

2019

HCP LEVEL II EXPERT

CONTAINS

The Official CMS Code Set

Modifier	Description
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
BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
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
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
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
CC	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
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
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
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
CG	Policy criteria applied
CH	0 percent impaired, limited or restricted
CI	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	At least 40 percent but less than 60 percent impaired, limited or restricted

Modifier	Description
CL	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted
CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Catastrophe/disaster related
CS	Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean-up activities
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
DA*	Oral health assessment by a licensed health professional other than a dentist
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
EA	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer chemotherapy
EB	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer radiotherapy
EC	Erythropoietic stimulating agent (ESA) administered to treat anemia not due to anti-cancer radiotherapy or anti-cancer chemotherapy
ED	Hematocrit level has exceeded 39% (or hemoglobin level has exceeded 13.0 G/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle
EE	Hematocrit level has not exceeded 39% (or hemoglobin level has not exceeded 13.0 G/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle
EJ	Subsequent claims for a defined course of therapy, e.g., EPO, sodium hyaluronate, infliximab
EM	Emergency reserve supply (for ESRD benefit only)
EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
ER	Items and services furnished by a provider-based, off-campus emergency department
ET	Emergency services
EX	Expatriate beneficiary
EY	No physician or other licensed health care provider order for this item or service
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit

Modifier	Description
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FB	Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)
FC	Partial credit received for replaced device
FP	Service provided as part of family planning program
FX	X-ray taken using film
FY	X-ray taken using computed radiography technology/cassette-based imaging
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
G1	Most recent URR reading of less than 60
G2	Most recent URR reading of 60 to 64.9
G3	Most recent URR reading of 65 to 69.9
G4	Most recent URR reading of 70 to 74.9
G5	Most recent URR reading of 75 or greater
G6	ESRD patient for whom less than six dialysis sessions have been provided in a month
G7	Pregnancy resulted from rape or incest or pregnancy certified by physician as life threatening
G8	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure
G9	Monitored anesthesia care for patient who has history of severe cardio-pulmonary condition
GA	Waiver of liability statement issued as required by payer policy, individual case
GB	Claim being resubmitted for payment because it is no longer covered under a global payment demonstration
GC	This service has been performed in part by a resident under the direction of a teaching physician
GD	Units of service exceeds medically unlikely edit value and represents reasonable and necessary services
GE	This service has been performed by a resident without the presence of a teaching physician under the primary care exception
GF	Non-physician (e.g., nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified registered nurse (CRN), clinical nurse specialist (CNS), physician assistant (PA)) services in a critical access hospital
GG	Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day

*This modifier is not included in 2019 HCPCS Modifier list, but it also has not been deleted. Please check the CMS website for further updates.

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HCPCS Coding Procedures

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) LEVEL II CODING PROCEDURES

This information provides a description of the procedures CMS follows in making coding decisions.

FOR FURTHER INFORMATION CONTACT:

Jennifer Carver (410) 786-6610 or Cindy Hake (410) 786-3404 for HCPCS level II coding issues.

A. HCPCS BACKGROUND INFORMATION

Each year, in the United States, health care insurers process over 5 billion claims for payment. For Medicare and other health insurance programs to ensure that these claims are processed in an orderly and consistent manner, standardized coding systems are essential. The HCPCS Level II Code Set is one of the standard code sets used for this purpose. The HCPCS is divided into two principal subsystems, referred to as level I and level II of the HCPCS. Level I of the HCPCS is comprised of CPT® (Current Procedural Terminology), a numeric coding system maintained by the American Medical Association (AMA). The CPT® is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals. These health care professionals use the CPT® to identify services and procedures for which they bill public or private health insurance programs. Decisions regarding the addition, deletion, or revision of CPT® codes are made by the AMA. The CPT® codes are republished and updated annually by the AMA. Level I of the HCPCS, the CPT® codes, does not include codes needed to separately report medical items or services that are regularly billed by suppliers other than physicians.

Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT® codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT® codes, the level II HCPCS codes were established for submitting claims for these items. The development and use of level II of the HCPCS began in the 1980's. Level II codes are also referred to as alpha-numeric codes because they consist of a single alphabetical letter followed by 4 numeric digits, while CPT® codes are identified using 5 numeric digits.

In October of 2003, the Secretary of HHS delegated authority under the HIPAA legislation to CMS to maintain and distribute HCPCS Level II Codes. As stated in 42 CFR Sec. 414.40 (a) CMS establishes uniform national definitions of services, codes to represent services, and payment modifiers to the codes. Within CMS there is a CMS HCPCS Workgroup which is an internal workgroup comprised of representatives of the major components of CMS, as well as other consultants from pertinent Federal agencies. Prior to December 31, 2003, Level III HCPCS were developed and used by Medicaid State agencies, Medicare contractors, and private insurers in their specific programs or local areas of jurisdiction. For purposes of Medicare, level III codes were also referred to as local codes. Local codes were established when an insurer preferred that suppliers use a local code to identify a service, for which there is no level I or level II code, rather than use a

"miscellaneous or not otherwise classified code." The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required CMS to adopt standards for coding systems that are used for reporting health care transactions. We published, in the Federal Register on August 17, 2000 (65 FR 50312), regulations to implement this part of the HIPAA legislation. These regulations provided for the elimination of level III local codes by October 2002, at which time, the level I and level II code sets could be used. The elimination of local codes was postponed, as a result of section 532(a) of BIPA, which continued the use of local codes through December 31, 2003.

B. HCPCS LEVEL II CODES

The regulation that CMS published on August 17, 2000 (45 CFR 162.10002) to implement the HIPAA requirement for standardized coding systems established the HCPCS level II codes as the standardized coding system for describing and identifying health care equipment and supplies in health care transactions that are not identified by the HCPCS level I, CPT® codes. The HCPCS level II coding system was selected as the standardized coding system because of its wide acceptance among both public and private insurers. Public and private insurers were required to be in compliance with the August 2000 regulation by October 1, 2002. The purpose of this section is to provide a general description of the current HCPCS level II coding system.

The HCPCS level II coding system is a comprehensive and standardized system that classifies similar products that are medical in nature into categories for the purpose of efficient claims processing. For each alphanumeric HCPCS code, there is descriptive terminology that identifies a category of like items. These codes are used primarily for billing purposes. For example, suppliers use HCPCS level II codes to identify items on claim forms that are being billed to a private or public health insurer.

HCPCS is a system for identifying items and services. It is not a methodology or system for making coverage or payment determinations, and the existence of a code does not, of itself, determine coverage or non-coverage for an item or service. While these codes are used for billing purposes, decisions regarding the addition, deletion, or revision of HCPCS codes are made independent of the process for making determinations regarding coverage and payment.

Currently, there are national HCPCS codes representing over 4,000 separate categories of like items or services that encompass millions of products from different manufacturers. When submitting claims, suppliers are required to use one of these codes to identify the items they are billing. The descriptor that is assigned to a code represents the definition of the items and services that can be billed using that code.

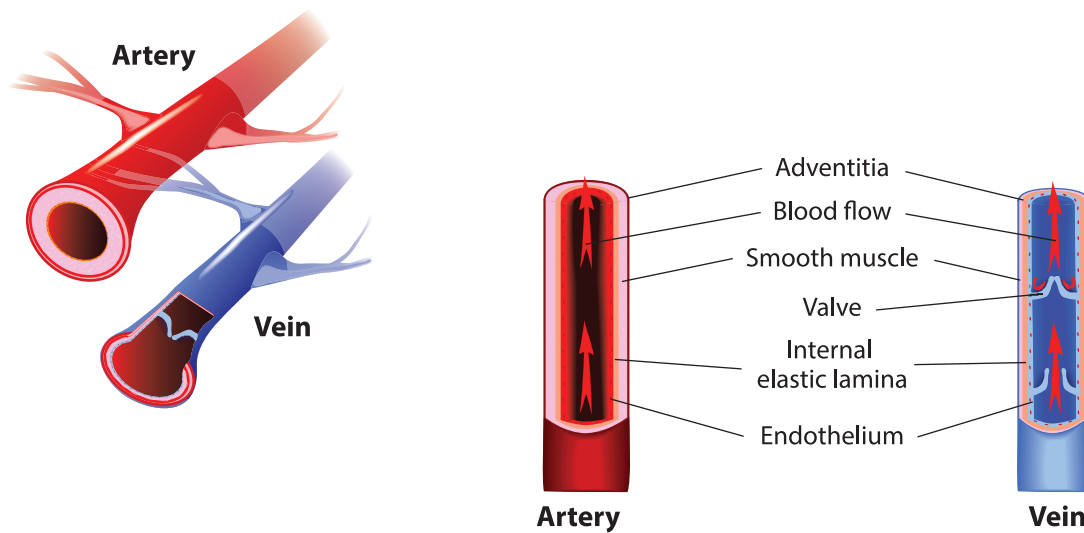
In summary, the HCPCS level II coding system has the following characteristics:

- This system ensures uniform reporting on claims forms of items or services that are medical in nature. Such a standardized coding system is needed by public and private insurance programs to ensure the uniform reporting of services on claims forms by suppliers and for meaningful data collection.
- The descriptors of the codes identify a category of like items or services and typically do not identify specific products or brand/trade names.

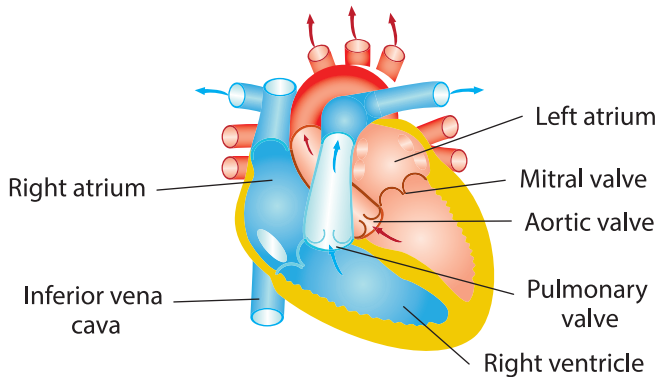
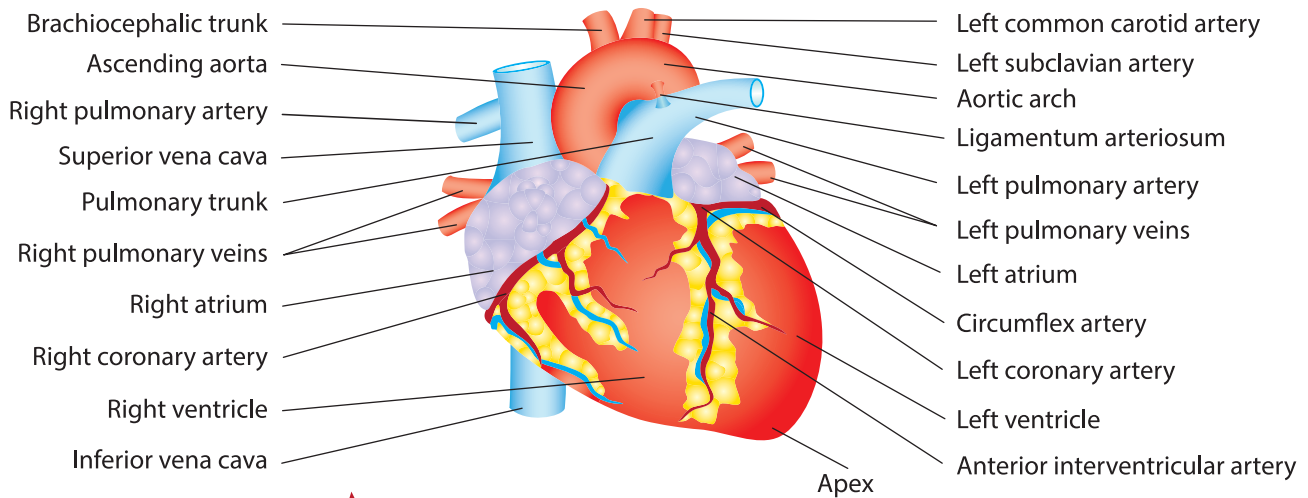
Code	Code Descriptor
G0079	Comprehensive (60 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
G0080	Extensive (75 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
G0081	Brief (20 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
G0082	Limited (30 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
G0083	Moderate (45 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
G0084	Comprehensive (60 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
G0085	Extensive (75 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
G0086	Limited (30 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
G0087	Comprehensive (60 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, non-covered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention, 5-14 minutes

Code	Code Descriptor
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
G9873	First Medicare diabetes prevention program (MDPP) core session was attended by an MDPP beneficiary under the MDPP expanded model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions
G9874	Four total Medicare diabetes prevention program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP expanded model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions
G9875	Nine total Medicare diabetes prevention program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP expanded model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions
G9876	Two Medicare diabetes prevention program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (MO) 7-9 under the MDPP expanded model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9
G9877	Two Medicare diabetes prevention program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (MO) 10-12 under the MDPP expanded model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12

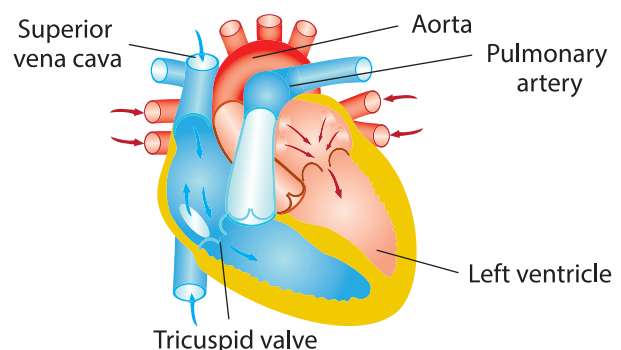
Circulatory System — Artery and Vein Anatomy



Circulatory System — Heart Anatomy and Cardiac Cycle



Diastole Ventricular Relaxation and Filling



Systole Ventricular Contraction and Ejection

External infusion pump
 Alkaline 1.5 volt K0603
 Lithium 1.5 volt A4602
 Silver oxide
 1.5 volt K0601
 3 volt K0602
 3.6 volt K0604
 4.5 volt K0605
 Hearing device V5266
 Lithium
 Electric and/or pneumatic ventricular assist Q0495
 Replacement Q0506
 External infusion pump
 1.5 volt A4602
 3.6 volt K0604
 4.5 volt K0605
 Nonprosthetic use A4601
 Replacement L7367
 Power wheelchair accessory
 Lead acid
 12 to 24 amp hour sealed K0733
 22 NF nonsealed E2360
 22 NF sealed lead E2361
 24 nonsealed E2362
 24 sealed lead E2363
 27 nonsealed E2372
 27 sealed E2371
 34 nonsealed E2358
 34 sealed E2359
 U-1 nonsealed E2364
 U-1 sealed E2365
 Lithium-based E2397
 Replacement
 Auditory osseointegrated device L8624
 Automated external defibrillator K0607
 Blood glucose monitor
 Cochlear implant device L8623, L8624
 Home
 Alkaline, J cell, each A4234
 Lithium, each A4235
 Other than J cell, each A4233
 Silver oxide, each A4236
 Six volt L7360
 TENS A4630
 Twelve volt L7364
 Ventilator, patient owned
 Battery cables A4612
 Battery charger A4613
 Battery, heavy duty A4611

BCG live, intravesical J9031

Becaplermin gel S0157

Beclomethasone inhalation solution J7622

Bed
 Air fluidized E0194
 Cradle, any type E0280
 Hospital
 Fixed height E0250, E0291
 With mattress E0251, E0290
 Heavy-duty capacity, any type
 350 pounds to 600 pounds E0301
 With mattress E0303
 Greater than 600 pounds E0302
 With mattress E0304
 Institutional type E0270
 Pediatric E0328, E0329
 Semi-electric E0261, 295
 With mattress E0260, E0294
 Total electric E0266, E0297
 With mattress E0265, E0296
 Variable height E0256, E0293
 With mattress E0255, E0292

Pan
 Fracture E0276
 Standard E0275
 Rail E0305, E0310
 Full length E0310
 Half length E0305
 Safety enclosure frame/canopy E0316

Bedside
 Drainage bag A4357
 Drainage bottle A5102

Behavioral health services G0177, G0445-G0447, G0473, H0001-H2037, S9480, S9482

Belatacept J0485

Belimumab J0490

Belinostat J9032

Belt
 Extremity E0945
 Ostomy A4367
 Pelvic E0944
 Wheelchair E0978

Bench, bathtub E0245

Bendamustine HCl J9033, J9034

Benesch boot L3212, L3213, L3214

Benralizumab injection J0517 [®]

Benzotropine J0515

Betadine A4246, A4247

Beta-lactam antibiotic treatment G9558, G9559, G9560

Betamethasone acetate and betamethasone sodium phosphate J0702

Betamethasone inhalation solution J7624

Bethanechol chloride J0520

Bevacizumab J9035

Bevacizumab-awwb Q5107 [®]

Bezlotoxumab injection J0565

Bifocal, glass or plastic V2200-V2299

Bilirubin (phototherapy) light E0202

Binder A4465

Bio-ConneKt[®] Q4161

BioDExCel[™] Q4137 [®]

Biofeedback device E0746

Biologic immune response modifier G9506

Biologicals and skin substitutes Q4100-Q4204 [®]

Biperiden lactate J0190

Bitolterol mesylate, inhalation solution
 Concentrated J7628
 Unit dose J7629

Bivalirudin J0583

Bladder injury G9625, G9626, G9627

Blinatumomab J9039

Blinded administration convulsive therapy G2000 [®]

Blinded procedure for lumbar stenosis G0276

Blood
 Fresh frozen plasma P9017
 Glucose monitor E0607, E2100, E2101
 Glucose test A4253
 Granulocytes, pheresis P9050
 Ketone test A4252
 Leak detector, dialysis E1560
 Leukocyte poor P9016
 Leukocytes reduced P9031
 Mucoprotein P2038
 Platelets P9019
 Irradiated P9032
 Leukocytes reduced, irradiated P9033
 Pheresis P9034
 Irradiated P9036
 Leukocytes reduced P9035
 Leukocytes reduced, irradiated P9037
 Pathogen-reduced P9073
 Pathogen(s) test P9100

Leg

Bag A4358, A5105, A5112
 Extensions for walker E0158
 Rest, elevating K0195
 Rest, wheelchair E0990
 Strap, replacement A5113, A5114

Legg Perthes orthosis L1700-L1755

Lens supplies and services

Aniseikonic V2118, V2318
 Contact V2500-V2599
 Eye S0504-S0510, S0516-S0590, S0595, V2100-V2615, V2700-V2799
 Intraocular V2630, V2631, V2632
 Low vision V2600-V2615
 Progressive V2781

Lepirudin J1945

Leucovorin calcium J0640

Leukocyte poor blood, each unit P9016

Leuprolide acetate

1 mg J9218
 3.75 mg J1950
 7.5 mg J9217
 65 mg (implant) J9219

Levalbuterol and albuterol, all formulations J7612, J7613, J7614, J7615

Levalbuterol, all formulations, inhalation solution

Compounded product J7607
 Noncompounded J7612

Levamisole hydrochloride, oral S0177

Levetiracetam J1953

Levocarnitine J1955

Levofloxacin J1956

Levoleucovorin J0641

Levonorgestrel, implants and supplies J7296, J7297, J7298, J7301, J7306

Levorphanol tartrate J1960

Lexidronam A9604

Lidocaine HCl J2001

Lidocaine/tetracaine patch C9285

Lifestyle modification program, cardiac S0340, S0341, S0342

Lift

Patient (includes seat type) E0621-E0642
 Shoe L3300-L3334

Lincomycin HCl J2010

Linezolid J2020

Lipid microspheres Q9950, Q9955, Q9957

Liposomal

Daunorubicin and cytarabine J9153 

Liquid barrier, ostomy A4363

Lithium ion

Battery, rechargeable
 Auditory Osseointegrated device L8624
 Cochlear implant speech processor L8623, L8624
 Nonprosthetic use A4601
 Prosthetic use L7367
 Charger L7368

Lobectomy, living donor S2061

Lodging, recipient, escort nonemergency transport A0180, A0200

Lomustine, oral S0178

Lorazepam J2060

Low osmolar contrast material

100-199 mg/mL Q9965
 200-299 mg/mL Q9966
 300-399 mg/mL Q9967


Loxapine for inhalation J2062 


Lubricant A4332, A4402

Lumbar-sacral orthosis (LSO) L0621-L0640

Lung

Biopsy plug with delivery system C2613
 Cancer screening, low dose CT G0296, G0297
 Volume reduction surgery (LVRS)
 Postdischarge services G0305
 Preoperative services G0302, G0303, G0304

Lutetium lu 177, dotatate A9513 

Luxturna™ J3398 

Lymphedema therapy S8431, S8950

Lymphocyte immune globulin J7504, J7511


M

Magnesium sulphate, injection J3475

Magnetic resonance angiography

Abdomen C8901
 With contrast C8900
 Without contrast followed with contrast C8902
 Chest C8910
 With contrast C8909
 Without contrast followed with contrast C8911
 Lower extremity C8913
 With contrast C8912
 Without contrast followed with contrast C8914
 Pelvis C8919
 With contrast C8918
 Without contrast followed with contrast C8920
 Spinal canal and contents C8932
 With contrast C8931
 Without contrast followed with contrast C8933
 Upper extremity C8935
 With contrast C8934
 Without contrast followed with contrast C8936

Magnetic resonance imaging (MRI), breast

Bilateral
 With contrast C8906
 Without contrast followed by with contrast C8908
 Computer-aided detection C8937 
 Unilateral
 With contrast C8903
 Without contrast followed by with contrast C8905

Maintenance contract, ESRD A4890**Mannitol**

Inhaler J7665
 Injection J2150

MAPCP demonstration project G9151, G9152, G9153

Mask, oxygen A4620

Mastectomy

Bra L8000
 Camisole S8460
 Form L8020
 Prosthesis L8030, L8600
 Sleeve L8010

Masters two step S3904

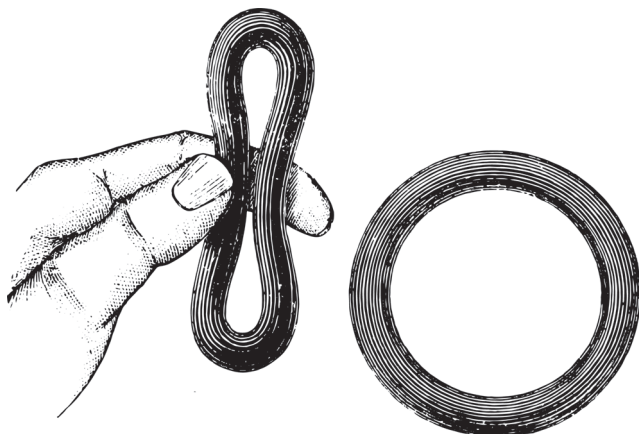
Matrion Q4201 

Mattress

Air pressure E0186
 Pad E0197
 Alternating pressure E0277
 Dry pressure E0184
 Pad E0199
 Gel pressure E0196
 Pad E0185
 Hospital bed E0271, E0272
 Nonpowered, pressure reducing E0373
 Overlay E0371, E0372
 Powered, pressure reducing E0277
 Water pressure E0187

A4557 - A4614

- C A4557** Lead wires, (e.g., apnea monitor), per pair **DME N**
BETOS: D1E Other DME
- C A4558** Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz. **DME N**
BETOS: D1E Other DME
- C A4559** Coupling gel or paste, for use with ultrasound device, per oz. **DME N**
BETOS: D1E Other DME
- C A4561** Pessary, rubber, any type **DME N**
BETOS: D1F Prosthetic/orthotic devices



Pessary

- C A4562** Pessary, non rubber, any type **DME N**
BETOS: D1F Prosthetic/orthotic devices
- **C A4563** Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C A4565** Slings **DME N**
BETOS: D1A Medical/surgical supplies
- I A4566** Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment **E1**
BETOS: Z2 Undefined codes
Service not separately priced by Part B
- I A4570** Splint **E1**
BETOS: D1A Medical/surgical supplies
Reasonable charge
- C A4575** Topical hyperbaric oxygen chamber, disposable **A**
BETOS: D1A Medical/surgical supplies
Service not separately priced by Part B
- I A4580** Cast supplies (e.g., plaster) **E1**
BETOS: D1A Medical/surgical supplies
Service not separately priced by Part B
- I A4590** Special casting material (e.g., fiberglass) **E1**
BETOS: D1A Medical/surgical supplies
Service not separately priced by Part B

Medical and Surgical Supplies (A4206-A8004)

- D A4595** Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES) **DME N**
BETOS: D1E Other DME
- C A4600** Sleeve for intermittent limb compression device, replacement only, each **E1**
BETOS: D1E Other DME
- C A4601** Lithium ion battery, rechargeable, for non-prosthetic use, replacement **E1**
BETOS: D1E Other DME
- C A4602** Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each **DME N**
BETOS: D1E Other DME
DME Modifier: NU
- C A4604** Tubing with integrated heating element for use with positive airway pressure device **DME N**
BETOS: D1E Other DME
DME Modifier: NU
Pub: 100-4, Chapter-36, 50.14
- C A4605** Tracheal suction catheter, closed system, each **DME N**
BETOS: D1E Other DME
DME Modifier: NU
- C A4606** Oxygen probe for use with oximeter device, replacement **N**
BETOS: D1E Other DME
Service not separately priced by Part B
- C A4608** Transtracheal oxygen catheter, each **DME N**
BETOS: D1C Oxygen and supplies
Service not separately priced by Part B

RESPIRATORY SUPPLIES AND EQUIPMENT (A4611-A4629)

- S A4611** Battery, heavy duty; replacement for patient owned ventilator **E1**
BETOS: D1E Other DME
Service not separately priced by Part B
Statute: 1834a3A
- S A4612** Battery cables; replacement for patient-owned ventilator **E1**
BETOS: D1E Other DME
Service not separately priced by Part B
Statute: 1834a3A
- S A4613** Battery charger; replacement for patient-owned ventilator **E1**
BETOS: D1E Other DME
Service not separately priced by Part B
Statute: 1834a3A
- C A4614** Peak expiratory flow rate meter, Hand-held **DME N**
BETOS: Z2 Undefined codes

A6446 - A6509

- C A6446** Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard DME N
BETOS: D1A Medical/surgical supplies
- C A6447** Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard DME N
BETOS: D1A Medical/surgical supplies
- C A6448** Light compression bandage, elastic, knitted/woven, width less than three inches, per yard DME N
BETOS: D1A Medical/surgical supplies
- C A6449** Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard DME N
BETOS: D1A Medical/surgical supplies
- C A6450** Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard DME N
BETOS: D1A Medical/surgical supplies
- C A6451** Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard DME N
BETOS: D1A Medical/surgical supplies

*Elastic ACE compression bandage*

- C A6452** High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard DME N
BETOS: D1A Medical/surgical supplies
- C A6453** Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard DME N
BETOS: D1A Medical/surgical supplies
- C A6454** Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard DME N
BETOS: D1A Medical/surgical supplies

Medical and Surgical Supplies (A4206-A8004)

- C A6455** Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard DME N
BETOS: D1A Medical/surgical supplies
- C A6456** Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard DME N
BETOS: D1A Medical/surgical supplies
- C A6457** Tubular dressing with or without elastic, any width, per linear yard DME N
BETOS: D1A Medical/surgical supplies
- **C A6460** Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
BETOS: D1A Medical/surgical supplies
- **C A6461** Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
BETOS: D1A Medical/surgical supplies

COMPRESSION GARMENTS AND STOCKINGS (A6501-A6550)

- D A6501** Compression burn garment, bodysuit (head to foot), custom fabricated DME N
BETOS: D1A Medical/surgical supplies
- D A6502** Compression burn garment, chin strap, custom fabricated DME N
BETOS: D1A Medical/surgical supplies
- D A6503** Compression burn garment, facial hood, custom fabricated DME N
BETOS: D1A Medical/surgical supplies
- D A6504** Compression burn garment, glove to wrist, custom fabricated DME N
BETOS: D1A Medical/surgical supplies
- D A6505** Compression burn garment, glove to elbow, custom fabricated DME N
BETOS: D1A Medical/surgical supplies
- D A6506** Compression burn garment, glove to axilla, custom fabricated DME N
BETOS: D1A Medical/surgical supplies
- D A6507** Compression burn garment, foot to knee length, custom fabricated DME N
BETOS: D1A Medical/surgical supplies
- D A6508** Compression burn garment, foot to thigh length, custom fabricated DME N
BETOS: D1A Medical/surgical supplies
- D A6509** Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated DME N
BETOS: D1A Medical/surgical supplies

E0486 - E0600

- C E0486** Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment **DME Y**
BETOS: D1E Other DME
DME Modifier: NU,RR,UE
- D E0487** Spirometer, electronic, includes all accessories **N**
BETOS: Z2 Undefined codes
 Service not separately priced by Part B
Coding Clinic: 2008, Q4

INTERMITTENT POSITIVE PRESSURE BREATHING DEVICES (E0500), SEE ALSO BREATHING AIDS (A7000-A7048); OTHER BREATHING AIDS (E0605, E0606); ASSISTED BREATHING SUPPLIES (S8096-S8210)

- D E0500** IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source **DME Y**
BETOS: D1E Other DME
DME Modifier: RR

HUMIDIFIERS AND NEBULIZERS WITH RELATED EQUIPMENT (E0550-E0601)

- D E0550** Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery **DME Y**
BETOS: D1E Other DME
DME Modifier: RR
- D E0555** Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter **Y**
BETOS: D1C Oxygen and supplies
- D E0560** Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery **DME Y**
BETOS: D1E Other DME
DME Modifier: NU,RR,UE
- C E0561** Humidifier, non-heated, used with positive airway pressure device **DME Y**
BETOS: D1E Other DME
DME Modifier: NU,RR,UE
Pub: 100-4, Chapter-36, 50.14
- C E0562** Humidifier, heated, used with positive airway pressure device **DME Y**
BETOS: D1E Other DME
DME Modifier: NU,RR,UE
Pub: 100-4, Chapter-36, 50.14
- C E0565** Compressor, air power source for equipment which is not self-contained or cylinder driven **DME Y**
BETOS: D1E Other DME
DME Modifier: RR
- D E0570** Nebulizer, with compressor **DME Y**
BETOS: D1E Other DME
DME Modifier: RR

Durable Medical Equipment (E0100-E8002)

- C E0572** Aerosol compressor, adjustable pressure, light duty for intermittent use **DME Y**
BETOS: D1E Other DME
DME Modifier: RR
- C E0574** Ultrasonic/electronic aerosol generator with small volume nebulizer **DME Y**
BETOS: D1E Other DME
DME Modifier: RR
- D E0575** Nebulizer, ultrasonic, large volume **DME Y**
BETOS: D1E Other DME
DME Modifier: RR
- D E0580** Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter **DME Y**
BETOS: D1E Other DME
DME Modifier: NU,RR,UE
- D E0585** Nebulizer, with compressor and heater **DME Y**
BETOS: D1E Other DME
DME Modifier: RR



Nebulizer

- D E0600** Respiratory suction pump, home model, portable or stationary, electric **DME Y**
BETOS: D1E Other DME
DME Modifier: RR

- C G9089** Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9090** Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9091** Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9092** Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9093** Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9094** Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9095** Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9096** Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9097** Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9098** Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9099** Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9100** Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project) **M**
BETOS: P7B Oncology - other
 Service not separately priced by Part B
- C G9101** Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project) **M**