

Healthcare Common
Procedure Coding System

HCPCS

National Level II Codes



Expert

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Introduction

The information provided is an abridged version of the procedures the Centers for Medicare and Medicaid Services (CMS) follows in making coding decisions for the Healthcare Common Procedure Coding System (HCPCS) Level II. To view the full text of the document, visit the CMS website at http://www.cms.hhs.gov/MedHCPCSGenInfo/02_HCPCSCODINGPROCESS.asp#TopOfPage.

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. To avoid any appearance of endorsement of a particular product through HCPCS, the descriptors that are used to identify codes do not refer to specific products. For this reason, brand or trade names are not used to describe the products represented by a 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 rather than specific products or brand/trade names.

Cast — *continued*supplies — *continued*

Specialist™ J-Splint™ Plaster Roll
Immobilizer, A4580

Specialist™ Plaster Bandages, A4580
Specialist™ Plaster Roll Immobilizer,
A4580

Specialist™ Plaster Splints, A4580
synthetic, L2108, L2128
thermoplastic, L2106, L2126

Caster assembly, wheelchair, K0071-K0072,
K0077

Catheter, A4300-A4355

anchoring device, A4333, A4334
percutaneous, A5200
peritoneal dialysis, A4635

cap, disposable (dialysis), A4860
endovascular, ablation, C1888
external collection device, A4327-A4330,
A4349

implantable intraspinal, E0785
implanted, pleural, A7042, A7043
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insertion tray, A4311-A4316
intermittent, A4351-A4353
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joint supportive device, L1810, L1820,
L3710

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Ceftazidime, J0713

Ceftizoxime sodium, J0715

Ceftriaxone sodium, J0696

Cefoperazone sodium, S0021

Cefuroxime sodium, J0697

Celestone phosphate, J0704

CellCept, J7517

Cellular therapy, M0075

Cel-U-Jec, J0704

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Cenacort

A-40, J3301

Forte, J3302

Centrifuge, for dialysis, E1500

Cephalin flocculation, blood, P2028

Cephalothin sodium, J1890

Cephapirin sodium, J0710

Ceredase, J0205

Cerezyme, J1785

Certified nurse assistant, S9122, T1021

Certolizumab pegol injection, J0718

Cerubidine, J9150

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Cetuximab, J9055

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lift, E0627

rollabout, E1031

shower, E0240

sitz bath, E0160-E0162

transport, E1037-E1038

Chealamide, J3520

Chelation therapy, M0300

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P2028-P2038

Chemodenervation, vocal cord, S2340-S2341

Chemotherapy

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Q0083-Q0085

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drugs, J9000-J9999

not otherwise classified, J9999

oral, not otherwise classified, J8999

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Chest shell (cuirass), E0457

Chest wall oscillation system, E0483

hose, A7026

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Child sitting, child of parents in treatment,
T1009

Chin cup, cervical, L0150

**Chin strap (for positive airway pressure
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Chlorambucil, oral, S0172

Chloramphenicol sodium succinate, J0720

Chlordiazepoxide HCl, J1990

Chloromycetin sodium succinate, J0720

Chloroprocaine HCl, J2400

Chloroquine HCl, J0390

Chlorothiazide sodium, J1205

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performed, G8375

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Chromium CR-51 sodium chromate, A9553

Chronimed Assure II blood glucose monitor,
E0607

Chux, A4554

Cidofovir, J0740

Cilastatin sodium, imipenem, J0743

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Ciprofloxacin, J0744

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Clindamycin phosphate, S0077

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Cobex, J3420

Cochlear implant, L8614

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Codeine phosphate, J0745

Codimal-A, J0945

Cogentin, J0515

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patient not eligible, G8436

Colchicine, J0760

**Coil, transmitting, for use with cochlear
implant**, L8629

Colistimethate sodium, J0770

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Collagen

bone void filler, C9362

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nerve wrap, C9361

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Conceptrol spermicide, A4269

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E0936

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ConvaTec®

ostomy care

ActiveLife® convex pre-cut drainable
pouch with Durahesive® skin
barrier, A4390

ActiveLife® convex pre-cut urostomy
pouch with Durahesive® skin
barrier, A4393

ActiveLife® custom cut closed-end pouch
with skin barrier and filter, A4416

ActiveLife® drainable custom pouch,
A5061

ActiveLife® drainable pre-cut pouch with
Stomahesive® skin barrier, A5061

ActiveLife® pre-cut closed-end pouch,
A5051

ActiveLife® stoma cap, A5055

ActiveLife® tail closures, A4421

Little Ones® pediatric belt, A4367

Natura® closed-end pouch, A5054

Natura® Durahesive® wafer with flange,
A4373

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A5093

Natura® flange cap, A5055

Natura® urostomy pouch, A5073

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A4361

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A4397

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Dressing, A6219

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Preparatory prosthesis, L5510, L5600, L6580-L6590

Prescription
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drugs
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performance measures, G8443, G0445-G0446

Pressure
alarm, dialysis, E1540
pad, A4640, E0181, E0185, E0197-E0199
ventilator, E0463-E0464

PressureGuard®, mattress
CFT®, E0373
Easy Air™, E0277
Turn Select®, E0277

Preventive dental procedures, D1110-D1555

Preventative physical examination
initial, G0402

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Primapore®, A6251-A6256

Primatene Mist, J0170

Primatrix, Q4110

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Priscoline HCl, J2670

Privigen, J1459

Probe
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oxygen, A4606
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Procainamide HCl, J2690

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Procare®
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Prochlorperazine, J0780
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Prolotherapy, M0076

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and meperidine, J2180
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ProStep, S4990

Prosthesis
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auricular, D5914, L8045
breast, L8000-L8035, L8600
dental, fixed, D6210-D6999
removable, D5110-D5899

Prosthesis – continued

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 fitting, L5400-L5460, L6380-L6388
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 L8040-L8048
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 L8400-L8485
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**Prosthetic device, implanted, inpatients,
C9899**

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Protamine sulfate, J2720
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heel or elbow, E0191
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Protein C concentrate, J2724

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Protopam chloride, J2730

Protropin, J2940

Proventil, J7609, J7610

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Pulp capping, D3110, D3120

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vitality test, D0460

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alternating pressure pad, E0182
 Pilo pump, E0182
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Pump – continued

ambulatory infusion – *continued*

external, insulin, E0784
 Freedom 60 Syringe Infusion System, E0780
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 E0779
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 E0779

blood, dialysis, E1620

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Broncho-Cath™ endobronchial tubes, with
 CPAP, E0601

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Gomco compact, E2000

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Gomco portable aspirator, E0600

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infusion, E1520

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implantable, E0782, E0783

implantable, refill kit, A4220

supplies, A4230, A4232

insulin, external, E0784

negative pressure wound therapy, E2402

parenteral infusion, B9004, B9006

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CPAP, E0601

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Purified pork insulin, J1815

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Q

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Quality actions for applicable measures

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chronic kidney disease (CKD), G8495

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Quelicin, J0330

Quickie® Xtender, K0108

Quinupristin/dalfopristin, J2770

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R

Rack/stand, oxygen, E1355

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Chromic phosphate P-32, A9564

Chromium Cr-51, A9553

Cobaltous Co-57, A9546, A9559

diagnostic imaging agent, A4641-A4642,

A9500-A9516, A9521-A9526,

A9528-A9529, A9531-A9532,

A9536-A9542, A9544, A9546-A9562,

A9565-A9572

Radiopharmaceutical – continued

Fluorodeoxyglucose F-18 FDG, A9552

Gallium Ga-67, A9556

Indium In-111, A4642, A9570-A9572

Iodine I-125, A9509

Iodine I-131, A9544, A9545

Nitrogen N-13 ammonia, A9526

Rubidium Rb-82, A9555

Samarium Sm-153 lexidronam, A9604

Sodium iodide I-131, A9517, A9530, A9531

Sodium phosphate P-32, A9563

Strontium Sr-89, A9600

Technetium Tc-99m

albumin, macroaggregated, A9540

apcptide, A9504

bicisate, A9557

depreotide, A9536

disofenin, A9510

exametazime, A9521

exametazime labeled autologous white
 blood cells, A9529

fanolesomab, A9566

labeled red blood cells, A9560

mebrofenin, A9537

medronate, A9503

meriatide, A9562

oxidronate, A9561

pentetate, A9539, A9567

pertechnetate, A9512

pyrophosphate, A9538

sestamibi, A9500

sodium gluceptate, A9550

succimer, A9551

sulfur colloid, A9541

teboroxime, A9501

tetrofosmin, A9502

Thallium Tl-201, A9505

therapeutic, A9517, A9527, A9530, A9543,
 A9545, A9563-A9564, A9600, A9604,
 A9699

Xenon Xe-133, A9558

yttrium Y-90, A9543

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Rasburicase, J2783

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 score**

at discharge

higher than at admission, G8615

not higher than at admission, G8616

not scored at admission or discharge,
 G8617

Reagent strips, A4250-A4253

Recalcification, D3351-D3353

Receiver

external, A9278

Recement

bridge, D6930

crown, D2920

inlay, D2910

space maintainer, D1550

Reciprocating peritoneal dialysis system,
 E1630

Reclast, J3488

Pass-Through Items C1300–C9728

Note: These codes should only be used by hospital outpatient departments under the prospective payment system.

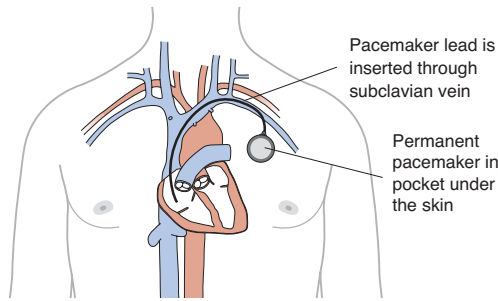
- ① C1300 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval S
Medicare Statute 1833(t)
AHA: 1Q 2005, 6
Pub 100-4, 32, 30.1
- ① C1713 Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) N N I
Medicare Statute 1833(t)
- ① C1714 Catheter, transluminal atherectomy, directional N N I
Medicare Statute 1833(t)
- ① C1715 Brachytherapy needle N N I
Medicare Statute 1833(t)
- ① C1716 Brachytherapy source, non-stranded, gold 198, per source U H 2
Medicare Statute 1833(t)
- ① C1717 Brachytherapy source, non-stranded, high dose rate iridium-192, per source U H 2
- ① C1719 Brachytherapy source, non-stranded, non-high dose rate iridium-192, per source U H 2
Medicare Statute 1833(t)
- ① C1721 Cardioverter-defibrillator, dual chamber (implantable) N N I
Medicare Statute 1833(t)
- ① C1722 Cardioverter-defibrillator, single chamber (implantable) N N I
Medicare Statute 1833(t)
AHA: 2Q 2006, 9
- ① C1724 Catheter, transluminal atherectomy, rotational N N I
Medicare Statute 1833(t)
- ① C1725 Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability) N N I
Medicare Statute 1833(t)
- ① C1726 Catheter, balloon dilatation, non-vascular N N I
Medicare Statute 1833(t)
- ① C1727 Catheter, balloon tissue dissector, non-vascular (insertable) N N I
Medicare Statute 1833(t)
- ① C1728 Catheter, brachytherapy seed administration N N I
Medicare Statute 1833(t)
- ① C1729 Catheter, drainage N N I
Medicare Statute 1833(t)
- ① C1730 Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes) N N I
Medicare Statute 1833(t)
- ① C1731 Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes) N N I
Medicare Statute 1833(t)
- ① C1732 Catheter, electrophysiology, diagnostic/ ablation, 3D or vector mapping N N I
Medicare Statute 1833(t)
- ① C1733 Catheter, electrophysiology, diagnostic/ ablation, other than 3D or vector mapping, other than cool-tip N N I
Medicare Statute 1833(t)
- ① C1750 Catheter, hemodialysis/peritoneal, long-term N N I
Medicare Statute 1833(t)
- ① C1751 Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis) N N I
Medicare Statute 1833(t)
- ① C1752 Catheter, hemodialysis/peritoneal, short-term N N I
Medicare Statute 1833(t)
- ① C1753 Catheter, intravascular ultrasound N N I
Medicare Statute 1833(t)
- ① C1754 Catheter, intradiscal N N I
Medicare Statute 1833(t)
- ① C1755 Catheter, intraspinal N N I
Medicare Statute 1833(t)

- ① C1756 Catheter, pacing, transesophageal N N I
Medicare Statute 1833(t)
- ① C1757 Catheter, thrombectomy/embolectomy N N I
Medicare Statute 1833(t)
- ① C1758 Catheter, ureteral N N I
Medicare Statute 1833(t)
- ① C1759 Catheter, intracardiac echocardiography N N I
Medicare Statute 1833(t)
- ① C1760 Closure device, vascular (implantable/insertable) N N I
Medicare Statute 1833(t)
- ① C1762 Connective tissue, human (includes fascia lata) N N I
Medicare Statute 1833(t)
- ① C1763 Connective tissue, non-human (includes synthetic) N N I
Medicare Statute 1833(t)
- ① C1764 Event recorder, cardiac (implantable) N N I
Medicare Statute 1833(t)
- ① C1765 Adhesion barrier N N I
Medicare Statute 1833(t)
- ① C1766 Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away N N I
Medicare Statute 1833(t)
- ① C1767 Generator, neurostimulator (implantable), non-rechargeable N N I
Medicare Statute 1833(t)
AHA: 1Q 2007, 8
Pub 100-4, 32, 40-40.5
- ① C1768 Graft, vascular N N I
Medicare Statute 1833(t)
- ① C1769 Guide wire N N I
Medicare Statute 1833(t)
AHA: 2Q 2007, 7
- ① C1770 Imaging coil, magnetic resonance (insertable) N N I
Medicare Statute 1833(t)
- ① C1771 Repair device, urinary, incontinence, with sling graft N N I
Medicare Statute 1833(t)
AHA: 2Q 2008, 9
- ① C1772 Infusion pump, programmable (implantable) N N I
Medicare Statute 1833(t)
- ① C1773 Retrieval device, insertable (used to retrieve fractured medical devices) N N I
Medicare Statute 1833(t)
- ① C1776 Joint device (implantable) N N I
Medicare Statute 1833(t)
- ① C1777 Lead, cardioverter-defibrillator, endocardial single coil (implantable) N N I
Medicare Statute 1833(t)
AHA: 2Q 2006, 9
- ① C1778 Lead, neurostimulator (implantable) N N I
Medicare Statute 1833(t)
AHA: 1Q 2007, 8
Pub 100-4, 32, 40-40.5
- ① C1779 Lead, pacemaker, transvenous VDD single pass N N I
Medicare Statute 1833(t)
- ① C1780 Lens, intraocular (new technology) N N I
Medicare Statute 1833(t)
- ① C1781 Mesh (implantable) N N I
Medicare Statute 1833(t)
- ① C1782 Morcellator N N I
Medicare Statute 1833(t)
- ① C1783 Ocular implant, aqueous drainage assist device N N I
Medicare Statute 1833(t)
- ① C1784 Ocular device, intraoperative, detached retina N N I
Medicare Statute 1833(t)
- ① C1785 Pacemaker, dual chamber, rate-responsive (implantable) N N I
Medicare Statute 1833(t)

C1300 – C1785

① C1786 Pacemaker, single chamber, rate-responsive (implantable) **N N I**
 Medicare Statute 1833(t)

Pacemaker Implantation



- ① C1787 Patient programmer, neurostimulator **N N I**
 Medicare Statute 1833(t)
- ① C1788 Port, indwelling (implantable) **N N I**
 Medicare Statute 1833(t)
- ① C1789 Prosthesis, breast (implantable) **N N I**
 Medicare Statute 1833(t)
- ① C1813 Prosthesis, penile, inflatable ♂ **N N I**
 Medicare Statute 1833(t)
- ① C1814 Retinal tamponade device, silicone oil **N N I**
 Medicare Statute 1833(t)
AHA: 2Q 2006, 9
- ① C1815 Prosthesis, urinary sphincter (implantable) **N N I**
 Medicare Statute 1833(t)
- ① C1816 Receiver and/or transmitter, neurostimulator (implantable) **N N I**
 Medicare Statute 1833(t)
- ① C1817 Septal defect implant system, intracardiac **N N I**
 Medicare Statute 1833(t)
- ① C1818 Integrated keratoprosthesis **N N I**
 Medicare Statute 1833(t)
- ① C1819 Surgical tissue localization and excision device (implantable) **N N I**
 Medicare Statute 1833(t)
- ① C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system **N N I**
 Medicare Statute 1833(t)
- ① C1821 Interspinous process distraction device (implantable) **N J 7**
 Medicare Statute 1833(t)
- ① C1874 Stent, coated/covered, with delivery system **N N I**
 Medicare Statute 1833(t)
AHA: 3Q 2002, 9
- ① C1875 Stent, coated/covered, without delivery system **N N I**
 Medicare Statute 1833(t)
AHA: 3Q 2002, 9
- ① C1876 Stent, non-coated/non-covered, with delivery system **N N I**
 Medicare Statute 1833(t)
AHA: 3Q 2002, 9
- ① C1877 Stent, non-coated/non-covered, without delivery system **N N I**
 Medicare Statute 1833(t)
AHA: 3Q 2002, 9
- ① C1878 Material for vocal cord medialization, synthetic (implantable) **N N I**
 Medicare Statute 1833(t)
- ① C1880 Vena cava filter **N N I**
 Medicare Statute 1833(t)

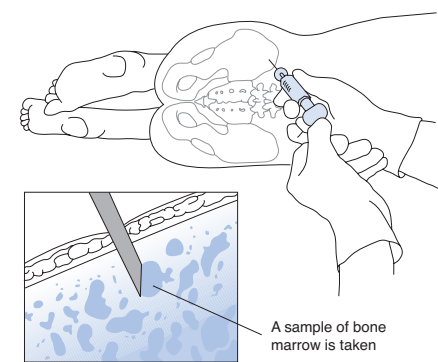
- ① C1881 Dialysis access system (implantable) **N N I**
 Medicare Statute 1833(t)
- ① C1882 Cardioverter-defibrillator, other than single or dual chamber (implantable) **N N I**
 Medicare Statute 1833(t)
AHA: 3Q 2002, 9
- ① C1883 Adaptor/extension, pacing lead or neurostimulator lead (implantable) **N N I**
 Medicare Statute 1833(t)
AHA: 1Q 2007, 8
 Pub 100-4, 32, 40-40.5
- ① C1884 Embolization protective system **N N I**
 Medicare Statute 1833(t)
- ① C1885 Catheter, transluminal angioplasty, laser **N N I**
 Medicare Statute 1833(t)
- ① C1887 Catheter, guiding (may include infusion/perfusion capability) **N N I**
 Medicare Statute 1833(t)
- ① C1888 Catheter, ablation, non-cardiac, endovascular (implantable) **N N I**
 Medicare Statute 1833(t)
- ① C1891 Infusion pump, non-programmable, permanent (implantable) **N N I**
 Medicare Statute 1833(t)
- ① C1892 Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away **N N I**
 Medicare Statute 1833(t)
- ① C1893 Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away **N N I**
 Medicare Statute 1833(t)
- ① C1894 Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser **N N I**
 Medicare Statute 1833(t)
- ① C1895 Lead, cardioverter-defibrillator, endocardial dual coil (implantable) **N N I**
 Medicare Statute 1833(t)
AHA: 2Q 2006, 9
- ① C1896 Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable) **N N I**
 Medicare Statute 1833(t)
AHA: 2Q 2006, 9
- ① C1897 Lead, neurostimulator test kit (implantable) **N N I**
 Medicare Statute 1833(t)
AHA: 1Q 2007, 8
 Pub 100-4, 32, 40-40.5
- ① C1898 Lead, pacemaker, other than transvenous VDD single pass **N N I**
 Medicare Statute 1833(t)
AHA: 3Q 2002, 8
- ① C1899 Lead, pacemaker/cardioverter-defibrillator combination (implantable) **N N I**
 Medicare Statute 1833(t)
- ① C1900 Lead, left ventricular coronary venous system **N N I**
 Medicare Statute 1833(t)
- ① C2614 Probe, percutaneous lumbar discectomy **N N I**
 Medicare Statute 1833(t)
- ① C2615 Sealant, pulmonary, liquid **N N I**
 Medicare Statute 1833(t)
- ① C2616 Brachytherapy source, non-stranded, yttrium-90, per source **U H 2**
 Medicare Statute 1833(t)

C1786 – C2616

- G0278 Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (list separately in addition to primary procedure) † N PQR
- G0281 Electrical stimulation, (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care † A
- G0282 Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 E NCD 270.1
- G0283 Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care † A
- G0288 Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery S NT
- G0289 Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee † N NT
- ① G0290 Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel † AHA: 1Q 2007, 7; 3Q 2003, 11
- ① G0291 Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel † AHA: 3Q 2003, 11
- ① G0293 Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a Medicare qualifying clinical trial, per day X
- ① G0294 Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day X
- G0295 Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses E NCD 270.1
- G0302 Pre-operative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services S
- G0303 Pre-operative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services S
- G0304 Pre-operative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services S
- G0305 Post-discharge pulmonary surgery services after LVRS, minimum of 6 days of services S
- G0306 Complete CBC, automated (Hgb, Hct, RBC, WBC, without platelet count) and automated WBC differential count † A
- G0307 Complete (CBC), automated (Hgb, Hct, RBC, WBC; without platelet count) † A
- ① G0328 Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous † A Pub 100-4, 18, 60-60.8
- G0329 Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care † A Pub 100-4, 32, 11.2
- ① G0333 Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary M Medicare Statute 1842(o)(6)

- G0337 Hospice evaluation and counseling services, pre-election B
- G0339 Image-guided robotic linear-accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment S Z 2
- G0340 Image-guided robotic linear-accelerator-based stereotactic radiosurgery, delivery including collimator change and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment S Z 2
- ① G0341 Percutaneous islet cell transplant, includes portal vein catheterization and infusion C NCD 260.3; Pub 100-4, 32, 70-70.5
- ① G0342 Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion C NCD 260.3; Pub 100-4, 32, 70-70.5
- ① G0343 Laparotomy for islet cell transplant, includes portal vein catheterization and infusion C NCD 260.3; Pub 100-4, 32, 70-70.5
- G0364 Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service X P 3

Bone marrow aspiration



- G0365 Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow) S PQR
- ① G0372 Physician service required to establish and document the need for a power mobility device M
- ① G0378 Hospital observation service, per hour Q AHA: 1Q 2007, 10
- ① G0379 Direct admission of patient for hospital observation care Q
- G0380 Level 1 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR §489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) V

- L0635 Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0636 Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated
- L0637 Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0638 Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
- L0639 Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0640 Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated

Anterior-Posterior-Lateral Control

- L0700 Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)
- L0710 CTLSO, anterior-posterior-lateral-control, molded to patient model, with interface material, (Minerva type)

Halo Procedure

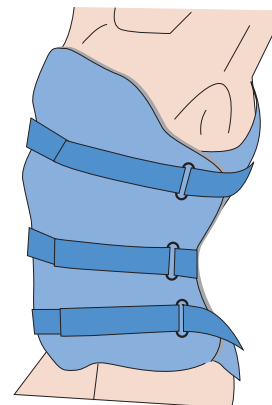
- L0810 Halo procedure, cervical halo incorporated into jacket vest
- L0820 Halo procedure, cervical halo incorporated into plaster body jacket
- L0830 Halo procedure, cervical halo incorporated into Milwaukee type orthosis
- L0859 Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material
- L0861 Addition to halo procedure, replacement liner/interface material

Torso Supports

Additions to Spinal Orthoses

- L0970 TLSO, corset front

Spinal orthosis corset



- L0972 LSO, corset front
- L0974 TLSO, full corset
- L0976 LSO, full corset
- L0978 Axillary crutch extension
- L0980 Peroneal straps, pair
- L0982 Stocking supporter grips, set of four (4)
- L0984 Protective body sock, each
- L0999 Addition to spinal orthosis, not otherwise specified

Orthotic Devices – Scoliosis Procedures

Note: Scoliosis Procedures. The orthotic care of scoliosis differs from other orthotic care in that the treatment is more dynamic in nature and utilizes ongoing, continual modification to the patient's changing condition. This coding structure uses the proper names (or eponyms) of the procedures because they have historic and universal acceptance in the medical profession. It should be recognized that variations to the basic procedures described by the founders/developers are accepted in various medical and orthotic practices throughout the country. All procedures include model of patent when indicated.

Cervical – Thoracic – Lumbar – Sacral (Milwaukee)

- L1000 Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthosis, including model
- L1001 Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment
- L1005 Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment
- L1010 Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, axilla sling
- L1020 Addition to CTLSO or scoliosis orthosis, kyphosis pad
- L1025 Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating
- L1030 Addition to CTLSO or scoliosis orthosis, lumbar bolster pad
- L1040 Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad
- L1050 Addition to CTLSO or scoliosis orthosis, sternal pad
- L1060 Addition to CTLSO or scoliosis orthosis, thoracic pad
- L1070 Addition to CTLSO or scoliosis orthosis, trapezius sling
- L1080 Addition to CTLSO or scoliosis orthosis, outrigger