



2012

HCPCS

Medicare Level II Expert

ADMINISTRATIVE, MISCELLANEOUS & INVESTIGATIONAL A9000-A9999

This section of codes reports items such as nonprescription drugs, noncovered items/services, exercise equipment and, most notably, radiopharmaceutical diagnostic imaging agents.

- B A9150 Nonprescription drugs
MED: 100-2,15,50
- E A9152 Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
- E A9153 Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
- B A9155 Artificial saliva, 30 ml
- E A9180 Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker
- E A9270 Noncovered item or service
MED: 100-2,16,20
- Y A9273 Hot water bottle, ice cap or collar, heat and/or cold wrap, any type b
- E A9274 External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
- E A9275 Home glucose disposable monitor, includes test strips
- E A9276 Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
- E A9277 Transmitter; external, for use with interstitial continuous glucose monitoring system
- E A9278 Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
- E A9279 Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
- E A9280 Alert or alarm device, not otherwise classified
- E A9281 Reaching/grabbing device, any type, any length, each
- E A9282 Wig, any type, each
- E A9283 Foot pressure off loading/supportive device, any type, each
- N A9284 Spirometer, nonelectronic, includes all accessories
- E A9300 Exercise equipment
MED: 100-2,15,110.1

RADIOPHARMACEUTICALS

- N A9500 Technetium tc-99m sestamibi, diagnostic, per study dose m o
[Use this code for Cardiolite.](#)
- N A9501 Technetium Tc-99m teboroxime, diagnostic, per study dose m o
- N A9502 Technetium Tc-99m tetrofosmin, diagnostic, per study dose m o
[Use this code for Myoview.](#)
- N A9503 Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries m o
[Use this code for CIS-MDP, Draximage MDP-10, Draximage MDP-25, MDP-Bracco, Technetium Tc-99m MPI-MDP](#)
AHA: 2Q,'02,9

- N A9504 Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries m o
[Use this code for Acutect](#)
AHA: 2Q,'02,9; 4Q,'01,5
- N A9505 Thallium TI-201 thallous chloride, diagnostic, per millicurie m o
[Use this code for MIBG, Thallous Chloride USP.](#)
AHA: 2Q,'02,9
- N A9507 Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries m o
[Use this code for Proscint.](#)
- N A9508 Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie m o
[Use this code for MIBG.](#)
AHA: 2Q,'02,9
- N A9509 Iodine I-123 sodium iodide, diagnostic, per millicurie m o
- N A9510 Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries m o
[Use this code for Hepatolite.](#)
- N A9512 Technetium Tc-99m pertechnetate, diagnostic, per millicurie m o
[Use this code for Technelite, Ultra-Technelov.](#)
- N A9516 Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries m o
- K A9517 Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie o
- N A9521 Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries m o
[Use this code for Ceretec.](#)
- N A9524 Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries m o
- N A9526 Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries m o
MED: 100-4,13,60.3; 100-4,13,60.3.1; 100-4,13,60.3.2
- U A9527 Iodine I-125, sodium iodide solution, therapeutic, per millicurie m o
MED: 100-4,4,61.4.1
- N A9528 Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie m o
- N A9529 Iodine I-131 sodium iodide solution, diagnostic, per millicurie m o
- K A9530 Iodine I-131 sodium iodide solution, therapeutic, per millicurie o
- N A9531 Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries) m o
- N A9532 Iodine I-125 serum albumin, diagnostic, per 5 microcuries m o
- N A9536 Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries m o
- N A9537 Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries m o
- N A9538 Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries m o
[Use this code for CIS-PYRO, Phosphotec, Technescan Pyp Kit](#)
- N A9539 Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries m o
[Use this code for AN-DTPA, DTPA, MPI-DTPA Kit-Chelate, MPI Indium DTPA IN-111, Pentate Calcium Trisodium, Pentate Zinc Trisodium](#)

OUTPATIENT PPS C1300 - C9899

This section reports drugs, biologicals, and device codes that must be used by OPPS hospitals. Non-OPPS hospitals, Critical Access Hospitals (CAHs), Indian Health Service Hospitals (IHS), hospitals located in American Samoa, Guam, Saipan, or the Virgin Islands, and Maryland waiver hospitals may report these codes at their discretion. The codes can only be reported for facility (technical) services.

The C series of HCPCS may include device categories, new technology procedures, and drugs, biologicals and radiopharmaceuticals that do not have other HCPCS codes assigned. Some of these items and services are eligible for transitional pass-through payments for OPPS hospitals, have separate APC payments, or are items that are packaged. Hospitals are encouraged to report all appropriate C codes regardless of payment status.

- S ✓ **C1300** Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
MED: 100-4,32,30.1
- N **C1713** Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) NI
MED: 100-4,4,61.1
AHA: 3Q,'02,5; 1Q,'01,5
- N **C1714** Catheter, transluminal atherectomy, directional NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,5
- N **C1715** Brachytherapy needle NI
MED: 100-4,4,61.1
AHA: 3Q,'02,5; 1Q,'01,5
- U ✓ **C1716** Brachytherapy source, nonstranded, gold-198, per source H2
MED: 100-4,4,61.1; 100-4,4,61.4.1; 100-4,4,61.4.2; 100-4,4,61.4.3
AHA: 3Q,'02,5; 1Q,'01,5
- U ✓ **C1717** Brachytherapy source, nonstranded, high dose rate iridium-192, per source H2
MED: 100-4,4,61.1; 100-4,4,61.4.1; 100-4,4,61.4.2
AHA: 3Q,'02,5; 1Q,'01,5
- U ✓ **C1719** Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source H2
MED: 100-4,4,61.1; 100-4,4,61.4.1; 100-4,4,61.4.2
AHA: 3Q,'02,5; 1Q,'01,5
- N **C1721** Cardioverter-defibrillator, dual chamber (implantable) NI
MED: 100-4,4,61.1; 100-4,14,40.8
AHA: 3Q,'02,5; 1Q,'01,5
- N **C1722** Cardioverter-defibrillator, single chamber (implantable) NI
MED: 100-4,4,61.1
AHA: 3Q,'02,5; 1Q,'01,5
- N **C1724** Catheter, transluminal atherectomy, rotational NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,5
- N **C1725** Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability) NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,5
- N **C1726** Catheter, balloon dilatation, nonvascular NI
MED: 100-4,4,61.1
AHA: 3Q,'02,5; 1Q,'01,5
- N **C1727** Catheter, balloon tissue dissector, nonvascular (insertable) NI
MED: 100-4,4,61.1
AHA: 3Q,'02,5; 1Q,'01,5
- N **C1728** Catheter, brachytherapy seed administration NI
MED: 100-4,4,61.1
AHA: 3Q,'02,5; 1Q,'01,5

- N **C1729** Catheter, drainage NI
MED: 100-4,4,61.1
AHA: 3Q,'02,5; 1Q,'01,5
- N **C1730** Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes) NI
MED: 100-4,4,61.1
AHA: 3Q,'02,5; 1Q,'01,5
- N **C1731** Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes) NI
MED: 100-4,4,61.1
AHA: 3Q,'02,5; 1Q,'01,5
- N **C1732** Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping NI
MED: 100-4,4,61.1
AHA: 1Q,'01,5
- N **C1733** Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip NI
MED: 100-4,4,61.1
AHA: 3Q,'02,5; 1Q,'01,5
- H **C1749** Endoscope, retrograde imaging/illumination colonoscope device (implantable) J7
- N **C1750** Catheter, hemodialysis/peritoneal, long-term NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,5
- N **C1751** Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis) NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 3Q,'01,5
- N **C1752** Catheter, hemodialysis/peritoneal, short-term NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,5
- N **C1753** Catheter, intravascular ultrasound NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,5
- N **C1754** Catheter, intradiscal NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,5
- N **C1755** Catheter, intraspinal NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,5
- N **C1756** Catheter, pacing, transesophageal NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,5
- N **C1757** Catheter, thrombectomy/embolectomy NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,5
- N **C1758** Catheter, ureteral NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,6
- N **C1759** Catheter, intracardiac echocardiography NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,5; 3Q,'01,4
- N **C1760** Closure device, vascular (implantable/insertable) NI
MED: 100-4,4,61.1
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,6
- N **C1762** Connective tissue, human (includes fascia lata) NI
MED: 100-4,4,61.1
AHA: 3Q,'03,12; 4Q,'03,8; 3Q,'02,5; 1Q,'01,6
- N **C1763** Connective tissue, nonhuman (includes synthetic) NI
MED: 100-4,4,61.1
AHA: 3Q,'03,12; 4Q,'03,8; 3Q,'02,5; 1Q,'01,6
- N **C1764** Event recorder, cardiac (implantable) NI
MED: 100-4,4,61.1; 100-4,14,40.8
AHA: 4Q,'03,8; 3Q,'02,5; 1Q,'01,6

N	J3590	Unclassified biologics	NI
MISCELLANEOUS DRUGS AND SOLUTIONS			
N	✓	J7030 Infusion, normal saline solution, 1,000 cc MED: 100-2,15,50	NI
N	✓	J7040 Infusion, normal saline solution, sterile (500 ml=1 unit) MED: 100-2,15,50	NI
N	✓	J7042 5% dextrose/normal saline (500 ml = 1 unit) MED: 100-2,15,50	NI
N	✓	J7050 Infusion, normal saline solution, 250 cc MED: 100-2,15,50	NI
N	✓	J7060 5% dextrose/water (500 ml = 1 unit) MED: 100-2,15,50	NI
N	✓	J7070 Infusion, D-5-W, 1,000 cc MED: 100-2,15,50	NI
N	✓	J7100 Infusion, dextran 40, 500 ml Use this code for Gentran, 10% LMD, Rheomacrodex. MED: 100-2,15,50	NI
N	✓	J7110 Infusion, dextran 75, 500 ml Use this code for Gentran 75. MED: 100-2,15,50	NI
N	✓	J7120 Ringers lactate infusion, up to 1,000 cc MED: 100-2,15,50	NI
N	✓	J7130 Hypertonic saline solution, 50 or 100 mEq, 20 cc vial MED: 100-2,15,50	NI
●	G	✓ J7184 Injection, von Willebrand factor complex (human), Wilate, per 100 IU VWF:RCO	K2
K	✓	J7185 Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU Use this code for Xyntha.	K2
K		J7186 Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u. Use this code for Alphanate. MED: 100-4,17,80.4.1	K2
K		J7187 Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO MED: 100-4,17,80.4.1	K2
K	✓	J7189 Factor VIIa (antihemophilic factor, recombinant), per 1 mcg MED: 100-1,1,10.1; 100-2,6,10; 100-2,15,50; 100-4,3,20.7.3; 100-4,17,80.4.1	K2
K	✓	J7190 Factor VIII (antihemophilic factor, human) per IU Use this code for Koate-DVI, Monarc-M, Monoclote-P. FACTOR VIII Antihemophilic factor that is part of the intrinsic coagulation cascade used to treat Hemophilia A. The most common and oldest form of this is human derived factor concentrated from human plasma (HCPSC Level II code J7190). The Porcine variety (J7191) is supplied as lyophilized Factor VIII from concentrated pig's blood. Recombinant, purified factor VIII (J7192) without the albumin is produced by recombinant genes. May be sold under the brand names Hexilate, Kogenate. MED: 100-1,1,10.1; 100-2,6,10; 100-2,15,50; 100-4,3,20.7.3; 100-4,4,240; 100-4,17,80.4; 100-4,17,80.4.1	K2

K	✓	J7191 Factor VIII (antihemophilic factor (porcine)), per IU FACTOR VIII Antihemophilic factor that is part of the intrinsic coagulation cascade used to treat Hemophilia A. The most common and oldest form of this is human derived factor concentrated from human plasma (HCPSC Level II code J7190). The Porcine variety (J7191) is supplied as lyophilized Factor VIII from concentrated pig's blood. Recombinant, purified factor VIII (J7192) without the albumin is produced by recombinant genes. May be sold under the brand names Hexilate, Kogenate. MED: 100-1,1,10.1; 100-2,6,10; 100-2,15,50; 100-4,3,20.7.3; 100-4,4,240; 100-4,17,80.4; 100-4,17,80.4.1	K2
K	✓	J7192 Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified Use this code for Recombinate, Kogenate FS, Helixate FX, Advate rAHF-PFM, Antihemophilic Factor Human Method M Monoclonal Purified, Refacto. FACTOR VIII Antihemophilic factor that is part of the intrinsic coagulation cascade used to treat Hemophilia A. The most common and oldest form of this is human derived factor concentrated from human plasma (HCPSC Level II code J7190). The Porcine variety (J7191) is supplied as lyophilized Factor VIII from concentrated pig's blood. Recombinant, purified factor VIII (J7192) without the albumin is produced by recombinant genes. May be sold under the brand names Hexilate, Kogenate. MED: 100-1,1,10.1; 100-2,6,10; 100-2,15,50; 100-4,3,20.7.3; 100-4,4,240; 100-4,17,80.4; 100-4,17,80.4.1	K2
K	✓	J7193 Factor IX (antihemophilic factor, purified, nonrecombinant) per IU Use this code for AlphaNine SD, Mononine. MED: 100-1,1,10.1; 100-2,6,10; 100-2,15,50; 100-4,3,20.7.3; 100-4,4,240; 100-4,17,80.4; 100-4,17,80.4.1 AHA: 2Q,'02,8	K2
K	✓	J7194 Factor IX complex, per IU Use this code for Konyne-80, Profilnine SD, Proplex T, Proplex T, Behulin VH, factor IX+ complex, Profilnine SD. MED: 100-1,1,10.1; 100-2,6,10; 100-2,15,50; 100-4,3,20.7.3; 100-4,4,240; 100-4,17,80.4; 100-4,17,80.4.1	K2
K	✓	J7195 Factor IX (antihemophilic factor, recombinant) per IU Use this code for Benefix. MED: 100-1,1,10.1; 100-2,6,10; 100-2,15,50; 100-4,3,20.7.3; 100-4,4,240; 100-4,17,80.4; 100-4,17,80.4.1 AHA: 2Q,'02,8	K2
●	K	✓ J7196 Injection, antithrombin recombinant, 50 i.u. Use this code for ATryn.	K2
K	✓	J7197 Antithrombin III (human), per IU Use this code for Thrombate III, ATnativ. MED: 100-2,15,50; 100-4,17,80.4.1	K2
K	✓	J7198 Antiinhibitor, per IU Medicare jurisdiction: local contractor. Use this code for Autoplex T, Feiba VH AICC. MED: 100-1,1,10.1; 100-2,6,10; 100-2,15,50; 100-3,110.3; 100-4,3,20.7.3; 100-4,4,240; 100-4,17,80.4; 100-4,17,80.4.1	K2
B		J7199 Hemophilia clotting factor, not otherwise classified Medicare jurisdiction: local contractor. MED: 100-1,1,10.1; 100-2,6,10; 100-2,15,50; 100-4,3,20.7.3; 100-4,4,240; 100-4,17,80.4; 100-4,17,80.4.1	
E		J7300 Intrauterine copper contraceptive Use this code for Paragard T380A.	

- [A] **V2627** Scleral cover shell b
A scleral shell covers the cornea and the anterior sclera. Medicare covers a scleral shell when it is prescribed as an artificial support to a shrunken and sightless eye or as a barrier in the treatment of severe dry eye.
- [A] **V2628** Fabrication and fitting of ocular conformer b
- [A] **V2629** Prosthetic eye, other type

INTRAOCULAR LENSES

- [N] **V2630** Anterior chamber intraocular lens M
The IOL must be FDA-approved for reimbursement. Medicare payment for an IOL is included in the payment for ASC facility services. Medicare jurisdiction: local contractor.
MED: 100-2,15,120; 100-4,3,10.4
- [N] **V2631** Iris supported intraocular lens M
The IOL must be FDA-approved for reimbursement. Medicare payment for an IOL is included in the payment for ASC facility services. Medicare jurisdiction: local contractor.
MED: 100-2,15,120; 100-4,3,10.4
- [N] **V2632** Posterior chamber intraocular lens M
The IOL must be FDA-approved for reimbursement. Medicare payment for an IOL is included in the payment for ASC facility services. Medicare jurisdiction: local contractor.
MED: 100-2,15,120; 100-4,3,10.4; 100-4,32,120.2

MISCELLANEOUS

- [A] ☒ **V2700** Balance lens, per lens b
- [E] **V2702** Deluxe lens feature
MED: 100-2,15,120; 100-4,3,10.4
- [A] ☒ **V2710** Slab off prism, glass or plastic, per lens b
- [A] ☒ **V2715** Prism, per lens b
- [A] ☒ **V2718** Press-on lens, Fresnel prism, per lens b
- [A] ☒ **V2730** Special base curve, glass or plastic, per lens b
- [A] ☒ **V2744** Tint, photochromatic, per lens b
MED: 100-2,15,120; 100-4,3,10.4
- [A] ☒ **V2745** Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens b
MED: 100-2,15,120; 100-4,3,10.4
- [A] ☒ **V2750** Antireflective coating, per lens b
MED: 100-2,15,120; 100-4,3,10.4
- [A] ☒ **V2755** U-V lens, per lens b
MED: 100-2,15,120; 100-4,3,10.4
- [E] **V2756** Eye glass case
- [A] ☒ **V2760** Scratch resistant coating, per lens b
- [B] ☒ **V2761** Mirror coating, any type, solid, gradient or equal, any lens material, per lens b
MED: 100-2,15,120; 100-4,3,10.4
- [A] ☒ **V2762** Polarization, any lens material, per lens b
MED: 100-2,15,120; 100-4,3,10.4
- [A] ☒ **V2770** Occluder lens, per lens b
- [A] ☒ **V2780** Oversize lens, per lens b
- [B] ☒ **V2781** Progressive lens, per lens
- [A] ☒ **V2782** Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens b
MED: 100-2,15,120; 100-4,3,10.4

- [A] ☒ **V2783** Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens b
MED: 100-2,15,120; 100-4,3,10.4
- [A] ☒ **V2784** Lens, polycarbonate or equal, any index, per lens b
MED: 100-2,15,120; 100-4,3,10.4
- [F] **V2785** Processing, preserving and transporting corneal tissue F
Medicare jurisdiction: local contractor.
MED: 100-4,4,200.1
- [A] ☒ **V2786** Specialty occupational multifocal lens, per lens b
MED: 100-2,15,120; 100-4,3,10.4
- [E] **V2787** Astigmatism correcting function of intraocular lens
MED: 100-4,14,40.9; 100-4,32,120.1; 100-4,32,120.2
- [E] **V2788** Presbyopia correcting function of intraocular lens
MED: 100-4,14,40.9; 100-4,32,120.1; 100-4,32,120.2
- [N] **V2790** Amniotic membrane for surgical reconstruction, per procedure M
Medicare jurisdiction: local contractor.
MED: 100-4,4,200.4
- [A] **V2797** Vision supply, accessory and/or service component of another HCPCS vision code
- [A] **V2799** Vision service, miscellaneous
Determine if an alternative HCPCS Level II or a CPT code better describes the service being reported. This code should be used only if a more specific code is unavailable.

HEARING SERVICES V5000-V5999

This range of codes describes hearing tests and related supplies and equipment, speech-language pathology screenings, and repair of augmentative communicative system.

- [E] **V5008** Hearing screening
MED: 100-2,16,90
- [E] **V5010** Assessment for hearing aid
- [E] **V5011** Fitting/orientation/checking of hearing aid
- [E] **V5014** Repair/modification of a hearing aid
- [E] **V5020** Conformity evaluation
- [E] **V5030** Hearing aid, monaural, body worn, air conduction
- [E] **V5040** Hearing aid, monaural, body worn, bone conduction
- [E] **V5050** Hearing aid, monaural, in the ear
- [E] **V5060** Hearing aid, monaural, behind the ear
- [E] **V5070** Glasses, air conduction
- [E] **V5080** Glasses, bone conduction
- [E] **V5090** Dispensing fee, unspecified hearing aid
- [E] **V5095** Semi-implantable middle ear hearing prosthesis
- [E] **V5100** Hearing aid, bilateral, body worn
- [E] **V5110** Dispensing fee, bilateral
- [E] **V5120** Binaural, body
- [E] **V5130** Binaural, in the ear
- [E] **V5140** Binaural, behind the ear
- [E] **V5150** Binaural, glasses
- [E] **V5160** Dispensing fee, binaural
- [E] **V5170** Hearing aid, CROS, in the ear
- [E] **V5180** Hearing aid, CROS, behind the ear