

2020

HCPCS

LEVEL II

E X P E R T

The Official CMS Code Set

Service/Supply Codes for Caregivers & Suppliers



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Instructions for Using This Manual

Understand Code Structure to Choose the Most Specific Code

HCPCS codes are made up of five alphanumeric characters, starting with a letter that represents a category of similar codes, followed by four numbers.

The Tabular List arranges codes in alphanumeric order, starting with codes beginning with the letter A.

Code descriptors identify a category of like items or services and typically do not identify specific products or brand/trade names.

Code Services, Supplies, Equipment, and Drugs With Confidence Following This Approach

- The first step in choosing the proper HCPCS code is reading the medical documentation to identify the service, supply, equipment, or drug that the provider documents and confirms.
 - Be sure to check online or hard copy references, such as medical dictionaries and anatomy resources, to look up unfamiliar terms.
- Next, decide which main term you will search in the Index based on the patient's specific case. You can look under the name of the service (magnetic resonance angiography, EMG), supply (dialysis drain bag, filler), equipment (bathtub, cane), or drug (hydrocortisone, ipratropium bromide), the body site involved (hip, knee), or the type of service (laboratory tests, oncology).
- When searching the Table of Drugs and Biologicals, search for the name of the drug, then the unit and route to find the drug code to cross-reference to the Tabular List.
- Once you find the term in the Index, note the recommended code. Start with the main term and review any available subterms. Cross-reference all codes listed, whether it is one code, a series of codes separated by commas, or a code range separated by a hyphen. Pay attention to the Index "see" convention that directs you to look elsewhere to find the code or the "see also" convention that directs you to look in an additional place to find the code.
- Turn to that code in the Tabular List, and read the full code descriptor for correct code assignment.

- Before making your final code decision, review the surrounding codes to be sure there isn't a more appropriate code available. Pay attention to the "see" convention in the Tabular List that directs you to look elsewhere to find the code or the "see also" convention that directs you to look in an additional place to find the code.
- Finally, take a moment to confirm that your code choice complies with the philosophy of ethical coding. Never report a HCPCS code simply because it will support reimbursement from a payer. Report only those codes the documentation supports.

non-drug items. There is not a requirement to submit marketing data for drugs.

4. Your request for a new national code has not been approved because there already is an existing permanent or temporary code that describes your product.
5. Your request for a code has not been approved because your product is not used by health care providers for diagnostic or therapeutic purposes.
6. Your request for a code has not been approved because the code you requested is for capital equipment.
7. Your request for a code has not been approved because your product is an integral part of another service and payment for that service includes payment for your product; therefore, your product may not be billed separately to Medicare.
8. Your request for a revision to the language that describes the current code has not been approved because it does not improve the code descriptor.
9. Your request for a new code has not been approved because your product is not primarily medical in nature (for example, generally not useful in the absence of an illness or injury).
10. Your request for a code has not been approved because your product is used exclusively in the inpatient hospital setting.
11. Your request for a code has not been approved because it is inappropriate for inclusion in the HCPCS Level II code set and request should be submitted independently to another coding authority (e.g. AMA for CPT[®] coding, ADA for CDT[®] coding, etc.)

Decision letters also inform the requestors that they may contact the entity in whose jurisdiction a claim is filed for assistance in answering any coding questions. For Medicare, contact the PDAC. Contractor to CMS, the PDAC is responsible for providing suppliers and manufacturers with assistance in determining which HCPCS code should be used to describe DMEPOS items for the purpose of billing Medicare. The PDAC has a toll free helpline for this purpose, (877) 735-1326, which is operational during the hours of 9 AM to 4 PM (EST). For Medicaid, contact the state Medicaid agency. For private insurance, contact the individual insurer. A requestor who is dissatisfied with the final decision may submit a new request asking the CMS HCPCS Workgroup to reconsider and re-evaluate the code request. At that time, the requestor should include new information or additional explanations to support the request.

Reconsideration Process

CMS management is considering pilot-testing, a process by which denied applicants would be allowed an opportunity to have their application reconsidered during the same coding cycle. The basis for denial will be clearly delineated in a notice to the applicant and provided in a timely fashion.

D. HCPCS Updates

Permanent National Codes

The national codes are updated annually, according to the following schedule:

1. Coding requests have to be received by January 3 of the current year to be considered for the next January 1 update of the subsequent year. This means that completed requests must be received by no later than January 3 of the current year to be considered for inclusion in the January update of the following year unless January 3 falls on a weekend; then the due date is extended to the following Monday.
2. Computer tapes and instructions, that include an updated list of codes and identify which codes have been changed or deleted, are updated and sent to our contractors and Medicaid State agencies at least 60 days in advance of the January 1 implementation date for the annual update. In addition, the CMS HCPCS Workgroup’s final decisions on all public requests for changes to the HCPCS coding system will be published on the official HCPCS web site at www.cms.gov/medhcpcsgeninfo in November of each year.

Temporary Codes

Temporary codes can be added, changed, or deleted on a quarterly basis. Once established, temporary codes are usually implemented within 90 days, the time needed to prepare and issue implementation instructions and to enter the new code into CMS’s and the contractors’ computer systems and initiate user education. This time is needed to allow for instructions such as bulletins and newsletters to be sent out to suppliers to provide them with information and assistance regarding the implementation of temporary CMS codes.

HCPCS/Medicare Website

Our website, <http://www.cms.gov/medhcpcsgeninfo> lists all of the current HCPCS codes, an alphabetical index of HCPCS codes by type of service or product, and an alphabetical table of drugs for which there are level II codes. The HCPCS Public Meeting Agendas (separated by product category) published on this website list applications submitted in the current coding cycle. Interested parties can submit comments regarding the agenda items to the CMS HCPCS Workgroup by sending an e-mail to CMS through this website. These comments are included as part of the Workgroup’s review as it considers the coding requests.

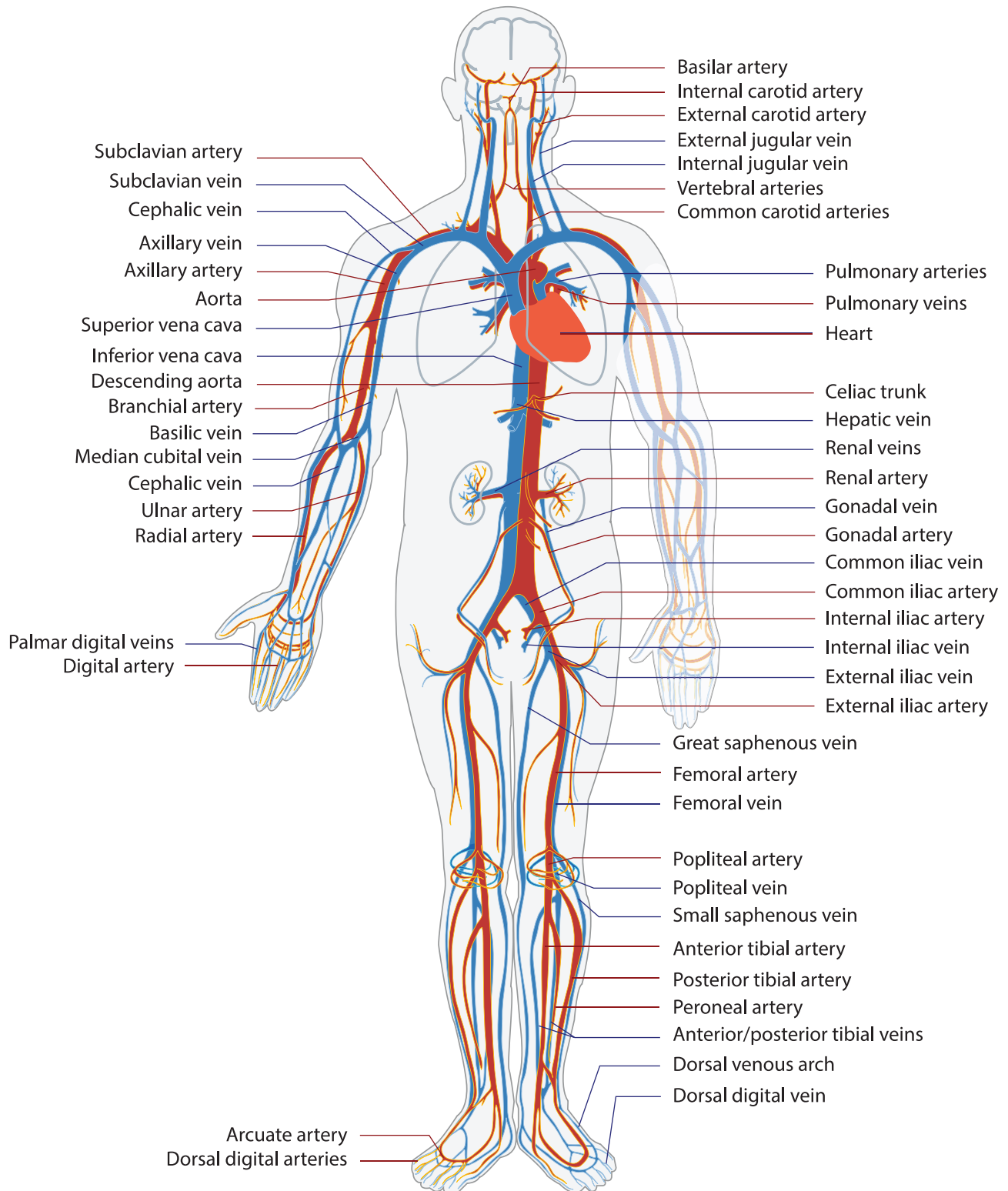
The newly established temporary codes and effective dates for their use are also posted on the HCPCS website at <http://www.cms.gov/medhcpcsgeninfo>. This website enables us to quickly disseminate information on coding requests and decisions.

Code Assignment Following Medicare National Coverage Determination

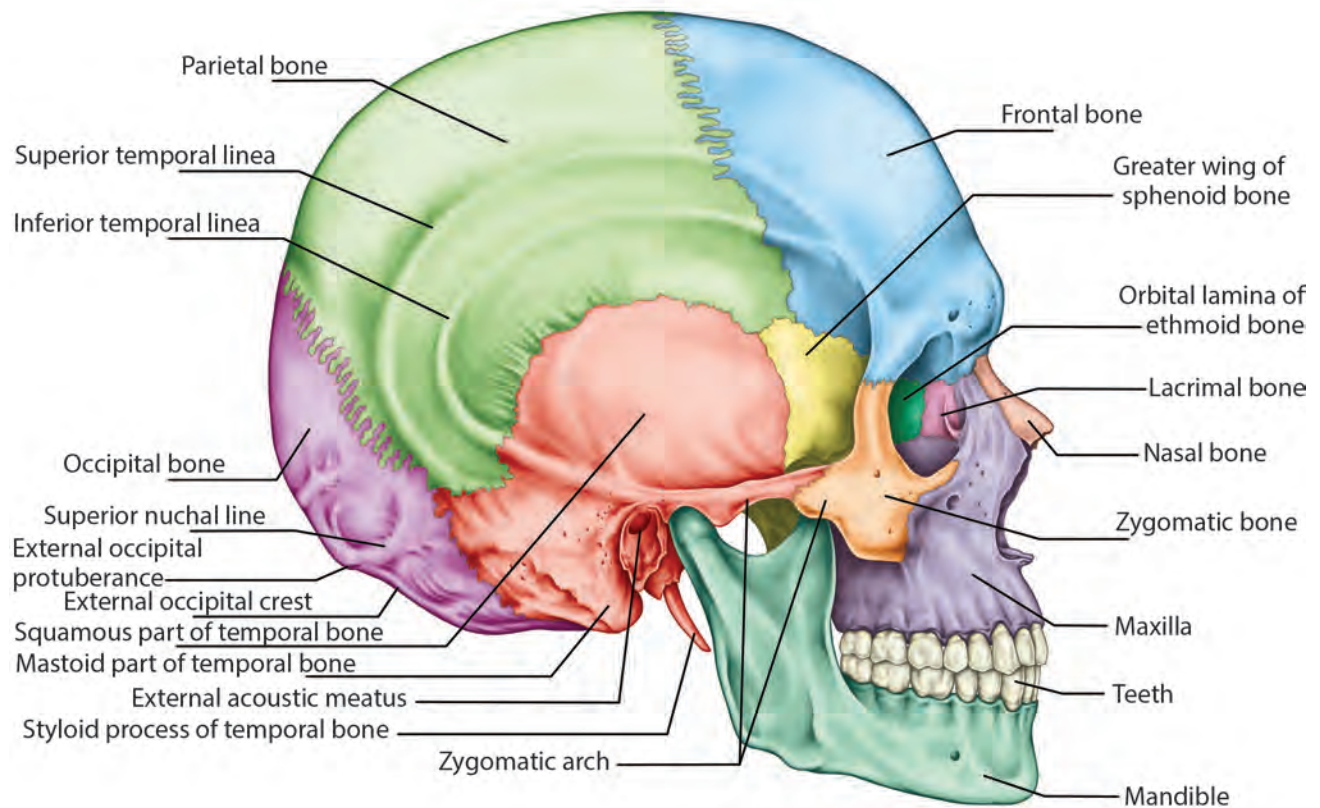
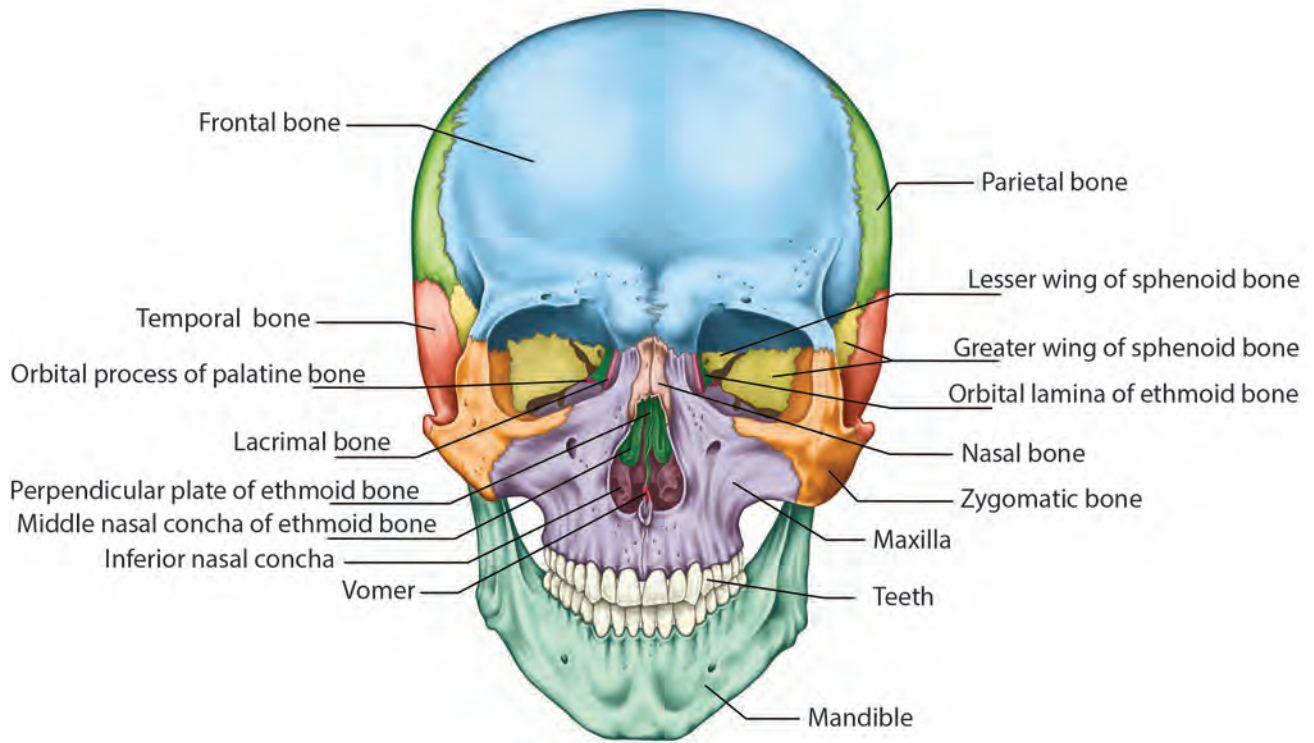
Pursuant to Sec. 1862 (l) (3) (C) (iv) of the Social Security Act (added by Section 731 (a) of the Medicare Modernization Act), the Centers for Medicare and Medicaid Services (CMS), has developed a process by which the CMS HCPCS Workgroup will identify an appropriate existing code category and/or establish a new code category to describe the item that is the subject of a National Coverage Determination (NCD). If the item is considered Durable Medical Equipment, Prosthetic, Orthotic or Supply (DMEPOS), the CMS will defer to the Pricing, Data Analysis and Coding (PDAC) to determine

Anatomical Illustrations

Circulatory System — Arteries and Veins



Skeletal System — Skull



- D A4364** Adhesive, liquid or equal, any type, per oz. DME N
BETOS: D1F Prosthetic/orthotic devices
- C A4366** Ostomy vent, any type, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4367** Ostomy belt, each DME N
BETOS: D1F Prosthetic/orthotic devices
- C A4368** Ostomy filter, any type, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4369** Ostomy skin barrier, liquid (spray, brush, etc.), per oz. DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4371** Ostomy skin barrier, powder, per oz. DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4372** Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4373** Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4375** Ostomy pouch, drainable, with faceplate attached, plastic, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4376** Ostomy pouch, drainable, with faceplate attached, rubber, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4377** Ostomy pouch, drainable, for use on faceplate, plastic, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4378** Ostomy pouch, drainable, for use on faceplate, rubber, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4379** Ostomy pouch, urinary, with faceplate attached, plastic, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4380** Ostomy pouch, urinary, with faceplate attached, rubber, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4381** Ostomy pouch, urinary, for use on faceplate, plastic, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4382** Ostomy pouch, urinary, for use on faceplate, heavy plastic, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4383** Ostomy pouch, urinary, for use on faceplate, rubber, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4384** Ostomy faceplate equivalent, silicone ring, each DME N
BETOS: D1F Prosthetic/orthotic devices

- D A4385** Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4387** Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4388** Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4389** Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4390** Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4391** Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4392** Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4393** Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each DME N
BETOS: D1F Prosthetic/orthotic devices



Ostomy pouch

- D A4394** Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4395** Ostomy deodorant for use in ostomy pouch, solid, per tablet DME N
BETOS: D1F Prosthetic/orthotic devices
- D A4396** Ostomy belt with peristomal hernia support DME N
BETOS: D1F Prosthetic/orthotic devices

♂ Male only
 ♀ Female only
 A Age
 A2 - Z3 = ASC Payment indicator
 A - Y = APC Status indicator
ASC = ASC Approved Procedure
DME Paid under the DME fee schedule
MIPS MIPS

- D** **A4397** Irrigation supply; sleeve, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4398** Ostomy irrigation supply; bag, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4399** Ostomy irrigation supply; cone/catheter, with or without brush **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4400** Ostomy irrigation set **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4402** Lubricant, per ounce **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4404** Ostomy ring, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4405** Ostomy skin barrier, non-pectin based, paste, per ounce **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4406** Ostomy skin barrier, pectin-based, paste, per ounce **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4407** Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4408** Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4409** Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4410** Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4411** Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4412** Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4413** Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4414** Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4415** Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4416** Ostomy pouch, closed, with barrier attached, with filter (1 piece), each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4417** Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4418** Ostomy pouch, closed; without barrier attached, with filter (1 piece), each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4419** Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4420** Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4421** Ostomy supply; miscellaneous **N**
BETOS: D1F Prosthetic/orthotic devices
- D** **A4422** Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4423** Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4424** Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4425** Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4426** Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4427** Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4428** Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each **DME N**
BETOS: D1F Prosthetic/orthotic devices
- C** **A4429** Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each **DME N**
BETOS: D1F Prosthetic/orthotic devices

● New code ▲ Revised code **C** Carrier judgment **D** Special coverage instructions apply

I Not payable by Medicare **M** Non-covered by Medicare **S** Non-covered by Medicare statute **AHA Coding Clinic®**

OUTPATIENT PPS (C1713-C9899)

ASSORTED DEVICES AND SUPPLIES (C1713-C1715)

- D C1713** Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) N1 ASC N
BETOS: D1A Medical/surgical supplies
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2010, Q1; 2016, Q3; 2018, Q1; 2018, Q2
- D C1714** Catheter, transluminal atherectomy, directional N1 ASC N
BETOS: D1A Medical/surgical supplies
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2003, Q4; 2004, Q4; 2016, Q3
- D C1715** Brachytherapy needle N1 ASC N
BETOS: D1A Medical/surgical supplies
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2016, Q3

BRACHYTHERAPY SOURCES (C1716-C1719), SEE ALSO BRACHYTHERAPY SOURCES (C2616), (C2634-C2699)

- D C1716** Brachytherapy source, non-stranded, gold-198, per source H2 ASC U
BETOS: I4B Imaging/procedure - other
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2004, Q2; 2004, Q4; 2007, Q2; 2016, Q3
- D C1717** Brachytherapy source, non-stranded, high dose rate iridium-192, per source H2 ASC U
BETOS: I4B Imaging/procedure - other
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2004, Q2; 2004, Q4; 2007, Q2; 2016, Q3
- D C1719** Brachytherapy source, non-stranded, non-high dose rate iridium-192, per source H2 ASC U
BETOS: I4B Imaging/procedure - other
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2004, Q2; 2004, Q4; 2007, Q2; 2016, Q3

CARDIOVERTER-DEFIBRILLATORS (C1721-C1722)

- D C1721** Cardioverter-defibrillator, dual chamber (implantable) N1 ASC N
BETOS: D1A Medical/surgical supplies
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2004, Q4; 2006, Q4; 2016, Q3
- D C1722** Cardioverter-defibrillator, single chamber (implantable) N1 ASC N
BETOS: D1A Medical/surgical supplies
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2004, Q4; 2006, Q2; 2006, Q4; 2016, Q3; 2017, Q2

CATHETERS FOR MULTIPLE APPLICATIONS (C1724-C1759)

- D C1724** Catheter, transluminal atherectomy, rotational N1 ASC N
BETOS: D1A Medical/surgical supplies
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2003, Q4; 2004, Q4; 2016, Q3
- D C1725** Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability) N1 ASC N
BETOS: D1A Medical/surgical supplies
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2003, Q4; 2004, Q4; 2016, Q3
- D C1726** Catheter, balloon dilatation, non-vascular N1 ASC N
BETOS: D1A Medical/surgical supplies
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2016, Q3



Balloon angioplasty

- D C1727** Catheter, balloon tissue dissector, non-vascular (insertable) N1 ASC N
BETOS: D1A Medical/surgical supplies
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2016, Q3
- D C1728** Catheter, brachytherapy seed administration N1 ASC N
BETOS: D1A Medical/surgical supplies
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2016, Q3
- D C1729** Catheter, drainage N1 ASC N
BETOS: D1A Medical/surgical supplies
Statute: 1833(T)
Coding Clinic: 2001, Q1; 2002, Q3; 2016, Q3

♂ Male only	♀ Female only	A Age	A2 - Z3 = ASC Payment Indicator	A - Y = APC Status Indicator
ASC = ASC Approved Procedure		DME Paid under the DME fee schedule	MIPS MIPS code	

- C** **L0492** Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment **DME A**
BETOS: D1F Prosthetic/orthotic devices

SACRAL ORTHOTICS (L0621-L0624)

- C** **L0621** Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf **DME A**
BETOS: D1F Prosthetic/orthotic devices
- C** **L0622** Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated **DME A**
BETOS: D1F Prosthetic/orthotic devices
- C** **L0623** Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf **DME A**
BETOS: D1F Prosthetic/orthotic devices
- C** **L0624** Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated **DME A**
BETOS: D1F Prosthetic/orthotic devices

LUMBAR ORTHOTICS (L0625-L0627), SEE ALSO LUMBAR ORTHOTICS SAGITTAL CONTROL (L0641, L0642)

- C** **L0625** Lumbar orthosis (LO), flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf **DME A**
BETOS: D1F Prosthetic/orthotic devices



Thoracic-lumbar-sacral orthosis

- C** **L0626** Lumbar orthosis (LO), sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise **DME A**
BETOS: D1F Prosthetic/orthotic devices
- C** **L0627** Lumbar orthosis (LO), sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise **DME A**
BETOS: D1F Prosthetic/orthotic devices

● New code

▲ Revised code

■ Carrier judgment

■ Special coverage instructions apply

■ Not payable by Medicare

■ Non-covered by Medicare

■ Non-covered by Medicare statute

AHA Coding Clinic®

HEARING SERVICES (V5008-V5364)

HEARING ASSESSMENTS AND EVALUATIONS (V5008-V5020)

- M** V5008 Hearing screening E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
- S** V5010 Assessment for hearing aid E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5011 Fitting/orientation/checking of hearing aid E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5014 Repair/modification of a hearing aid E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5020 Conformity evaluation E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7

HEARING AID, MONAURAL (V5030-V5060)

- S** V5030 Hearing aid, monaural, body worn, air conduction E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5040 Hearing aid, monaural, body worn, bone conduction E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5050 Hearing aid, monaural, in the ear E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5060 Hearing aid, monaural, behind the ear E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7

MISCELLANEOUS HEARING SERVICES AND SUPPLIES (V5070-V5110)

- S** V5070 Glasses, air conduction E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5080 Glasses, bone conduction E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7

- S** V5090 Dispensing fee, unspecified hearing aid E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5095 Semi-implantable middle ear hearing prosthesis E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5100 Hearing aid, bilateral, body worn E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5110 Dispensing fee, bilateral E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7

HEARING AIDS (V5120-V5267)

- S** V5120 Binaural, body E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5130 Binaural, in the ear E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5140 Binaural, behind the ear E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5150 Binaural, glasses E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- S** V5160 Dispensing fee, binaural E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- **S** V5171 Hearing aid, contralateral routing device, monaural, in the ear (ITE) E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- **S** V5172 Hearing aid, contralateral routing device, monaural, in the canal (ITC) E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7
- **S** V5181 Hearing aid, contralateral routing device, monaural, behind the ear (BTE) E1
BETOS: O1F Hearing and speech services
Service not separately priced by Part B
Statute: 1862A7

- S** **V5270** Assistive listening device, television amplifier, any type E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862A7
Coding Clinic: 2002, Q1
- S** **V5271** Assistive listening device, television caption decoder E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862A7
Coding Clinic: 2002, Q1
- S** **V5272** Assistive listening device, TDD E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862A7
Coding Clinic: 2002, Q1
- S** **V5273** Assistive listening device, for use with cochlear implant E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862A7
Coding Clinic: 2002, Q1
- S** **V5274** Assistive listening device, not otherwise specified E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862A7
Coding Clinic: 2002, Q1
- S** **V5275** Ear impression, each E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862A7
Coding Clinic: 2002, Q1
- S** **V5281** Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862a7
- S** **V5282** Assistive listening device, personal FM/DM system, binaural, (2 receivers, transmitter, microphone), any type E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862a7
- S** **V5283** Assistive listening device, personal FM/DM neck, loop induction receiver E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862a7
- S** **V5284** Assistive listening device, personal FM/DM, ear level receiver E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862a7

- S** **V5285** Assistive listening device, personal FM/DM, direct audio input receiver E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862a7
- S** **V5286** Assistive listening device, personal blue tooth FM/DM receiver E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862a7
- S** **V5287** Assistive listening device, personal FM/DM receiver, not otherwise specified E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862a7
- S** **V5288** Assistive listening device, personal FM/DM transmitter assistive listening device E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862a7
- S** **V5289** Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862a7
- S** **V5290** Assistive listening device, transmitter microphone, any type E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862a7

OTHER AND MISCELLANEOUS HEARING SERVICES AND SUPPLIES (V5298, V5299)

- S** **V5298** Hearing aid, not otherwise classified E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862A7
- D** **V5299** Hearing service, miscellaneous B
BETOS: O1F Hearing and speech services
 Price established by carriers

SPEECH-RELATED SCREENINGS AND COMMUNICATION DEVICE REPAIR (V5336-V5364)

- S** **V5336** Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid) E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862A7
- S** **V5362** Speech screening E1
BETOS: O1F Hearing and speech services
 Service not separately priced by Part B
 Statute: 1862(a)(7)

● New code
 ▲ Revised code
 C Carrier judgment
 D Special coverage instructions apply
I Not payable by Medicare
M Non-covered by Medicare
S Non-covered by Medicare statute
AHA Coding Clinic®

Appendix A: Table of Drugs and Biologicals

Generic and brand-name drugs found throughout the Table of Drugs are from the latest CMS updates and have also been validated for accuracy. Please check the CMS website and the FDA website for the most up-to-date information on coverage and validity of drugs.

Caution: Never code directly from the Table of Drugs and Biologicals. Always cross-reference the code to the Tabular List before final code assignment.

Questions regarding coding and billing guidance should be submitted to the insurer in whose jurisdiction a claim would be filed. For private sector health insurance systems, please contact the individual private insurance entity. For Medicaid systems, please contact the Medicaid Agency in the state in which the claim is being filed. For Medicare, contact the Medicare contractor.

IA - Intra-arterial administration
IV - Intravenous administration
IM - Intramuscular administration

IT - Intrathecal
SC - Subcutaneous administration
INH - Administration by inhaled solution

VAR - Various routes of administration
OTH - Other routes of administration
ORAL - Administered orally

Intravenous administration includes all methods, such as gravity infusion, injections, and timed pushes into blood vessels, usually veins. IM refers to injections into muscles; IT to injections into the spinal column; and SC injections into tissues (not muscle) under the skin. 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' indicate other administration methods, such as intraocular injections, suppositories or catheter injections.

DRUG NAME	UNIT PER	ROUTE	CODE
A.P.L.®, <i>SEE</i> CHORIONIC GONADOTROPIN	-	-	-
ABATACEPT	10 mg	IV	J0129
ABBOKINASE®, <i>SEE</i> UROKINASE	-	-	-
ABCIXIMAB	10 mg	IV	J0130
ABELCET®	10 mg	IV	J0287
ABILIFY MAINTENA®	1 mg	IM	J0401
ABLC, <i>SEE</i> AMPHOTERICIN B	-	-	-
ABOBOTULINUM TYPE A	5 IU	IM	J0586
ACCUNEB®	1 mg	INH	J7611
ACCUNEB®	1 mg	INH	J7613
ACETADOTE®	100 mg	IV	J0132
ACETAMINOPHEN	10 mg	IV	J0131
ACETAZOLAMIDE SODIUM	up to 500 mg	IM, IV	J1120
ACETYLCYSTEINE, INJECTION	100 mg	IV	J0132
ACETYLCYSTEINE, UNIT DOSE FORM	gram	INH	J7604, J7608
ACHROMYCIN®, <i>SEE</i> TETRACYCLINE	-	-	-
ACLASTA®	1 mg	IV	J3489
ACTEMRA®	1 mg	IV	J3262
ACTHAR GEL®	up to 40 IU	IV, IM, SC	J0800
ACTHREL®	1 mcg	IM	J0795
ACTIMMUNE®	3 million IU	SC	J9216
ACTIVASE®	1 mg	IV	J2997
ACYCLOVIR	5 mg	VAR, IV	J0133
ADAGEN®	25 IU	IM	J2504
ADALIMUMAB	20 mg	SC	J0135
ADCETRIS®	1 mg	IV	J9042
ADENOCARD®	1 mg	IV	J0153
ADENOSCAN®	1 mg	IV	J0153
ADENOSINE	1 mg	IV	J0153
ADO-TRASTUZUMAB EMTANSINE	1 mg	IV	J9354
ADRENACLICK TWO-PACK®	0.1 mg	SC, IM	J0171
ADRENALIN CHLORIDE®, <i>SEE</i> ADRENALIN, EPINEPHRINE	-	-	-
ADRENALIN, EPINEPHRINE	0.1 mg	SC, IM	J0171

DRUG NAME	UNIT PER	ROUTE	CODE
ADRENALIN®	0.1 mg	SC, IM	J0171
ADRIAMYCIN PFS®	10 mg	IV	J9000
ADRIAMYCIN PFS®, <i>SEE</i> DOXORUBICIN HCL	-	-	-
ADRIAMYCIN RDF®	10 mg	IV	J9000
ADRIAMYCIN RDF®, <i>SEE</i> DOXORUBICIN HCL	-	-	-
ADRIAMYCIN®	10 mg	IV	J9000
ADVATE®	IU	IV	J7185
ADVATE®	IU	IV	J7192
ADYNOVATE®	1 IU	IV	J7207
AFLIBERCEPT	1 mg	OTH	J0178
AGALSIDASE BETA	1 mg	IV	J0180
AGGRSTAT®	0.25 mg	IM, IV	J3246
AGGRSTAT®, <i>SEE</i> TIROFIBAN HYDROCHLORIDE	-	-	-
A-HYDROCORT®, <i>SEE</i> HYDROCORTISONE SODIUM PHOSPHATE	-	-	-
AKINETON®, <i>SEE</i> BIPERIDEN LACTATE	-	-	-
AKYNZEO®	300 mg and 0.5 mg	ORAL	J8655
ALATROFLOXACIN MESYLATE, INJECTION	100 mg	IV	J0200
ALBUTEROL	0.5 mg	INH	J7620
ALBUTEROL, CONCENTRATED FORM	1 mg	INH	J7610, J7611
ALBUTEROL, UNIT DOSE FORM	1 mg	INH	J7609, J7613
ALDESLEUKIN	single use vial	IM, IV	J9015
ALDURAZYME®	0.1 mg	IV	J1931
ALEFACEPT	0.5 mg	IM, IV	J0215
ALFERON N®	250,000 IU	OTH	J9215
ALFERON N®, <i>SEE</i> INTERFERON ALFA-N3 (HUMAN LEUKOVYTE DERIVED)	-	-	-
ALGLUCERASE	10 IU	IV	J0205

Mod	Modifier Description, Definition, Explanation, and Tips
KE	<p>Bid under round one of the DMEPOS competitive bidding program for use with non-competitive bid base equipment</p> <p>Summary: Append modifier KE to codes for competitively bid wheelchair accessory claims when the accessory will be used with a noncompetitive bid wheelchair.</p> <p>Explanation: Append this modifier to codes for accessory items to be used with a noncompetitive bid base item. The modifier indicates an accessory code that can be billed with either competitive or noncompetitive base items when the accessory is to be used with a noncompetitive bid item.</p> <p>The competitive bidding program sets payment amounts for certain durable medical equipment, prosthetics, orthotics, and supplies, or DMEPOS to reduce beneficiary copays and save Medicare money while ensuring beneficiary access to quality items and services.</p> <p>Tips: The KE modifier is a pricing modifier that suppliers must use to identify when the same accessory HCPCS code can be furnished in multiple competitive and noncompetitive bidding product categories.</p> <p>For competitively bid accessories used with competitively bid base equipment supplied to beneficiaries living in competitive bid areas, the supplier should submit modifier KG, DMEPOS item subject to DMEPOS competitive bidding program number one, or KK, DMEPOS item subject to DMEPOS competitive bidding program number two, as appropriate.</p>
KF	<p>Item designated by FDA as class III device</p> <p>Summary: Append modifier KF to a code for a device that the Food and Drug Administration, or FDA, has designated as a class III device.</p> <p>Explanation: Append this modifier for durable medical equipment designated as a class III device by the FDA. This pricing modifier identifies class III devices on the durable medical equipment, prosthetics, orthotics, and supplies, or DMEPOS, fee schedule.</p> <p>Append modifier KF with claims for investigational FDA designated class III devices, such as intraspinal catheter with infusion pump, electrodes of an external defibrillator, stair climbing power wheelchairs, and other devices.</p> <p>Class III devices are investigational devices still in clinical trials. The FDA designates as Class III those devices which cannot be classified into class I, i.e., those subject only to general controls, such as good manufacturing practice regulations, or class II, i.e., those which require additional performance review or postmarket surveillance to assure safety and effectiveness, because insufficient information exists to determine safety and effectiveness. These devices require FDA premarket approval to be released in the market.</p> <p>The FDA designates class III devices as category A for which initial questions of safety and effectiveness have not been resolved and the FDA is unsure whether the device type is safe and effective or category B which the FDA believes to be class I or II type devices for which underlying questions of safety and effectiveness have been resolved or safety and effectiveness have been demonstrated because other manufacturers have obtained FDA approval for that device type. Medicare does not pay for category A devices.</p> <p>The provider participating in the clinical trial must furnish all necessary information concerning the device, the clinical trial, and participating Medicare beneficiaries that the contractor deems necessary for a coverage determination and claims processing. Medicare contractors make the coverage determinations on all FDA approved category B devices by applying Medicare's longstanding criteria and procedures for making coverage decisions. Coverage decisions should be made for FDA approved investigational device exemptions, or IDEs, as they currently are made for FDA approved devices.</p>
KG	<p>DMEPOS item subject to DMEPOS competitive bidding program number 1</p> <p>Summary: Append modifier KG to a code for a claim for durable medical equipment, prosthetics, orthotics, and supplies, or DMEPOS, which the supplier provides in a multiple competitive bidding product category for a standard product category.</p> <p>Explanation: Append this modifier when the supplier delivers the same DMEPOS item in multiple competitive bidding product categories for a standard product category.</p> <p>The competitive bidding program sets payment amounts for certain durable medical equipment, prosthetics, orthotics, and supplies, or DMEPOS to reduce beneficiary copays and save Medicare money while ensuring beneficiary access to quality items and services.</p> <p>Tips: Failure to report this modifier may result in claim denial, Medicare overpayments, and other penalties that may lead to termination of the contract.</p> <p>The KG and KK modifiers are used in the round one rebid of the competitive bidding program as pricing modifiers and the KU and KW modifiers are reserved for future program use. The modifier KY indicates a claim for a beneficiary who resides in a competitive bidding area and purchases accessories and supplies for use with durable medical equipment. The competitive bidding program includes nine DMEPOS product categories; the number in the descriptor is the round number and indicates an expansion of the program to designated geographical boundaries. These modifiers are described as follows:</p> <p>KG: DMEPOS item subject to DMEPOS competitive bidding program number one.</p> <p>KK: DMEPOS item subject to DMEPOS competitive bidding program number two.</p> <p>KU: DMEPOS item subject to DMEPOS competitive bidding program number three.</p> <p>KW: DMEPOS item subject to DMEPOS competitive bidding program number four.</p> <p>KY: DMEPOS item subject to DMEPOS competitive bidding program number five.</p>

Appendix C: List of Abbreviations

Abbreviation	Description
/	or
<	less than
<=	less than equal to
>	greater than
>=	greater than equal to
AAA	abdominal aortic aneurysm
AC	alternating current
ACE	Angiotensin converting enzyme
AFO	ankle-foot orthosis
AICC	anti-inhibitor coagulant complex
AK	above the knee
AKA	above knee amputation
ALS	advanced life support
AMP	ampule
ARB	Angiotensin receptor blocker
ART	arterial
ASC	ambulatory surgery center
ATT	attached
A-V	arteriovenous
AVF	arteriovenous fistula
BICROS	bilateral routing of signals
BK	below the knee
BLS	basic life support
BMI	body mass index
BP	blood pressure
BTE	behind the ear (hearing aid)
CAD	coronary artery disease
CAPD	continuous ambulatory peritoneal dialysis
Carb	carbohydrate
CBC	complete blood count
cc	cubic centimeter
CCPD	continuous cycling peritoneal analysis
CGH	comparative genomic hybridization
CHF	congestive heart failure
CIC	completely in the canal (hearing aid)
CIM	Coverage Issue Manual
Cisd	closed
cm	centimeter
CMN	certificate of medical necessity
CMS	Centers for Medicare and Medicaid Services
CMV	Cytomegalovirus
Conc	concentrate
Conc	concentrated

Abbreviation	Description
Cont	continuous
CP	clinical psychologist
CPAP	continuous positive airway pressure
CPT®	Current Procedural Terminology
CRF	chronic renal failure
CRNA	certified registered nurse anesthetist
CROS	contralateral routing of signals
CSW	clinical social worker
CT	computed tomography
CTLSO	cervical-thoracic-lumbar-sacral orthosis
cu	cubic centimeter
DC	direct current
DI	diurnal rhythm
DLI	donor leukocyte infusion
DME	durable medical equipment
DME MAC	durable medical equipment Medicare administrative contractor
DMEPOS	durable medical equipment; prosthetic, orthotics, and other supplies
DMERC	durable medical equipment regional carrier
DR	diagnostic radiology
Dx	diagnosis
DX	diagnostic
DXA	dual-energy x-ray absorptiometry
e.g.	for example
Ea	each
ECF	extended care facility
EEG	electroencephalogram
EKG	electrocardiogram
EMG	electromyography
EO	elbow orthosis
EP	electrophysiologic
EPO	epoetin alfa
EPSDT	early periodic screening, diagnosis and treatment
ESRD	end-stage renal disease
Ex	extended
EXPER	experimental
Ext	external
F	french
FDA	Food and Drug Administration
FDG-PET	positron emission with tomography with 18 fluorodeoxyglucose

Code	Place of Service	Place of Service Description
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	On Campus-Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room-Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
41	Ambulance-Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance-Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.

100-4, Chapter-23, 60.3

Gap-filling DMEPOS Fees

The DME MACs and Part B MACs must gap-fill the DMEPOS fee schedule for items for which charge data were unavailable during the fee schedule data base year using the fee schedule amounts for comparable equipment, using properly calculated fee schedule amounts from a neighboring DME MAC or Part B MAC area, or using supplier price lists

with prices in effect during the fee schedule data base year. Data base “year” refers to the time period mandated by the statute and/or regulations from which Medicare allowed charge data is to be extracted in order to compute the fee schedule amounts for the various DMEPOS payment categories. For example, the fee schedule base year for inexpensive or routinely purchased durable medical equipment is the 12 month period ending June 30, 1987. Supplier price lists include catalogues and other retail price lists (such as internet retail prices) that provide information on commercial pricing for the item. Potential appropriate sources for such commercial pricing information can also include verifiable information from supplier invoices and non-Medicare payer data (e.g., fee schedule amounts comprised of the median of the commercial pricing information adjusted as described below). Mail order catalogs are particularly suitable sources of price information for items such as urological and ostomy supplies which require constant replacement. DME MACs will gap-fill based on current instructions released each year for implementing and updating the new year’s payment amounts.

If the only available price information is from a period other than the base period, apply the deflation factors that are included in the current year implementation instructions against current pricing in order to approximate the base year price for gap-filling purposes.

The deflation factors for gap-filling purposes are:

Year*	OX	CR	PO	SD	PE	SC	IL
1987	0.965	0.971	0.974	n/a	n/a	n/a	n/a
1988	0.928	0.934	0.936	n/a	n/a	n/a	n/a
1989	0.882	0.888	0.890	n/a	n/a	n/a	n/a
1990	0.843	0.848	0.851	n/a	n/a	n/a	n/a
1991	0.805	0.810	0.813	n/a	n/a	n/a	n/a
1992	0.781	0.786	0.788	n/a	n/a	n/a	n/a
1993	0.758	0.763	0.765	0.971	n/a	n/a	n/a
1994	0.740	0.745	0.747	0.947	n/a	n/a	n/a
1995	0.718	0.723	0.725	0.919	n/a	n/a	n/a
1996	0.699	0.703	0.705	0.895	0.973	n/a	n/a
1997	0.683	0.687	0.689	0.875	0.951	n/a	n/a
1998	0.672	0.676	0.678	0.860	0.936	n/a	n/a
1999	0.659	0.663	0.665	0.844	0.918	n/a	n/a
2000	0.635	0.639	0.641	0.813	0.885	n/a	n/a
2001	0.615	0.619	0.621	0.788	0.857	n/a	n/a
2002	0.609	0.613	0.614	0.779	0.848	n/a	n/a
2003	0.596	0.600	0.602	0.763	0.830	n/a	n/a
2004	0.577	0.581	0.582	0.739	0.804	n/a	n/a
2005	0.563	0.567	0.568	0.721	0.784	n/a	n/a
2006	0.540	0.543	0.545	0.691	0.752	n/a	n/a
2007	0.525	0.529	0.530	0.673	0.732	n/a	n/a

Year*	OX	CR	PO	SD	PE	SC	IL
2008	0.500	0.504	0.505	0.641	0.697	n/a	n/a
2009	0.508	0.511	0.512	0.650	0.707	n/a	n/a
2010	0.502	0.506	0.507	0.643	0.700	n/a	n/a
2011	0.485	0.488	0.490	0.621	0.676	n/a	n/a
2012	0.477	0.480	0.482	0.611	0.665	n/a	n/a
2013	0.469	0.472	0.473	0.600	0.653	n/a	0.983
2014	0.459	0.462	0.464	0.588	0.640	0.980	0.963
2015	0.459	0.462	0.463	0.588	0.639	0.978	0.962
2016	0.454	0.457	0.458	0.582	0.633	0.969	0.952
2017	0.447	0.450	0.451	0.572	0.623	0.953	0.937
2018	0.435	0.437	0.439	0.556	0.605	0.927	0.911

* Year price in effect

Payment Category Key:

OX	Oxygen & oxygen equipment (DME)
CR	Capped rental (DME)
IN	Inexpensive/routinely purchased (DME)
FS	Frequently serviced (DME)
SU	DME supplies
PO	Prosthetics & orthotics
SD	Surgical dressings
OS	Ostomy, tracheostomy, and urological supplies
PE	Parental and enteral nutrition
TS	Therapeutic Shoes
SC	Splints and Casts
IL	Intraocular Lenses inserted in a physician's office IN, FS, OS and SU category deflation factors=PO deflation factors

After deflation, the result must be increased by 1.7 percent and by the cumulative covered item update to complete the gap-filling (e.g., an additional .6 percent for a 2002 DME fee).

Note that when gap-filling for capped rental items, it is necessary to first gap-fill the purchase price then compute the base period fee schedule at 10 percent of the base period purchase price.

For used equipment, establish fee schedule amounts at 75 percent of the fee schedule amount for new equipment.

When gap-filling, for those DME MAC or Part B MAC areas where a sales tax was imposed in the base period, add the applicable sales tax, e.g., five percent, to the gap-filled amount where the gap-filled amount does not take into account the sales tax, e.g., where the gap-filled amount is computed from pre-tax price lists or from another DME MAC or Part B MAC area without a sales tax. Likewise, if the gap-filled amount is calculated from another DME MAC’s or Part B MAC’s fees where a sales tax is imposed, adjust the gap-filled amount to reflect the applicable local sales tax circumstances.

Contractors send their gap-fill information to CMS. After receiving the gap-filled base fees each year, CMS develops national fee schedule floors and ceilings and new fee schedule amounts for these codes and releases them as part of the July update file each year and during the quarterly updates.



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