4231  
 Cryo-Cord, Q4237  
 Cygnus, Q4170, Q4199  
 Cymetra, Q4112  
 Cytal, Q4166  
 DermaCELL, DermaCELLAWM, DermaCELL AWM Porous, Q4122  
 Dermacyte Amniotic Membrane Allograft, Q4248  
 Derma-Gide, Q4203  
 Dermagraft, Q4106  
 DermaPure, Q4152  
 DermaSpan, Q4126  
 DermaVest, Q4153  
 Derm-Maxx, Q4238  
 EpiCord, Q4187  
 EpiFix (injectable), Q4145  
 EpiFix, Q4186  
 Excellagen, Q4149  
 EZ-Derm, Q4136  
 Flex HD, Q4128  
 FlowerAmnioFlo, Q4177  
 FlowerAmnioPatch, Q4178  
 FlowerDerm, Q4179  
 Fluid Flow, Fluid GF, Q4206  
 GammaGraft, Q4111  
 Genesis Amniotic Membrane, Q4198  
 Grafix Core, GrafixPL Core, Q4132  
 Grafix Prime, GrafixPL Prime, Q4133  
 GRAFTJACKET, Q4107  
 GRAFTJACKET XPRESS, Q4113  
 Guardian, Q4151  
 Helicoll, Q4164  
 hMatrix, Q4134  
 Hyalomatrix, Q4117  
 InnovaMatrix AC, A2001  
 Integra  
   Bilayer Matrix Wound Dressing, Q4104  
   Dermal Regeneration Template, Q4105  
   Flowable, Q4114  
   Matrix, Q4108  
   Meshed Bilayer Wound Matrix, C9363  
   MOZAIK Osteoconductive Scaffold Putty, C9359  
   MOZAIK Osteoconductive Scaffold Strip, C9362  
 InteguPLY, Q4126  
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 Keramatrix, Kerasorb, Q4165  
 Kerecis Omega3, Q4158  
 Kerocx, Q4202  
 low cost, application of, C5271-C5278  
 Matrion, Q4201  
 MatrixStem, Q4118  
 Matrix HD, Q4128  
 Mediskin, Q4135  
 Membrane Graft, Membrane Wrap, Q4205  
 MemoDerm, Q4126

**Skin substitute — continued**

Microlyte, A2005  
 Miroderm, Q4175  
 Mirragen, A2002  
 MyOwn Skin, Q4226  
 NeoPatch, Q4176  
 Neox 100, Q4156  
 Neox 1K, Neox Cord 1K, Neox Cord RT, Q4148  
 Neox Flo, Q4155  
 NovaFix, Q4208  
 NovaFix DL, Q4254  
 NovoSorb SynPath, A2006  
 NuDyn, Q4233  
 NuShield, Q4160  
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   Burn Matrix, Q4103  
   Ultra Tri-Layer Matrix, Q4124  
   Wound Matrix, Q4102  
 PalinGen or PalinGen XPlus, Q4173  
 PalinGen or ProMatrX (fluid), Q4174  
 Plurivest, Q4153  
 PolyCyte, Q4241  
 PriMatrix, Q4110  
 Procenta, Q4244  
 ProgenaMatrix, Q4222  
 ProText, Q4246  
 PuraPly, PuraPly AM, PuraPly XT, Q4195-Q4197  
 REGUARD, Q4255  
 Repriza, Q4143  
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 Restorin, Q4191  
 Restrata, A2007  
 Revita, Q4180  
 Revitalon, Q4157  
 SkinTE, Q4200  
 Strattice, Q4130  
 Stravix, StravixPL, Q4133  
 SureDerm, Q4220  
 SurfFactor, Q4233  
 SurgiCORD, Q4218  
 SurgiGRAFT, Q4183  
 SurgiGRAFT-Dual, Q4219  
 SurgiMend, C9358  
 SurGraft, Q4209  
 Symphony, A2009  
 Synthetic, resorbable, C1849  
 Talymed, Q4127  
 Tensix, Q4146  
 TheraGenesis, A2008  
 TheraSkin, Q4121  
 Therion, Q4176  
 TranCyte, Q4182  
 TranZgraft, Q4126  
 TruSkin, Q4167  
 Vendaje, Q4252  
 Vim, Q4251  
 WoundEx, Q4163  
 WoundEx Flow, Q4162  
 WoundFix, WoundFix Plus, WoundFix Xplus, Q4217  
 XCellerate, Q4234  
 XCellStem, A2004  
 XCM Biologic Tissue Matrix, Q4142  
 XWRAP, Q4204  
 Zenith Amniotic Membrane, Q4253  
**SkinTE**, Q4200  
**Sleep apnea treatment**, K1001  
**Sleep study**  
 home, G0398-G0400  
**Sleeve**  
 intermittent limb compression device, A4600  
 irrigation, A4436-A4437  
 mastectomy, L8010  
**Sling**, A4565  
 axilla, L1010  
 Legg Perthes, A4565  
 lumbar, L1090  
 patient lift, E0621, E0630, E0635  
 pelvic, L2580  
 Sam Brown, A4565  
 trapezius, L1070  
**Smoking cessation**  
 classes, S9453

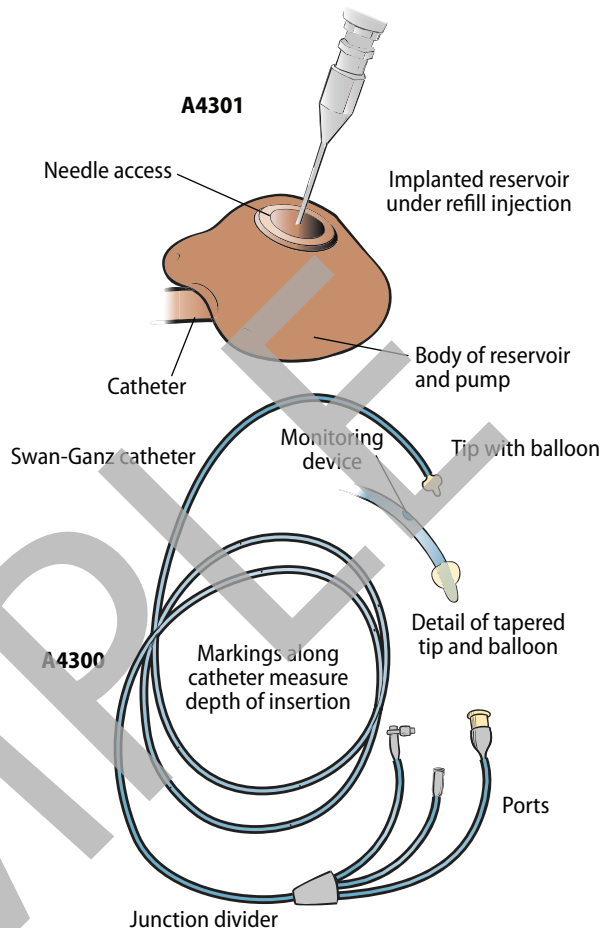
- A4261** Cervical cap for contraceptive use M ♀ E
- A4262** Temporary, absorbable lacrimal duct implant, each N ✓  
*Always report concurrent to the implant procedure.*
- A4263** Permanent, long-term, nondissolvable lacrimal duct implant, each N ✓  
*Always report concurrent to the implant procedure.*
- A4264** Permanent implantable contraceptive intratubal occlusion device(s) and delivery system M ♀ E ✓
- A4265** Paraffin, per pound N ✓ b
- A4266** Diaphragm for contraceptive use M ♀ E
- A4267** Contraceptive supply, condom, male, each ♂ E ✓
- A4268** Contraceptive supply, condom, female, each M ♀ E ✓
- A4269** Contraceptive supply, spermicide (e.g., foam, gel), each M ♀ E ✓
- A4270** Disposable endoscope sheath, each N ✓
- A4280** Adhesive skin support attachment for use with external breast prosthesis, each N ✓ b



- A4281** Tubing for breast pump, replacement M ♀ E
- A4282** Adapter for breast pump, replacement M ♀ E
- A4283** Cap for breast pump bottle, replacement M ♀ E
- A4284** Breast shield and splash protector for use with breast pump, replacement M ♀ E
- A4285** Polycarbonate bottle for use with breast pump, replacement M ♀ E
- A4286** Locking ring for breast pump, replacement M ♀ E
- A4290** Sacral nerve stimulation test lead, each N ✓  
**CMS:** 100-04,32,40.1; 100-04,32,40.2.1; 100-04,32,40.4  
**AHA:** 1Q, '02, 9

**Vascular Catheters and Drug Delivery Systems**

- A4300** Implantable access catheter, (e.g., venous, arterial, epidural, subarachnoid, or peritoneal, etc.) external access N



- A4301** Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.) N
- A4305** Disposable drug delivery system, flow rate of 50 ml or greater per hour N ✓
- A4306** Disposable drug delivery system, flow rate of less than 50 ml per hour N ✓

**Incontinence Appliances and Care Supplies**

Covered by Medicare when the medical record indicates incontinence is permanent, or of long and indefinite duration.

- A4310** Insertion tray without drainage bag and without catheter (accessories only) N b
- A4311** Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.) N b
- A4312** Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone N b
- A4313** Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation N b
- A4314** Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.) N b



- C8900** Magnetic resonance angiography with contrast, abdomen 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8901** Magnetic resonance angiography without contrast, abdomen 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8902** Magnetic resonance angiography without contrast followed by with contrast, abdomen 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8903** Magnetic resonance imaging with contrast, breast; unilateral 03 72
- C8905** Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral 03 72
- C8906** Magnetic resonance imaging with contrast, breast; bilateral 03 72
- C8908** Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral 03 72
- C8909** Magnetic resonance angiography with contrast, chest (excluding myocardium) 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8910** Magnetic resonance angiography without contrast, chest (excluding myocardium) 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8911** Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium) 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8912** Magnetic resonance angiography with contrast, lower extremity 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8913** Magnetic resonance angiography without contrast, lower extremity 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8914** Magnetic resonance angiography without contrast followed by with contrast, lower extremity 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2
- C8918** Magnetic resonance angiography with contrast, pelvis 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2  
AHA: 4Q, '03, 4-5
- C8919** Magnetic resonance angiography without contrast, pelvis 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2  
AHA: 4Q, '03, 4-5
- C8920** Magnetic resonance angiography without contrast followed by with contrast, pelvis 03 72  
CMS: 100-04,13,40.1.1; 100-04,13,40.1.2  
AHA: 4Q, '03, 4-5
- C8921** Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete S  
CMS: 100-04,4,200.7.2  
AHA: 3Q, '12, 8; 2Q, '08, 9
- C8922** Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study S  
AHA: 2Q, '08, 9

- C8923** Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color doppler echocardiography S  
AHA: 2Q, '08, 9
- C8924** Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording when performed, follow-up or limited study S  
AHA: 2Q, '08, 9
- C8925** Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report S  
AHA: 2Q, '08, 9
- C8926** Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report S  
AHA: 2Q, '08, 9
- C8927** Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time (2D) image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis S  
AHA: 2Q, '08, 9
- C8928** Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report S  
AHA: 2Q, '08, 9
- C8929** Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography S
- C8930** Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision S  
AHA: 3Q, '12, 8
- C8931** Magnetic resonance angiography with contrast, spinal canal and contents 03 72
- C8932** Magnetic resonance angiography without contrast, spinal canal and contents 03 72
- C8933** Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents 03 72
- C8934** Magnetic resonance angiography with contrast, upper extremity 03 72
- C8935** Magnetic resonance angiography without contrast, upper extremity 03 72
- C8936** Magnetic resonance angiography without contrast followed by with contrast, upper extremity 03 72

**G0483** Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed [Q]

### Home Health Nursing Visit

**G0490** Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only) [A]

### Dialysis Procedures

**G0491** Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD [B]  
CMS: 100-04,8,40; 100-04,8,50.2

**G0492** Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without ESRD [B]

### Skilled Nursing Services

**G0493** Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) [B]  
CMS: 100-04,10,40.2

**G0494** Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) [B]  
CMS: 100-04,10,40.2

**G0495** Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes [B]  
CMS: 100-04,10,40.2

**G0496** Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes [B]  
CMS: 100-04,10,40.2

### Chemotherapy Infusion

**G0498** Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion [S]

### Hepatitis B Screening

**G0499** Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result [A]  
CMS: 100-03,1,210.6; 100-04,18,230; 100-04,18,230.1; 100-04,18,230.2; 100-04,18,230.3

### Moderate Sedation

**G0500** Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) [N]  
CMS: 100-04,18,60.1.1

### Mobility-Assistive Technology

**G0501** Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (list separately in addition to primary service) [N]

### Care Management Services

**G0506** Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service) [N]

### Telehealth Consultation

**G0508** Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth [B]

**G0509** Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth [B]

### RHC or FQHC General Care Management

**G0511** Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month [A]  
CMS: 100-02,13,230.2; 100-04,9,70.8

**G0512** Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month [A]  
CMS: 100-02,13,230.2; 100-02,13,230.3; 100-04,9,70.8

### Prolonged Services

**G0513** Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service) [N]

<b>J1729</b>	<b>Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg</b>	<span style="color: purple;">N</span> <span style="color: green;">K2</span>
<b>J1730</b>	<b>Injection, diazoxide, up to 300 mg</b>	<span style="color: purple;">E</span> <span style="color: green;">✓</span>
<b>J1738</b>	<b>Injection, meloxicam, 1 mg</b> Use this code for Anjeso.	<span style="color: green;">K2</span>
<b>J1740</b>	<b>Injection, ibandronate sodium, 1 mg</b> Use this code for Boniva.	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>
<b>J1741</b>	<b>Injection, ibuprofen, 100 mg</b> Use this code for Caldolor.	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1742</b>	<b>Injection, ibutilide fumarate, 1 mg</b> Use this code for Corvert.	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>
<b>J1743</b>	<b>Injection, idursulfase, 1 mg</b> Use this code for Elaprase.	<span style="color: purple;">K</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1744</b>	<b>Injection, icatibant, 1 mg</b> Use this code for Firazyr. <b>CMS:</b> 100-02,15,50.5	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>
<b>J1745</b>	<b>Injection, infliximab, excludes biosimilar, 10 mg</b> Use this code for Remicade.	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>
<b>J1746</b>	<b>Injection, ibalizumab-uiyk, 10 mg</b> Use this code for Trogarzo. <b>CMS:</b> 100-04,4,260.1; 100-04,4,260.1.1	<span style="color: green;">K2</span>
<b>J1750</b>	<b>Injection, iron dextran, 50 mg</b> Use this code for INFeD.	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>
<b>J1756</b>	<b>Injection, iron sucrose, 1 mg</b> Use this code for Venofer. <b>CMS:</b> 100-04,8,60.2.4; 100-04,8,60.2.4.2	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1786</b>	<b>Injection, imiglucerase, 10 units</b> Use this code for Cerezyme.	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>
<b>J1790</b>	<b>Injection, droperidol, up to 5 mg</b> Use this code for Inapsine. <b>CMS:</b> 100-04,4,20.6.4	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1800</b>	<b>Injection, propranolol HCl, up to 1 mg</b> Use this code for Inderal. <b>CMS:</b> 100-04,4,20.6.4 <b>AHA:</b> 4Q, '05, 1-6	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1810</b>	<b>Injection, droperidol and fentanyl citrate, up to 2 ml ampule</b> <b>AHA:</b> 2Q, '02, 8-9	<span style="color: purple;">E</span> <span style="color: green;">✓</span>
<b>J1815</b>	<b>Injection, insulin, per 5 units</b> Use this code for Humalog, Humulin, Iletin, Insulin Lispo, Lantus, Levemir, NPH, Pork insulin, Regular insulin, Ultralente, Velosulin, Humulin R, Iletin II Regular Pork, Insulin Purified Pork, Relion, Lente Iletin I, Novolin R, Humulin R U-500. <b>CMS:</b> 100-04,4,20.6.4 <b>AHA:</b> 4Q, '05, 1-6	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1817</b>	<b>Insulin for administration through DME (i.e., insulin pump) per 50 units</b> Use this code for Humalog, Humulin, Vesolin BR, Iletin II NPH Pork, Lispro-PFC, Novolin, Novolog, Novolog Flexpen, Novolog Mix, Relion Novolin. <b>AHA:</b> 4Q, '05, 1-6	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1823</b>	<b>Injection, inebilizumab-cdon, 1 mg</b> Use this code for Uplinza.	<span style="color: green;">K2</span>
<b>J1826</b>	<b>Injection, interferon beta-1a, 30 mcg</b> Use this code for AVONEX, Rebif. <b>AHA:</b> 4Q, '14, 6; 2Q, '11, 9	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>

<b>J1830</b>	<b>Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)</b> Use this code for Betaseron. <b>CMS:</b> 100-02,15,50.5	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>
<b>J1833</b>	<b>Injection, isavuconazonium, 1 mg</b> Use this code for Cresamba.	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>
<b>J1835</b>	<b>Injection, itraconazole, 50 mg</b> Use this code for Sporonox IV. <b>CMS:</b> 100-04,4,20.6.4 <b>AHA:</b> 1Q, '02, 5	<span style="color: purple;">E</span> <span style="color: green;">✓</span>
<b>J1840</b>	<b>Injection, kanamycin sulfate, up to 500 mg</b> Use this code for Kantrex. <b>CMS:</b> 100-04,4,20.6.4	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1850</b>	<b>Injection, kanamycin sulfate, up to 75 mg</b> Use this code for Kantrex. <b>CMS:</b> 100-04,4,20.6.4 <b>AHA:</b> 2Q, '13, 5	<span style="color: purple;">N</span> <span style="color: green;">✓</span>
<b>J1885</b>	<b>Injection, ketorolac tromethamine, per 15 mg</b> Use this code for Toradol. <b>CMS:</b> 100-04,4,20.6.4	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1890</b>	<b>Injection, cephalothin sodium, up to 1 g</b> <b>CMS:</b> 100-04,4,20.6.4	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1930</b>	<b>Injection, lanreotide, 1 mg</b> Use this code for Somatuline.	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>
<b>J1931</b>	<b>Injection, laronidase, 0.1 mg</b> Use this code for Aldurazyme. <b>AHA:</b> 2Q, '05, 11; 1Q, '05, 7, 9-10	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>
<b>J1940</b>	<b>Injection, furosemide, up to 20 mg</b> Use this code for Lasix. <b>CMS:</b> 100-04,4,20.6.4 <b>AHA:</b> 4Q, '05, 1-6; 3Q, '04, 1-10	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1943</b>	<b>Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg</b>	<span style="color: green;">K2</span>
<b>J1944</b>	<b>Injection, aripiprazole lauroxil, (Aristada), 1 mg</b>	<span style="color: green;">K2</span>
<b>J1945</b>	<b>Injection, lepirudin, 50 mg</b> Use this code for Refludan. This drug is used for patients with heparin-induced thrombocytopenia.	<span style="color: purple;">E</span> <span style="color: green;">✓</span>
<b>J1950</b>	<b>Injection, leuprolide acetate (for depot suspension), per 3.75 mg</b> Use this code for Lupron Depot-Pedi.	<span style="color: purple;">K</span> <span style="color: green;">K2</span> <span style="color: green;">✓</span>
● <b>J1951</b>	<b>Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg</b>	<span style="color: green;">K2</span>
● <b>J1952</b>	<b>Leuprolide injectable, camcevi, 1 mg</b> Use this code for Camcevi.	
<b>J1953</b>	<b>Injection, levetiracetam, 10 mg</b> Use this code for Kepra.	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1955</b>	<b>Injection, levocarnitine, per 1 g</b> Use this code for Carnitor.	<span style="color: purple;">B</span> <span style="color: green;">✓</span>
<b>J1956</b>	<b>Injection, levofloxacin, 250 mg</b> Use this code for Levaquin. <b>CMS:</b> 100-04,4,20.6.4	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1960</b>	<b>Injection, levorphanol tartrate, up to 2 mg</b> Use this code for Levo-Dromoran. <b>CMS:</b> 100-04,4,20.6.4	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>
<b>J1980</b>	<b>Injection, hyoscyamine sulfate, up to 0.25 mg</b> Use this code for Levsin. <b>CMS:</b> 100-04,4,20.6.4	<span style="color: purple;">N</span> <span style="color: green;">N1</span> <span style="color: green;">✓</span>



- L2112** Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment A b
- L2114** Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment A b
- L2116** Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment A b
- L2126** Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated A b
- L2128** Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated A b
- L2132** Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment A b
- L2134** Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment A b
- L2136** Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment A b

### Additions to Fracture Orthosis

- L2180** Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints A b
- L2182** Addition to lower extremity fracture orthosis, drop lock knee joint A b
- L2184** Addition to lower extremity fracture orthosis, limited motion knee joint A b
- L2186** Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type A b
- L2188** Addition to lower extremity fracture orthosis, quadri-lateral brim A b
- L2190** Addition to lower extremity fracture orthosis, waist belt A b
- L2192** Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt A b

### Additions to Lower Extremity Orthosis: Shoe-Ankle-Shin-Knee

- L2200** Addition to lower extremity, limited ankle motion, each joint A b
- L2210** Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint A b
- L2220** Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint A b
- L2230** Addition to lower extremity, split flat caliper stirrups and plate attachment A b
- L2232** Addition to lower extremity orthosis, rocker bottom for total contact ankle-foot orthosis (AFO), for custom fabricated orthosis only A b
- L2240** Addition to lower extremity, round caliper and plate attachment A b
- L2250** Addition to lower extremity, foot plate, molded to patient model, stirrup attachment A b
- L2260** Addition to lower extremity, reinforced solid stirrup (Scott-Craig type) A b
- L2265** Addition to lower extremity, long tongue stirrup A b

- L2270** Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad A b
- L2275** Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined A b
- L2280** Addition to lower extremity, molded inner boot A b
- L2300** Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable A b
- L2310** Addition to lower extremity, abduction bar, straight A b
- L2320** Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only A b
- L2330** Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only A b
- L2335** Addition to lower extremity, anterior swing band A b
- L2340** Addition to lower extremity, pretibial shell, molded to patient model A b
- L2350** Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses) A b
- L2360** Addition to lower extremity, extended steel shank A b
- L2370** Addition to lower extremity, Patten bottom A b
- L2375** Addition to lower extremity, torsion control, ankle joint and half solid stirrup A b
- L2380** Addition to lower extremity, torsion control, straight knee joint, each joint A b
- L2385** Addition to lower extremity, straight knee joint, heavy-duty, each joint A b
- L2387** Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthosis (KAFO), each joint A b
- L2390** Addition to lower extremity, offset knee joint, each joint A b
- L2395** Addition to lower extremity, offset knee joint, heavy-duty, each joint A b
- L2397** Addition to lower extremity orthosis, suspension sleeve A b

### Additions to Straight Knee or Offset Knee Joints

- L2405** Addition to knee joint, drop lock, each A b
- L2415** Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint A b
- L2425** Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint A b
- L2430** Addition to knee joint, ratchet lock for active and progressive knee extension, each joint A b
- L2492** Addition to knee joint, lift loop for drop lock ring A b

### Additions: Thigh/Weight Bearing - Gluteal/Ischial Weight Bearing

- L2500** Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring A b
- L2510** Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model A b
- L2520** Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted A b
- L2525** Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model A b
- L2526** Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted A b

S9449	Weight management classes, nonphysician provider, per session	☑
S9451	Exercise classes, nonphysician provider, per session	
S9452	Nutrition classes, nonphysician provider, per session	
S9453	Smoking cessation classes, nonphysician provider, per session	
S9454	Stress management classes, nonphysician provider, per session	
S9455	Diabetic management program, group session	
S9460	Diabetic management program, nurse visit	
S9465	Diabetic management program, dietitian visit	
S9470	Nutritional counseling, dietitian visit	
S9472	Cardiac rehabilitation program, nonphysician provider, per diem	
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem	
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem	
S9476	Vestibular rehabilitation program, nonphysician provider, per diem	
S9480	Intensive outpatient psychiatric services, per diem	
S9482	Family stabilization services, per 15 minutes	☑
S9484	Crisis intervention mental health services, per hour	☑
S9485	Crisis intervention mental health services, per diem	
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	☑
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑

S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient	☑
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	☑
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	☑
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	☑
S9900	Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem	
S9901	Services by a Journal-listed Christian Science nurse, per hour	
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	
S9970	Health club membership, annual	
S9975	Transplant related lodging, meals and transportation, per diem	

# 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	<del>C9132</del>
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	<del>E9081</del>
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
ACCUNE <del>B</del> NONCOMPOUNDED, CONCENTRATED	1 MG	INH	J7611
ACCUNE <del>B</del> 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.

<b>A1</b>	Dressing for one wound	<b>BP</b>	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
<b>A2</b>	Dressing for two wounds	<b>BR</b>	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
<b>A3</b>	Dressing for three wounds	<b>BU</b>	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
<b>A4</b>	Dressing for four wounds	<b>CA</b>	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
<b>A5</b>	Dressing for five wounds	<b>CB</b>	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
<b>A6</b>	Dressing for six wounds	<b>CC</b>	Procedure code change (use CC when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
<b>A7</b>	Dressing for seven wounds	<b>CD</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
<b>A8</b>	Dressing for eight wounds	<b>CE</b>	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
<b>A9</b>	Dressing for nine or more wounds	<b>CF</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
<b>AA</b>	Anesthesia services performed personally by anesthesiologist	<b>CG</b>	Policy criteria applied
<b>AD</b>	Medical supervision by a physician: more than four concurrent anesthesia procedures	<b>CH</b>	Zero percent impaired, limited or restricted
<b>AE</b>	Registered dietitian	<b>CI</b>	At least 1 percent but less than 20 percent impaired, limited or restricted
<b>AF</b>	Specialty physician	<b>CJ</b>	At least 20 percent but less than 40 percent impaired, limited or restricted
<b>AG</b>	Primary physician	<b>CK</b>	At least 40 percent but less than 60 percent impaired, limited or restricted
<b>AH</b>	Clinical psychologist	<b>CL</b>	At least 60 percent but less than 80 percent impaired, limited or restricted
<b>AI</b>	Principal physician of record	<b>CM</b>	At least 80 percent but less than 100 percent impaired, limited or restricted
<b>AJ</b>	Clinical social worker	<b>CN</b>	100 percent impaired, limited or restricted
<b>AK</b>	Nonparticipating physician	<b>CO</b>	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
<b>AM</b>	Physician, team member service	<b>CQ</b>	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
<b>AO</b>	Alternate payment method declined by provider of service	<b>CR</b>	Catastrophe/disaster related
<b>AP</b>	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination	<b>CS</b>	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
<b>AQ</b>	Physician providing a service in an unlisted health professional shortage area (HPSA)	<b>CT</b>	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
<b>AR</b>	Physician provider services in a physician scarcity area	<b>DA</b>	Oral health assessment by a licensed health professional other than a dentist
<b>AS</b>	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery	<b>E1</b>	Upper left, eyelid
<b>AT</b>	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)	<b>E2</b>	Lower left, eyelid
<b>AU</b>	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply	<b>E3</b>	Upper right, eyelid
<b>AV</b>	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic		
<b>AW</b>	Item furnished in conjunction with a surgical dressing		
<b>AX</b>	Item furnished in conjunction with dialysis services		
<b>AY</b>	Item or service furnished to an ESRD patient that is not for the treatment of ESRD		
<b>AZ</b>	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment		
<b>BA</b>	Item furnished in conjunction with parenteral enteral nutrition (PEN) services		
<b>BL</b>	Special acquisition of blood and blood products		
<b>BO</b>	Orally administered nutrition, not by feeding tube		