

HCPCS Level II

A resourceful compilation of HCPCS codes
Supports HIPAA compliance

SAMPLE

2025

optumcoding.com



Contents

Introduction	Introduction—1	P Codes	159
Index	Index — 1	Pathology and Laboratory Services	159
A Codes	1	Q Codes	161
Transportation Services Including Ambulance	1	Q Codes (Temporary)	161
Medical and Surgical Supplies	2	R Codes	171
B Codes	19	Diagnostic Radiology Services	171
Enteral and Parenteral Therapy	19	S Codes	173
C Codes	21	Temporary National Codes (Non-Medicare).....	173
Outpatient PPS	21	T Codes	185
E Codes	35	National T Codes Established for State Medicaid Agencies.....	185
Durable Medical Equipment	35	U Codes	187
G Codes	49	Coronavirus Services	187
Procedures/Professional Services (Temporary).....	49	V Codes	188
H Codes	92	Vision Services	188
Alcohol and Drug Abuse Treatment Services.....	92	Hearing Services.....	190
J Codes	95	Appendixes	
J Codes Drugs.....	95	Appendix 1 — Table of Drugs and Biologicals	Appendixes — 1
J Codes Chemotherapy Drugs	116	Appendix 2 — Modifiers.....	Appendixes — 31
K Codes	123	Appendix 3 — Abbreviations and Acronyms	Appendixes — 37
Temporary Codes	123	Appendix 4 — Medicare Internet-only Manuals (IOMs)	Appendixes — 39
L Codes	127	Appendix 5 — New, Revised, and Deleted Codes for 2024.....	Appendixes — 41
Orthotic Procedures and Devices.....	127	Appendix 6 — Place of Service and Type of Service.....	Appendixes — 49
Prosthetic Procedures	139	Appendix 7 — Deleted Code Crosswalk.....	Appendixes — 53
M Codes	151	Appendix 8 — Glossary	Appendixes — 55
MIPS Value Pathways	151	Appendix 9 — Quality Payment Program	Appendixes — 59
Medical Services.....	151		
Quality Measures	152		

Introduction

Note: All data current as of November 15, 2024.

About HCPCS Codes

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

Any supplier or manufacturer can submit a request for coding modification to the HCPCS Level II National codes. A document explaining the HCPCS modification process, as well as a detailed format for submitting a recommendation for a modification to HCPCS Level II codes, is available on the HCPCS website at <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/coding-questions>. Besides the information requested in this format, a requestor should also submit any additional descriptive material, including the manufacturer's product literature and information that is believed would be helpful in furthering CMS's understanding of the medical features of the item for which a coding modification is being recommended. The HCPCS coding review process is an ongoing, continuous process.

The dental (D) codes are not included in the official 2024 HCPCS Level II code set. The American Dental Association (ADA) holds the copyright on those codes and instructed CMS to remove them. As a result, Optum has removed them from this product; however, Optum has additional resources available for customers requiring the dental codes. Please visit www.optumcoding.com or call 1.800.464.3649.

Significant updates to this manual will be provided on our product updates page at [Optumcoding.com](https://www.optumcoding.com), which can be accessed at the following: <https://www.optumcoding.com/ProductUpdates/>. Password: XXXXXX

Note: The expanded Medically Unlikely Edit (MUE) tables containing HCPCS/CPT codes, MUE values, MUE adjudication indicators, and MUE rationale are no longer published in this book. The tables are updated quarterly and can be found on the CMS website at <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits>.

The table containing the Medicare national average payment (MAP) for services, supplies (DME, orthotics, prosthetics, etc.), drugs, biologicals, and nonphysician procedures using HCPCS Level II codes are available at www.optumcoding.com/2024MedAvPay. Password: OptumMAP24

How to Use HCPCS Level II

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

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

Example:

Patient administered PSA exam.

2. Look up the appropriate term in the index.

Example:

Screening

prostate specific antigen test (PSA)

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

3. Assign a tentative code.

Example:

Code G0103

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

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

Example:

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

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

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

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

7. Determine whether any modifiers should be appended.

8. Assign the code.

Example:

The code assigned is G0103.

Coding Standards

Levels of Use

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

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

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

Special Reports

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

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

How To Use Optum HCPCS Level II Books

Organization of Optum HCPCS Level II Expert

The Optum 2024 *HCPCS Level II* contains mandated changes and new codes for use as of January 1, 2024. Deleted codes have also been indicated and cross-referenced to active codes when possible. New codes have been added to the appropriate sections, eliminating the time-consuming step of looking in two places for a code. However, keep in mind that the information in this book is a reproduction of the 2024 HCPCS; additional information on coverage issues may have been provided to Medicare contractors after publication. All contractors periodically update their systems and records throughout the year. If this book does not agree with your contractor, it is either because of a mid-year update or correction, or a specific local or regional coverage policy.

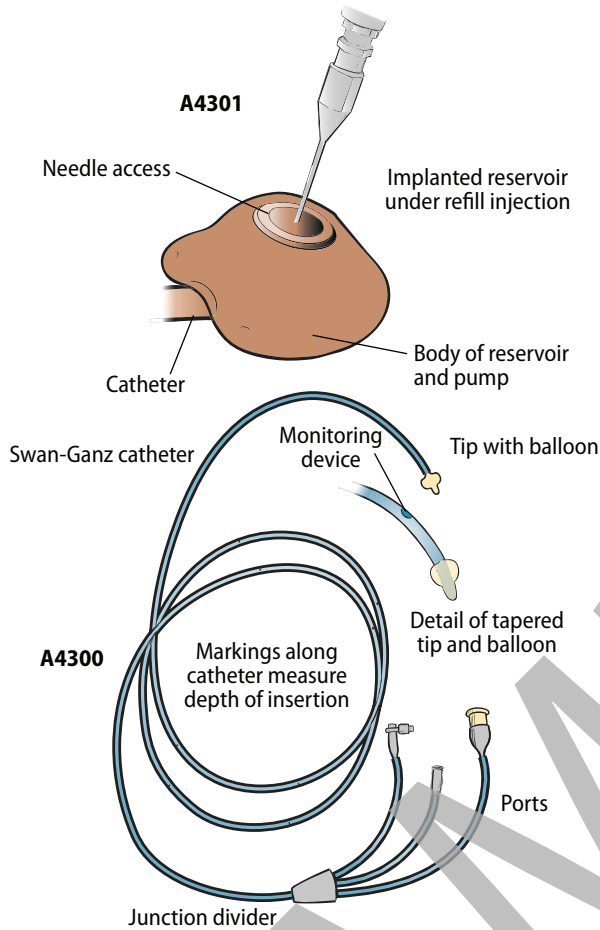
HCPCS Code Index

Because HCPCS is organized by code number rather than by service or supply name, the index enables the coder to locate any code without looking through individual ranges of codes. Just look up the medical or surgical supply, service, orthotic, or prosthetic in question to find the appropriate codes. This index also refers to many of the brand names by which these items are known.

A			
<p>Abdomen/abdominal dressing holder/binder, A4461, A4463 pad, low profile, L1270</p> <p>Abduction control, each, L2624 pillow, E1399 rotation bar, foot, L3140-L3170</p> <p>Ablation robotic, waterjet, C2596 transbronchial, C9751 ultrasound, C9734</p> <p>Abortion, S0199, S2260-S2267</p> <p>Absorption dressing, A6251-A6256</p> <p>ACS Advanced Wound System, A2020</p> <p>Access system, A4301</p> <p>Accessories ambulation devices, E0153-E0159 artificial kidney and machine (see also ESRD), E1510-E1699 beds, E0271-E0280 Medicare IVIG demonstration, Q2052 oxygen, E1352, E1354-E1358 retinal prosthesis, L8608 total artificial heart, L8698 ventricular assist device, Q0477, Q0501-Q0509 wheelchairs, E0950-E1012, E1050-E1298, E2201-E2231, E2295, E2300-E2367, K0001-K0008</p> <p>AccuChek blood glucose meter, E0607 test strips, box of 50, A4253</p> <p>Accurate prosthetic sock, L8420-L8435 stump sock, L8470-L8485</p> <p>Acesso DL, Q4293</p> <p>Acesso TL, Q4300</p> <p>Acetate concentrate for hemodialysis, A4708</p> <p>Acid concentrate for hemodialysis, A4709</p> <p>ACO Model, G9868-G9870</p> <p>Action Patriot manual wheelchair, K0004</p> <p>Action Xtra, Action MVP, Action Pro-T, manual wheelchair, K0005</p> <p>Activate Matrix, Q4301</p> <p>Active Life convex one-piece urostomy pouch, A4421 flush away, A5051 one-piece drainable custom pouch, A5061 pre-cut closed-end pouch, A5051 stoma cap, A5055</p> <p>Activity therapy, G0176</p> <p>Adaptor electric/pneumatic ventricular assist device, Q0478 neurostimulator, C1883 pacing lead, C1883</p> <p>Addition cushion AK, L5648 cushion BK, L5646 harness upper extremity, L6675-L6676 to halo procedure, L0861 to lower extremity orthotic, K0672, L2750-L2760, L2780-L2861 to lower extremity prosthesis, L5970-L5990 to upper extremity orthotic, L3891 wrist, flexion, extension, L6620</p> <p>Adhesive barrier, C1765 catheter, A4364 disc or foam pad, A5126 medical, A4364 Nu-Hope 1 oz bottle with applicator, A4364 3 oz bottle with applicator, A4364 ostomy, A4364 pads, A6203-A6205, A6212-A6214, A6219-A6221, A6237-A6239, A6245-A6247, A6254-A6256 remover, A4455, A4456 support, breast prosthesis, A4280 tape, A4450, A4452 tissue, G0168</p> <p>Adjunctive blue light cystoscopy, C7554, C9738 with biopsy(ies), C7550</p>	<p>Adjustabrace 3, L2999</p> <p>Adjustment bariatric band, S2083</p> <p>Administration aerosolized drug therapy, home, S9061 chemotherapy infusion continued in community, G0498 COVID-19 vaccine, in home administration, M0201 hepatitis B vaccine, G0010 influenza virus vaccine, G0008 medication, T1502-T1503 direct observation, H0033 monoclonal antibody therapy, M0220, M0221, M0222, M0223, M0240, M0241, M0243, M0244, M0245, M0246, M0247, M0248, M0249, M0250 pneumococcal vaccine, G0009</p> <p>Adoptive immunotherapy, S2107</p> <p>Adrenal transplant, S2103</p> <p>AdvantaJet, A4210</p> <p>Affinity, Q4159</p> <p>AFO, E1815, E1830, L1900-L1990, L4392, L4396</p> <p>Aimsco Ultra Thin syringe, 1 cc or 1/2 cc, each, A4206</p> <p>Air bubble detector, dialysis, E1530</p> <p>Air fluidized bed, E0194</p> <p>Air pressure pad/mattress, E0186, E0197</p> <p>Air travel and nonemergency transportation, A0140</p> <p>Aircast air stirrup ankle brace, L1906</p> <p>Airlife Brand Misty-Neb nebulizer, E0580</p> <p>AirSep, E0601</p> <p>Airway device, E0485-E0486</p> <p>Alarm device, A9280 enuresis, S8270 pressure, dialysis, E1540</p> <p>Albumarc, P9041</p> <p>Albumin, human, P9041, P9045-P9047</p> <p>Alcohol abuse service, H0047 assessment, G0396-G0397, G2011, H0001 pint, A4244 testing, H0048 wipes, A4245</p> <p>Alert device, A9280</p> <p>Algiderm, alginate dressing, A6196-A6199</p> <p>Alginate dressing, A6196-A6199</p> <p>Algosteril, alginate dressing, A6196-A6199</p> <p>Alkaline battery for blood glucose monitor, A4233-A4236</p> <p>Allergen particle barrier/inhalation filter nasal, topical, A7023</p> <p>AlloDerm, Q4116</p> <p>AlloGen, Q4212</p> <p>Allogenic cord blood harvest, S2140</p> <p>Allograft small intestine and liver, S2053</p> <p>AlloPatch HD, Q4128</p> <p>AlloSkin, Q4115</p> <p>AlloSkin AC, Q4141</p> <p>AlloSkin RT, Q4123</p> <p>AlloWrap DS, Q4150</p> <p>Alternating pressure mattress/pad, E0181, E0277 pump, E0182</p> <p>Alternative communication device, i.e., communication board, E1902</p> <p>AltiPly, Q4235</p> <p>Ambulance, A0021-A0999 air, A0436 disposable supplies, A0382-A0398 non-emergency, S9960-S9961 oxygen, A0422 response, treatment, no transport, A0998</p> <p>Ambulation device, E0100-E0159</p> <p>Ambulation stimulator spinal cord injured, E0762</p> <p>Aminaid, enteral nutrition, B4154</p> <p>Amirosyn-RF, parenteral nutrition, B5000</p> <p>Ammonia test paper, A4774</p> <p>AmniCore Pro, Q4298</p> <p>AmniCore Pro+, Q4299</p> <p>Amnio Bio, Q4211</p>	<p>Amnio Quad-Core, Q4294</p> <p>Amnio Tri-Core Amniotic, Q4295</p> <p>AmnioAmp-MP, Q4250</p> <p>AmnioArmor, Q4168</p> <p>AmnioBand, Q4151, Q4168</p> <p>AmnioBind, Q4225</p> <p>AmnioCore, Q4227</p> <p>AmnioCyte Plus, Q4242</p> <p>AmnioExcel, AmnioExcel Plus, Q4137</p> <p>AmnioMatrix, Q4139</p> <p>Amnio-Maxx, Q4239</p> <p>Amnio-Maxx Lite, Q4239</p> <p>AmnioPro, Q4163</p> <p>AmnioPro Flow, Q4162</p> <p>AMNIOREPAIR, Q4235</p> <p>AmnioText, Q4245</p> <p>Amniotext patch, Q4247</p> <p>AmnioWound, Q4181</p> <p>AmnioWrap2, Q4221</p> <p>AMNIPLY, Q4249</p> <p>Amputee adapter, wheelchair, E0959 prosthesis, L5000-L7510, L7520, L8400-L8465 stump sock, L8470 wheelchair, E1170-E1190, E1200</p> <p>Analysis dose optimization, S3722 gene sequence hypertrophic cardiomyopathy, S3865, S3866 semen, G0027</p> <p>Anchor, screw, C1713</p> <p>Anesthesia dialysis, A4735-A4737 monitored (MAC), G9654</p> <p>Angiography catheter placement, C7516-C7529, C7552-C7553, C7556-C7558 dialysis circuit, C7513-C7515, C7530 fluorescent nonocular, C9733 iliac artery, G0278 magnetic resonance, C8901-C8914, C8918-C8920 reconstruction, G0288</p> <p>Angioplasty coronary, C7532 placement radiation delivery device, C7533 dialysis circuit, C7532 intracranial, C7532 pulmonary, C7532</p> <p>Ankle foot system, L5973</p> <p>Ankle orthosis, L1902, L1904, L1907</p> <p>Ankle-foot orthotic (AFO), L1900, L1906, L1910-L1940, L2106-L2116 Dorsiwedge Night Splint, A4570, L2999, L4398 Specialist Ankle Foot Orthotic, L1930 Tibial Pre-formed Fracture Brace, L2116 Surround Ankle Stirrup Braces with Foam, L1906</p> <p>Annual wellness visit, G0438-G0439</p> <p>Antenna replacement diaphragmatic/phrenic nerve stimulator, L8696</p> <p>Anterior-posterior orthotic lateral orthotic, L0700, L0710</p> <p>Antibiotic home infusion therapy, S9494-S9504</p> <p>Antibiotic regimen, G9286-G9287</p> <p>Antibody testing, HIV-1, S3645</p> <p>Anticoagulation clinic, S9401</p> <p>Antifungal home infusion therapy, S9494-S9504</p> <p>Antineoplastic pharmacologic/biologic agent instillation renal pelvis, C9789</p> <p>Antiseptic chlorhexidine, A4248</p> <p>Antisperm antibodies, S3655</p> <p>Antiviral home infusion therapy, S9494-S9504</p>	<p>Apheresis low density lipid, S2120</p> <p>Apis, A2010</p> <p>Apigraf, Q4101</p> <p>Apnea monitor, E0618-E0619 electrodes, A4556 lead wires, A4557 with recording feature, E0619</p> <p>Appliance cleanser, A5131 oral airway collapse reduction, K1027 pneumatic, E0655-E0673</p> <p>Application gastric pouch endoscopic outlet reduction, C9785 skin substitute, C5271-C5278 tantalum rings, S8030</p> <p>Appropriate Use Criteria Clinic Decision Support Mechanism, G1001-G1023</p> <p>AquaPedic sectional gel flotation, E0196</p> <p>Aqueous shunt, L8612</p> <p>Arch support, L3040-L3100</p> <p>Architect, Architect PX, or Architect FX, Q4147</p> <p>Arm sling deluxe, A4565 mesh cradle, A4565 universal arm, A4565 elevator, A4565 wheelchair, E0973</p> <p>Arrow, power wheelchair, K0014</p> <p>Artacent AC (fluid), Q4189</p> <p>Artacent AC, Q4190</p> <p>Artacent Cord, Q4216</p> <p>Artacent Wound, Q4169</p> <p>Arthrodesis interphalangeal joint(s), C7506</p> <p>Arthrooreisis subtalar, S2117</p> <p>ArthroFlex, Q4125</p> <p>Arthroscopy knee harvest of cartilage, S2112 removal loose body, FB, G0289 shoulder with capsulorrhaphy, S2300 with subacromial spacer, C9781</p> <p>Artificial kidney machines and accessories (see also Dialysis), E1510-E1699 larynx, L8500 saliva, A9155</p> <p>Ascent, Q4213</p> <p>Assertive community treatment, H0039-H0040</p> <p>Assessment alcohol and/or substance, G0396-G0397, G2011, H0001 audiologic, V5008-V5020 chaplain services, Q9001-Q9003 chronic care management services comprehensive, G0506 family, H1011 functional outcome, G9227 geriatric, S0250 mental health, H0031 remote diagnosis, evaluation, treatment, C7900-C7902 remote, recorded video/images, G2250 social determinants of health (SDOH) tool, G0136 speech, V5362-V5364 wellness, S5190</p> <p>Assisted living, T2030-T2031</p> <p>Assistive listening device, V5268-V5274 alerting device, V5269 cochlear implant assistive device, V5273 FM/DM, V5281 accessories, V5283-V5290 system, V5281-V5282 supplies and accessories, V5267 TDD, V5272 telephone amplifier, V5268</p>

Vascular Catheters and Drug Delivery Systems

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



A4301 Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)

A4305 Disposable drug delivery system, flow rate of 50 ml or greater per hour

A4306 Disposable drug delivery system, flow rate of less than 50 ml per hour

Incontinence Appliances and Care Supplies

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

A4310 Insertion tray without drainage bag and without catheter (accessories only)

A4311 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)

A4312 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone

A4313 Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation

A4314 Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)

A4315 Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone

A4316 Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation

A4320 Irrigation tray with bulb or piston syringe, any purpose

A4321 Therapeutic agent for urinary catheter irrigation

A4322 Irrigation syringe, bulb or piston, each

A4326 Male external catheter with integral collection chamber, any type, each

A4327 Female external urinary collection device; meatal cup, each

A4328 Female external urinary collection device; pouch, each

A4330 Perianal fecal collection pouch with adhesive, each

A4331 Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each

A4332 Lubricant, individual sterile packet, each

A4333 Urinary catheter anchoring device, adhesive skin attachment, each

A4334 Urinary catheter anchoring device, leg strap, each

A4335 Incontinence supply; miscellaneous

A4336 Incontinence supply, urethral insert, any type, each

A4337 Incontinence supply, rectal insert, any type, each

A4338 Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each

A4340 Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each

A4341 Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
AHA: 2Q,23

A4342 Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each
AHA: 2Q,23

A4344 Indwelling catheter, foley type, two-way, all silicone or polyurethane, each

- C7530** Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report **B2**
AHA: 1Q,23
- C7531** Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation **J8**
AHA: 1Q,23
- C7532** Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation **J8**
AHA: 1Q,23
- C7533** Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy **J8**
AHA: 1Q,23
- C7534** Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation **J8**
AHA: 1Q,23
- C7535** Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation **J8**
AHA: 1Q,23
- C7537** Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) **J8**
AHA: 1Q,23
- C7538** Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) **J8**
AHA: 1Q,23
- C7539** Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) **J8**
AHA: 1Q,23
- C7540** Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) **J8**
AHA: 1Q,23
- C7541** Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) **B2**
AHA: 1Q,23
- C7542** Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) **B2**
AHA: 1Q,23
- C7543** Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) **B2**
AHA: 1Q,23
- C7544** Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) **B2**
AHA: 1Q,23
- C7545** Percutaneous exchange of biliary drainage catheter (e.g., external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (e.g., mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation **B2**
AHA: 1Q,23
- C7546** Removal and replacement of externally accessible nephroureteral catheter (e.g., external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation **B2**
AHA: 1Q,23
- C7547** Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation **J8**
AHA: 1Q,23
- C7548** Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation **B2**
AHA: 1Q,23

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

CMS: 100-04,10,40.2

G0495 Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes B

CMS: 100-04,10,40.2

G0496 Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes B

CMS: 100-04,10,40.2

Chemotherapy Infusion

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

Hepatitis B Screening

G0499 Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result A

CMS: 100-03,1,210.6; 100-04,18,230; 100-04,18,230.1; 100-04,18,230.2; 100-04,18,230.3; 100-04,18,230.4

Moderate Sedation

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

CMS: 100-04,18,60.1.1

Mobility-Assistive Technology

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

Care Management Services

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

AHA: 3Q,19

Telehealth Consultation

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

AHA: 3Q,19

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

AHA: 3Q,19

RHC or FQHC General Care Management

G0511 Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month A

CMS: 100-02,13,230.2; 100-04,9,70.8

G0512 Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month A

CMS: 100-02,13,230.2; 100-02,13,230.3; 100-04,9,70.8

Prolonged Services

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

AHA: 3Q,19

G0514 Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service) N

AHA: 3Q,19

Drug Delivery Implants

G0516 Insertion of nonbiodegradable drug delivery implants, four or more (services for subdermal rod implant) DT NT

G0517 Removal of nonbiodegradable drug delivery implants, four or more (services for subdermal implants) DT NT

G0518 Removal with reinsertion, nonbiodegradable drug delivery implants, four or more (services for subdermal implants) DT NT

Drug Test(s)

G0659 Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes Q

AHA: 2Q,22

Quality Measures

G0913 Improvement in visual function achieved within 90 days following cataract surgery M

G0914 Patient care survey was not completed by patient M

G0915 Improvement in visual function not achieved within 90 days following cataract surgery M

G0916 Satisfaction with care achieved within 90 days following cataract surgery M

G0917 Patient care survey was not completed by patient M

J1675	Injection, histrelin acetate, 10 mcg Use this code for Supprelin LA. AHA: 4Q,18	EI ✓	J1756	Injection, iron sucrose, 1 mg Use this code for Venofer. CMS: 100-04,8,60.2.4; 100-04,8,60.2.4.2 AHA: 4Q,18	NI NI ✓
J1700	Injection, hydrocortisone acetate, up to 25 mg Use this code for Hydrocortone Acetate. CMS: 100-04,4,20.6.4 AHA: 4Q,18	NI NI ✓	J1786	Injection, imiglucerase, 10 units Use this code for Cerezyme. AHA: 4Q,18	KI K2 ✓
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg Use this code for Hydrocortone Phosphate. CMS: 100-04,4,20.6.4 AHA: 4Q,18	NI NI ✓	J1790	Injection, droperidol, up to 5 mg Use this code for Inapsine. CMS: 100-04,4,20.6.4 AHA: 4Q,18	NI NI ✓
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg Use this code for Solu-Cortef, A-Hydrocort. CMS: 100-04,4,20.6.4 AHA: 4Q,18	NI NI ✓	J1800	Injection, propranolol HCl, up to 1 mg Use this code for Inderal. CMS: 100-04,4,20.6.4 AHA: 4Q,18	NI NI ✓
J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg AHA: 4Q,18; 1Q,18	KI K2	● J1805	Injection, esmolol HCl, 10 mg AHA: 3Q,23	
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg AHA: 4Q,18; 1Q,18	NI K2	● J1806	Injection, esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg Use this code for esmolol HCl manufactured by WG Critical Care. AHA: 3Q,23	
J1730	Injection, diazoxide, up to 300 mg AHA: 4Q,18	EI ✓	J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule AHA: 4Q,18	EI ✓
J1738	Injection, meloxicam, 1 mg Use this code for Anjeso. AHA: 4Q,20	NI	● J1811	Insulin (Fiasp) for administration through DME (i.e., insulin pump) per 50 units AHA: 3Q,23	
J1740	Injection, ibandronate sodium, 1 mg Use this code for Boniva. AHA: 4Q,18	KI K2 ✓	● J1812	Insulin (Fiasp), per 5 units AHA: 3Q,23	
J1741	Injection, ibuprofen, 100 mg Use this code for Caldolor. AHA: 4Q,18	NI NI ✓	● J1813	insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units AHA: 3Q,23	
J1742	Injection, ibutilide fumarate, 1 mg Use this code for Corvert. AHA: 4Q,18	KI K2 ✓	● J1814	Insulin (Lyumjev), per 5 units AHA: 3Q,23	
J1743	Injection, idursulfase, 1 mg Use this code for Elaprase. AHA: 4Q,18	KI K2 ✓	J1815	Injection, insulin, per 5 units Use this code for Humalog, Humulin, Iletin, Insulin Lispro, Lantus, Levemir, NPH, Pork insulin, Regular insulin, Ultralente, Velosulin, Humulin R, Iletin II Regular Pork, Insulin Purified Pork, Relion, Lente Iletin I, Novolin R, Humulin R U-500. CMS: 100-04,4,20.6.4 AHA: 4Q,18	NI NI ✓
J1744	Injection, icatibant, 1 mg Use this code for Firazyr. CMS: 100-02,15,50.5 AHA: 4Q,18	KI K2 ✓	J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units Use this code for Humalog, Humulin, Iletin II NPH Pork, Lispro-PFC, Novolin, Novolog, Novolog Flexpen, Novolog Mix, Relion Novolin. AHA: 4Q,18	NI NI ✓
J1745	Injection, infliximab, excludes biosimilar, 10 mg Use this code for Remicade. AHA: 4Q,18	KI K2 ✓	J1823	Injection, inebilizumab-cdon, 1 mg Use this code for Uplinza. AHA: 1Q,21	K2
J1746	Injection, ibalizumab-uiyk, 10 mg Use this code for Trogarzo. CMS: 100-04,4,260.1; 100-04,4,260.1.1 AHA: 1Q,19; 4Q,18	K2	J1826	Injection, interferon beta-1a, 30 mcg Use this code for AVONEX, Rebif. AHA: 4Q,18	KI K2 ✓
● J1747	Injection, spesolimab-sbzo, 1 mg Use this code for Spevigo. AHA: 2Q,23	K2	J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) Use this code for Betaseron. CMS: 100-02,15,50.5 AHA: 4Q,18	KI NI ✓
J1750	Injection, iron dextran, 50 mg Use this code for INFeD. AHA: 4Q,18	KI K2 ✓			

L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	<input type="checkbox"/> <input type="checkbox"/>
L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	<input type="checkbox"/> <input type="checkbox"/>
L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	<input type="checkbox"/> <input type="checkbox"/>
L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	<input type="checkbox"/> <input type="checkbox"/>
L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	<input type="checkbox"/> <input type="checkbox"/>
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	<input type="checkbox"/> <input type="checkbox"/>
L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	<input type="checkbox"/> <input type="checkbox"/>
L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	<input type="checkbox"/> <input type="checkbox"/>
L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	<input type="checkbox"/> <input type="checkbox"/>

Additions to Fracture Orthosis

L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	<input type="checkbox"/> <input type="checkbox"/>
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	<input type="checkbox"/> <input type="checkbox"/>
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	<input type="checkbox"/> <input type="checkbox"/>
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	<input type="checkbox"/> <input type="checkbox"/>
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	<input type="checkbox"/> <input type="checkbox"/>
L2190	Addition to lower extremity fracture orthosis, waist belt	<input type="checkbox"/> <input type="checkbox"/>
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	<input type="checkbox"/> <input type="checkbox"/>

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

L2200	Addition to lower extremity, limited ankle motion, each joint	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	<input type="checkbox"/> <input type="checkbox"/>
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle-foot orthosis (AFO), for custom fabricated orthosis only	<input type="checkbox"/> <input type="checkbox"/>
L2240	Addition to lower extremity, round caliper and plate attachment	<input type="checkbox"/> <input type="checkbox"/>
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	<input type="checkbox"/> <input type="checkbox"/>

L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	<input type="checkbox"/> <input type="checkbox"/>
L2265	Addition to lower extremity, long tongue stirrup	<input type="checkbox"/> <input type="checkbox"/>
L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad	<input type="checkbox"/> <input type="checkbox"/>
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	<input type="checkbox"/> <input type="checkbox"/>
L2280	Addition to lower extremity, molded inner boot	<input type="checkbox"/> <input type="checkbox"/>
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	<input type="checkbox"/> <input type="checkbox"/>
L2310	Addition to lower extremity, abduction bar, straight	<input type="checkbox"/> <input type="checkbox"/>
L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only	<input type="checkbox"/> <input type="checkbox"/>
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	<input type="checkbox"/> <input type="checkbox"/>
L2335	Addition to lower extremity, anterior swing band	<input type="checkbox"/> <input type="checkbox"/>
L2340	Addition to lower extremity, pretibial shell, molded to patient model	<input type="checkbox"/> <input type="checkbox"/>
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	<input type="checkbox"/> <input type="checkbox"/>
L2360	Addition to lower extremity, extended steel shank	<input type="checkbox"/> <input type="checkbox"/>
L2370	Addition to lower extremity, Patten bottom	<input type="checkbox"/> <input type="checkbox"/>
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	<input type="checkbox"/> <input type="checkbox"/>
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2385	Addition to lower extremity, straight knee joint, heavy-duty, each joint	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthosis (KAFO), each joint	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2390	Addition to lower extremity, offset knee joint, each joint	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2395	Addition to lower extremity, offset knee joint, heavy-duty, each joint	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2397	Addition to lower extremity orthosis, suspension sleeve	<input type="checkbox"/> <input type="checkbox"/>

Additions to Straight Knee or Offset Knee Joints

L2405	Addition to knee joint, drop lock, each	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
L2492	Addition to knee joint, lift loop for drop lock ring	<input type="checkbox"/> <input type="checkbox"/>

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

L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	<input type="checkbox"/> <input type="checkbox"/>
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	<input type="checkbox"/> <input type="checkbox"/>
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	<input type="checkbox"/> <input type="checkbox"/>
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	<input type="checkbox"/> <input type="checkbox"/>

- S9454 Stress management classes, nonphysician provider, per session
- S9455 Diabetic management program, group session
- S9460 Diabetic management program, nurse visit
- S9465 Diabetic management program, dietitian visit
- S9470 Nutritional counseling, dietitian visit
- S9472 Cardiac rehabilitation program, nonphysician provider, per diem
- S9473 Pulmonary rehabilitation program, nonphysician provider, per diem
- S9474 Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem
- S9475 Ambulatory setting substance abuse treatment or detoxification services, per diem
- S9476 Vestibular rehabilitation program, nonphysician provider, per diem
- S9480 Intensive outpatient psychiatric services, per diem
- S9482 Family stabilization services, per 15 minutes
- S9484 Crisis intervention mental health services, per hour
- S9485 Crisis intervention mental health services, per diem
- S9490 Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9494 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)
- S9497 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9500 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9501 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9502 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9503 Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9504 Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

- S9529 Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient
- S9537 Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9538 Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem
- S9542 Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9558 Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9559 Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9560 Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- ▲ S9562 Home injectable therapy, palivizumab or other monoclonal antibody for RSV, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
AHA: 2Q,23
- S9563 Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
AHA: 2Q,23
- S9590 Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9810 Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)
- S9900 Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem
- S9901 Services by a Journal-listed Christian Science nurse, per hour
- S9960 Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
- S9961 Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
- S9970 Health club membership, annual
- S9975 Transplant related lodging, meals and transportation, per diem
- S9976 Lodging, per diem, not otherwise classified
- S9977 Meals, per diem, not otherwise specified

Special Coverage Instructions Noncovered by Medicare Carrier Discretion Quantity Alert ● New Code ○ Recycled/Reinstated ▲ Revised Code

Appendix 1 — Table of Drugs and Biologicals

INTRODUCTION AND DIRECTIONS

The HCPCS 2024 Table of Drugs and Biologicals is designed to quickly and easily direct the user to drug names and their corresponding codes. Both generic and brand or trade names are alphabetically listed in the “Drug Name” column of the table. The associated A, C, J, K, Q, or S code is given only for the generic name of the drug. While every effort is made to make the table comprehensive, it is not all-inclusive.

The “Unit Per” column lists the stated amount for the referenced generic drug as provided by CMS. “Up to” listings are inclusive of all quantities up to and including the listed amount. All other listings are for the amount of the drug as listed. The editors recognize that the availability of some drugs in the quantities listed is dependent on many variables beyond the control of the clinical ordering clerk. The availability in your area of regularly used drugs in the most cost-effective quantities should be relayed to your third-party payers.

The “Route of Administration” column addresses the most common methods of delivering the referenced generic drug as described in current pharmaceutical literature. The official definitions for Level II drug codes generally describe administration other than by oral method. Therefore, with a handful of exceptions, oral-delivered options for most drugs are omitted from the Route of Administration column.

Intravenous administration includes all methods, such as gravity infusion, injections, and timed pushes. When several routes of administration are listed, the first listing is simply the first, or most common, method as described in current reference literature. The “VAR” posting denotes various routes of administration and is used for drugs that are commonly administered into joints, cavities, tissues, or topical applications, in addition to other parenteral administrations. Listings posted with “OTH” alert the user to other administration methods, such as suppositories or catheter injections.

Please be reminded that the Table of Drugs and Biologicals, as well as all HCPCS Level II national definitions and listings, constitutes a post-treatment medical reference for billing purposes only. Although the editors have exercised all normal precautions to ensure the accuracy of the table and related material, the use of any of this information to select medical treatment is entirely inappropriate. Do not code directly from the table. Refer to the tabular section for complete information.

See Appendix 3 for abbreviations.

Drug Name	Units Per	Route	Code
10% LMD	500 ML	IV	J7100
5% DEXTROSE AND .45% NORMAL SALINE	1000 ML	IV	S5010
5% DEXTROSE IN LACTATED RINGERS	1000 CC	IV	J7121
5% DEXTROSE WITH POTASSIUM CHLORIDE	1000 ML	IV	S5012
5% DEXTROSE/.45% NS WITH KCL AND MAG SULFATE	1000ML	IV	S5013
5% DEXTROSE/.45% NS WITH KCL AND MAG SULFATE	1500 ML	IV	S5014
5% DEXTROSE/NORMAL SALINE	5%	VAR	J7042
5% DEXTROSE/WATER	500 ML	IV	J7060
A-HYDROCORT	100 MG	IV, IM, SC	J1720
A-METHAPRED	40 MG	IM, IV	J2920
A-METHAPRED	125 MG	IM, IV	J2930
ABATACEPT	10 MG	IV	J0129
ABCIXIMAB	10 MG	IV	J0130
ABECMA	UP TO 460 MILLION CELLS	IV	Q2055
ABELCET	10 MG	IV	J0287
ABILIFY	0.25 MG	IM	J0400
ABILIFY ASIMTUFII	1 MG	IM	C9152
ABILIFY ASIMTUFII	1 MG	IM	J0402
ABILIFY MAINTENA KIT	1 MG	IM	J0401
ABLAVAR	1 ML	IV	A9583
ABOBOTULINUMTOXINA	5 UNITS	IM	J0586

Drug Name	Units Per	Route	Code
ABRAXANE	1 MG	IV	J9264
ABRILADA	10 MG	SC	Q5132
ACS ADVANCED WOUND SYSTEM (ACS)	SQ CM	OTH	A2020
ACCELULAR PERICARDIAL TISSUE MATRIX NONHUMAN	SQ CM	OTH	C9354
ACCUNEB NONCOMPOUNDED, CONCENTRATED	1 MG	INH	J7611
ACCUNEB NONCOMPOUNDED, UNIT DOSE	1 MG	INH	J7613
ACESSO DL	SQ CM	OTH	Q4293
ACESSO TL	SQ CM	OTH	Q4300
ACETADOTE	1 G	INH	J7608
ACETADOTE	100 MG	IV	J0132
ACETAMINOPHEN (B. BRAUN), NOT THERAPEUTICALLY EQUIVALENT TO J0131	10 MG	IV	J0136
ACETAMINOPHEN (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J0131	10 MG	IV	J0134
ACETAMINOPHEN (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J0131	10 MG	IV	J0137
ACETAMINOPHEN NOS	10 MG	IV	J0131
ACETAZOLAMIDE SODIUM	500 MG	IM, IV	J1120
ACETYLCYSTEINE COMPOUNDED	PER G	INH	J7604
ACETYLCYSTEINE NONCOMPOUNDED	1 G	INH	J7608
ACTEMRA	1 MG	IV	J3262
ACTEMRA	1 MG	IV	Q0249
ACTHAR GEL	UP TO 40 UNITS	IM/SC	J0801
ACTHAR GEL (ANI)	UP TO 40 UNITS	IM/SC	J0802
ACTHREL	1 MCG	IV	J0795
ACTIMMUNE	3 MU	SC	J9216
ACTIVASE	1 MG	IV	J2997
ACTIVATE MATRIX	SQ CM	OTH	Q4301
ACUTECT	STUDY DOSE UP TO 20 MCI	IV	A9504
ACYCLOVIR	5 MG	IV	J0133
ADAGEN	25 IU	IM	J2504
ADAKVEO	5 MG	IV	J0791
ADALIMUMAB	20 MG	SC	J0135
ADALIMUMAB-AACF, BIOSIMILAR	20 MG	SC	Q5131
ADALIMUMAB-AFZB	10 MG	SC	Q5132
ADASUVE	1 MG	INH	J2062
ADCETRIS	1 MG	IV	J9042
ADENOCARD	1 MG	IV	J0153
ADENOSINE	1 MG	IV	J0153
ADENSOSCAN	1 MG	IV	J0153
ADO-TRASTUZUMAB EMTANSINE	1 MG	IV	J9354
ADRENALIN	0.1 MG	IM, IV, SC	J0171
ADRENOCORT	1 MG	IM, IV, OTH	J1100
ADRIAMYCIN	10 MG	IV	J9000
ADRUCIL	500 MG	IV	J9190
ADSTILADRIN	THERAPEUTIC DOSE	OTH	J9029
ADUCANUMAB-AVWA	2 MG	IV	J0172
ADUHELM	2 MG	IV	J0172
ADYNOVATE	1 IU	IV	J7207
AEROBID	1 MG	INH	J7641

Appendix 2 — Modifiers

A modifier is a two-position code that is added to the end of a code to clarify the services being billed. Modifiers provide a means by which a service can be altered without changing the procedure code. They add more information, such as the anatomical site, to the code. In addition, they help to eliminate the appearance of duplicate billing and unbundling. Modifiers are used to increase accuracy in reimbursement, coding consistency, editing, and to capture payment data.

- A1** Dressing for one wound
- A2** Dressing for two wounds
- A3** Dressing for three wounds
- A4** Dressing for four wounds
- A5** Dressing for five wounds
- A6** Dressing for six wounds
- A7** Dressing for seven wounds
- A8** Dressing for eight wounds
- A9** Dressing for nine or more wounds
- AA** Anesthesia services performed personally by anesthesiologist
- AB** Audiology service furnished personally by an audiologist without a physician/NPP order for nonacute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
- AD** Medical supervision by a physician: more than four concurrent anesthesia procedures
- AE** Registered dietician
- AF** Specialty physician
- AG** Primary physician
- AH** Clinical psychologist
- AI** Principal physician of record
- AJ** Clinical social worker
- AK** Nonparticipating physician
- AM** Physician, team member service
- AO** Alternate payment method declined by provider of service
- AP** Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
- AQ** Physician providing a service in an unlisted health professional shortage area (HPSA)
- AR** Physician provider services in a physician scarcity area
- AS** Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
- AT** Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
- AU** Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
- AV** Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
- AW** Item furnished in conjunction with a surgical dressing
- AX** Item furnished in conjunction with dialysis services
- AY** Item or service furnished to an ESRD patient that is not for the treatment of ESRD
- AZ** Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
- BA** Item furnished in conjunction with parenteral enteral nutrition (PEN) services
- BL** Special acquisition of blood and blood products
- BO** Orally administered nutrition, not by feeding tube
- BP** The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
- BR** The beneficiary has been informed of the purchase and rental options and has elected to rent the item
- BU** The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
- CA** Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
- CB** Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable
- CC** Procedure code change (use CC when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
- CD** AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
- CE** AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
- CF** AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
- CG** Policy criteria applied
- CH** Zero percent impaired, limited or restricted
- CI** At least 1 percent but less than 20 percent impaired, limited or restricted
- CJ** At least 20 percent but less than 40 percent impaired, limited or restricted
- CK** At least 40 percent but less than 60 percent impaired, limited or restricted
- CL** At least 60 percent but less than 80 percent impaired, limited or restricted
- CM** At least 80 percent but less than 100 percent impaired, limited or restricted
- CN** 100 percent impaired, limited or restricted
- CO** Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
- CQ** Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
- CR** Catastrophe/disaster related
- CS** Cost-sharing waived for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency
- CT** Computed tomography services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (NEMA) XR-29-2013 standard
- DA** Oral health assessment by a licensed health professional other than a dentist
- E1** Upper left, eyelid
- E2** Lower left, eyelid
- E3** Upper right, eyelid
- E4** Lower right, eyelid
- EA** Erythropoietic stimulating agent (ESA) administered to treat anemia due to anticancer chemotherapy
- EB** Erythropoietic stimulating agent (ESA) administered to treat anemia due to anticancer radiotherapy
- EC** Erythropoietic stimulating agent (ESA) administered to treat anemia not due to anticancer radiotherapy or anticancer chemotherapy
- ED** Hematocrit level has exceeded 39 percent (or hemoglobin level has exceeded 13.0 G/dl) for three or more consecutive billing cycles immediately prior to and including the current cycle
- EE** Hematocrit level has not exceeded 39 percent (or hemoglobin level has not exceeded 13.0 G/dl) for three or more consecutive billing cycles immediately prior to and including the current cycle
- EJ** Subsequent claims for a defined course of therapy, e.g., EPO, sodium hyaluronate, infliximab
- EM** Emergency reserve supply (for ESRD benefit only)
- EP** Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
- ER** Items and services furnished by a provider-based, off-campus emergency department
- ET** Emergency services
- EX** Expatriate beneficiary