

## 2008 HCPCS ALPHA-NUMERIC CODES

### OCTOBER 1, 2008

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The listing of a procedure code on this site does not necessarily indicate coverage.

This alpha-numeric code listing does not include Physicians' Current Procedural Terminology (CPT) Level 1 codes copyrighted by the American Medical Association. For a complete listing of CPT procedures, please contact the American Medical Association's Order Department.

**Codes annotated with an asterisk are new procedure codes**

**Codes annotated with a double asterisk are a revision to terminology**

A0021	Ambulance service, outside state per mile, transport
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
A0090	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest
A0100	Non-emergency transportation; taxi
A0110	Non-emergency transportation and bus, intra or inter state carrier
A0120	Non-emergency transportation; mini-bus, mountain area transports, or other transportation systems
A0130	Non-emergency transportation: wheel-chair van
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state
A0160	Non-emergency transportation: per mile - case worker or social worker
A0170	Transportation ancillary: parking fees, tolls, other
A0180	Non-emergency transportation: ancillary: lodging-recipient
A0190	Non-emergency transportation: ancillary: meals-recipient
A0200	Non-emergency transportation: ancillary: lodging escort
A0210	Non-emergency transportation: ancillary: meals-escort
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
A0380	BLS mileage (per mile)
A0382	BLS routine disposable supplies
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)
A0390	ALS mileage (per mile)
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)
A0394	ALS specialized service disposable supplies; IV drug therapy
A0396	ALS specialized service disposable supplies; esophageal intubation
A0398	ALS routine disposable supplies
A0420	Ambulance waiting time (ALS or BLS), one half (1/2) hour increments
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)
A0428	Ambulance service, basic life support, non-emergency transport, (BLS)
A0429	Ambulance service, basic life support, emergency transport, (BLS-emergency)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
A0433	Advanced life support, level 2 (ALS2)
A0434	Specialty Care Transport (SCT)

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A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance service
A4206	Syringe with needle, sterile, 1 cc or less, each
A4207	Syringe with needle, sterile 2 cc, each.
A4208	Syringe with needle, sterile 3 cc, each
A4209	Syringe with needle, sterile 5 cc or greater, each
A4210	Needle-free injection device, each
A4211	Supplies for self-administered injections
A4212	Non-coring needle or stylet with or without catheter
A4213	Syringe, sterile, 20 cc or greater, each
A4215	Needle, sterile, any size, each
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml
A4217	Sterile water/saline, 500 ml
A4218	Sterile saline or water, metered dose dispenser, 10 ml
A4220	Refill kit for implantable infusion pump
A4221	Supplies for maintenance of drug infusion catheter, per week (list drug separately)
A4222	Infusion supplies for external drug external drug infusion pump, per cassette or bag (list drug separately)
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drug separately)
A4230	Infusion set for external insulin pump, non needle cannula type
A4231	Infusion set for external insulin pump, needle type
A4232	Syringe with needle for external insulin pump, sterile, 3 cc
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box (100)
A4246	Betadine or pHisoHex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box
A4248	Chlorhexidine containing antiseptic, 1 ml
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4252	Blood ketone test or reagent strip, each
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4255	Platforms for home blood glucose monitor, 50 per box
A4256	Normal, low and high calibrator solution/chips
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100
A4261	Cervical cap for contraceptive use
A4262	Temporary, absorbable lacrimal duct implant, each
A4263	Permanent, long term, non-dissolvable lacrimal duct implant, each
A4265	Paraffin, per pound
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male, each
A4268	Contraceptive supply, condom, female, each
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each

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A4270	Disposable endoscope sheath, each
A4280	Adhesive skin support attachment for use with external breast prosthesis, each
A4281	Tubing for breast pump, replacement
A4282	Adapter for breast pump, replacement
A4283	Cap for breast pump bottle, replacement
A4284	Breast shield and splash protector for use with breast pump, replacement
A4285	Polycarbonate bottle for use with breast pump, replacement
A4286	Locking ring for breast pump, replacement
A4290	Sacral nerve stimulation test lead, each
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
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 draining 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; metal 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
A4338	Indwelling catheter; Foley type; two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340	Indwelling catheter; specialty type (eg, Coude, mushroom, wing, etc.), each
A4344	Indwelling catheter, Foley type, two-way, all silicone, each
A4346	Indwelling catheter; Foley type, three-way for continuous irrigation, each
A4349	Male external catheter, with or without adhesive, disposable, each
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4353	Intermittent urinary catheter, with insertion supplies
A4354	Insertion tray with drainage bag but without catheter
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each

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A4360	Adult incontinence supply
A4361	Ostomy faceplate, each
A4362	Skin barrier; solid, 4 x 4 or equivalent; each
A4363	Ostomy clamp, any type, replacement only, each
A4364	Adhesive, liquid or equal, any type, per ounce
A4365	Adhesive remover wipes, any type, per 50
A4366	Ostomy vent, any type, each
A4367	Ostomy belt, each
A4368	Ostomy filter, any type, each
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz.
A4371	Ostomy skin barrier, powder, per oz.
A4372	Ostomy skin barrier, solid 4X4 or equivalent, standard wear, with built-in convexity, each
A4373	Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	Ostomy faceplate equivalent, silicone ring, each
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each
A4387	Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity (1 piece), each
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each
A4392	Ostomy pouch, urinary with standard wear barrier attached, with built-in convexity (1 piece), each
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396	Ostomy belt, with peristomal hernia support
A4397	Irrigation supply; sleeve, each
A4398	Ostomy irrigation supply; bag, each
A4399	Ostomy irrigation supply; cone/catheter, including brush
A4400	Ostomy irrigation set
A4402	Lubricant, per ounce
A4404	Ostomy ring, each
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce
A4406	Ostomy skin barrier, pectin-based, paste, per ounce
A4407	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, 4x4 inches or smaller, each
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4x4 inches, each
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4x4 inches, each
A4411	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each

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A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each
A4414	Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, 4x4 inches or smaller, each
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each
A4420	Ostomy pouch, closed; for use on barrier with locking flange, (2 piece), each
A4421	Ostomy supply; miscellaneous
A4422	Ostomy, absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each
A4450	Tape, non-waterproof, per 18 square inches
A4452	Tape, waterproof, per 18 square inches
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4458	Enema bag with tubing, reusable
A4461	Surgical dressing holder, non-reusable, each
A4463	Surgical dressing holder, reusable, each
A4465	Non-elastic binder for extremity
A4470	Gravlee jet washer
A4480	Vabra aspirator
A4481	Tracheostoma filter, any type, any size, each
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4490	Surgical stockings above knee length, each
A4495	Surgical stockings thigh length, each
A4500	Surgical stockings below knee length, each
A4510	Surgical stockings full length, each
A4520	Incontinence garment, any type, (eg, brief, diaper), each
A4550	Surgical trays
A4554	Disposable underpads, all sizes
A4556	Electrodes, (e.g., apnea monitor), per pair
A4557	Lead wires, (e.g., apnea monitor), per pair

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A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz
A4559	Coupling gel or paste, for use with ultrasound device, per oz
A4561	Pessary, rubber, any type
A4562	Pessary, non-rubber, any type
A4565	Slings
A4570	Splint
A4575	Topical hyperbaric oxygen chamber, disposable
A4580	Cast supplies (e.g. plaster)
A4590	Special casting materials (e.g. fiberglass)
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)
A4600	Sleeve for intermittent limb compression device, replacement only, each
A4601	Lithium ion battery for non-prosthetic use, replacement
A4604	Tubing with integrated heating element for use with positive airway pressure device
A4605	Tracheal suction catheter, closed system, each
A4606	Oxygen probe for use with oximeter device, replacement
A4608	Transtracheal oxygen catheter, each
A4611	Battery, heavy duty; replacement for patient-owned ventilator
A4612	Battery cables; replacement for patient-owned ventilator
A4613	Battery charger; replacement for patient-owned ventilator
A4614	Peak expiratory flow rate meter, hand held
A4615	Cannula, nasal
A4616	Tubing (oxygen), per foot
A4617	Mouth piece
A4618	Breathing circuits
A4619	Face tent
A4620	Variable concentration mask
A4623	Tracheotomy, inner cannula
A4624	Tracheal suction catheter, any type other than closed system, each
A4625	Tracheostomy care kit for new tracheostomy
A4626	Tracheostomy cleaning brush, each
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
A4628	Oropharyngeal suction catheter, each
A4629	Tracheostomy care kit for established tracheostomy
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each
A4634	Replacement bulb for therapeutic light box, tabletop model
A4635	Underarm pad, crutch, replacement, each
A4636	Replacement, handgrip, cane, crutch, or walker, each
A4637	Replacement, tip, cane, crutch, walker, each
A4638	Replacement battery for patient owned ear pulse generator, each
A4639	Replacement pad for infrared heating pad system, each
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient
A4641	Radiopharmaceutical, diagnostic, not otherwise classified
A4642	Indium IN-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries
A4648	Tissue marker, implantable, any type, each
A4649	Surgical supply; miscellaneous
A4650	Implantable radiation dosimeter, each
A4651	Calibrated microcapillary tube, each
A4652	Microcapillary tube sealant
A4653	Peritoneal dialysis catheter anchoring device, belt, each
A4657	Syringe, with or without needle, each
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663	Blood pressure cuff only

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A4670	Automatic blood pressure monitor
A4671	Disposable cyclor set used with cyclor dialysis machine, each
A4672	Drainage extension line, sterile, for dialysis, each
A4673	Extension line with easy lock connectors, used with dialysis
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz
A4680	Activated carbon filter for hemodialysis, each
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet
A4708	Acetate concentrate solution, for hemodialysis, per gallon
A4709	Acid concentrate, solution, for hemodialysis, per gallon
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon
A4719	"Y set" tubing for peritoneal dialysis
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc, but less than or equal to 1999 cc, for peritoneal dialysis
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc, but less than or equal to 2999 cc, for peritoneal dialysis
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc, but less than or equal to 3999 cc, for peritoneal dialysis
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc, but less than or equal to 4999 cc, for peritoneal dialysis
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc, but less than or equal to 5999 cc, for peritoneal dialysis
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis
A4728	Dialysate solution, non-dextrose containing, 500 ml
A4730	Fistula cannulation set for hemodialysis, each
A4736	Topical anesthetic, for dialysis, per gram
A4737	Injectable anesthetic, for dialysis, per 10 ml
A4740	Shunt accessory, for hemodialysis, any type
A4750	Blood tubing, arterial or venous, for hemodialysis, each
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml
A4770	Blood collection tube, vacuum, for dialysis, per 50
A4771	Serum clotting time tube, for dialysis, per 50
A4772	Blood glucose test strips, for dialysis, per 50
A4773	Occult blood test strips, for dialysis, per 50
A4774	Ammonia test strips, for dialysis, per 50
A4802	Protamine Sulfate, for hemodialysis, per 50 mg
A4860	Disposable catheter tips for peritoneal dialysis, per 10
A4870	Plumbing and/or electrical work for home hemodialysis equipment
A4890	Contracts, repair and maintenance, for hemodialysis equipment
A4911	Drain bag/bottle, for dialysis, each
A4913	Miscellaneous dialysis supplies, not otherwise specified
A4918	Venous pressure clamp, for hemodialysis, each
A4927	Gloves, non-sterile, per 100
A4928	Surgical mask, per 20
A4929	Tourniquet for dialysis, each
A4930	Gloves, sterile, per pair
A4931	Oral thermometer, reusable, any type, each
A4932	Rectal thermometer, reusable, any type, each
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each

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A5052	Ostomy pouch, closed; without barrier attached (1 piece), each
A5053	Ostomy pouch, closed; for use on faceplate, each
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each
A5055	Stoma cap
A5061	Ostomy pouch, drainable; with barrier attached (1 piece), each
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each
A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each
A5081	Continent device; plug for continent stoma
A5082	Continent device; catheter for continent stoma
A5083	Continent device, stoma absorptive cover for continent stoma
A5093	Ostomy accessory; convex insert
A5102	Bedside drainage bottle, with or without tubing, rigid or expandable, each
A5105	Urinary suspensory with leg bag, with or without tube, each
A5112	Urinary leg bag; latex
A5113	Leg strap; latex, replacement only, per set
A5114	Leg strap; foam or fabric, replacement only, per set
A5120	Skin barrier, wipes or swabs, each
A5121	Skin barrier; solid, 6 x 6 or equivalent, each
A5122	Skin barrier; solid, 8 x 8 or equivalent, each
A5126	Adhesive or non-adhesive; disc or foam pad
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s), prefabricated, per shoe
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card
A6010	Collagen based wound filler, dry form, per gram of collagen
A6011	Collagen based wound filler, gel/paste, per gram of collagen
A6021	Collagen dressing, pad size 16 sq. in. or less, each
A6022	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each



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A6023	Collagen dressing, pad size more than 48 sq. in., each
A6024	Collagen dressing wound filler, per 6 inches
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each
A6154	Wound pouch, each
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing
A6201	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6202	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing
A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6206	Contact layer, 16 sq. in. or less, each dressing
A6207	Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6208	Contact layer, more than 48 sq. in., each dressing
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6215	Foam dressing, wound filler, per gram
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6222	Gauze, impregnated, other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	Gauze, impregnated, other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6224	Gauze, impregnated, other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

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A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing
A6232	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6233	Gauze, impregnated, hydrogel for direct wound contact, pad size more than 48 sq. in., each dressing
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	Hydrocolloid dressing, wound cover, pad size more than 16. sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce
A6241	Hydrocolloid dressing, wound filler, dry form, per gram
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6257	Transparent film, 16 sq. in. or less, each dressing
A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	Transparent film, more than 48 sq. in., each dressing
A6260	Wound cleansers, any type, any size
A6261	Wound filler, gel/paste, per fluid ounce, not elsewhere classified
A6262	Wound filler, dry form, per gram, not elsewhere classified
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing

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A6403	Gauze, non-impregnated, sterile pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6407	Packing strips, non-impregnated, up to 2 inches in width, per linear yard
A6410	Eye pad, sterile, each
A6411	Eye pad, non-sterile, each
A6412	Eye patch, occlusive, each
A6413	Adhesive bandage, first-aid type, any size, each
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile width greater than or equal to three inches and less than five inches, per yard
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	Moderate compression bandage elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6457	Tubular dressing with or without elastic, any width, per linear yard
A6501	Compression burn garment, body suit (head to foot), custom fabricated
A6502	Compression burn garment, chin strap, custom fabricated
A6503	Compression burn garment, facial hood, custom fabricated
A6504	Compression burn garment, glove to wrist, custom fabricated
A6505	Compression burn garment, glove to elbow, custom fabricated
A6506	Compression burn garment, glove to axilla, custom fabricated
A6507	Compression burn garment, foot to knee length, custom fabricated
A6508	Compression burn garment, foot to thigh length, custom fabricated
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6512	Compression burn garment, not otherwise classified
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated

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A6530	Gradient compression stocking, below knee, 18-30 mmhg, each
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each
A6541	Gradient compression stocking, waist length, 40-50 mmhg, each
A6542	Gradient compression stocking, custom made
A6543	Gradient compression stocking, lymphedema
A6544	Gradient compression stocking, garter belt
A6549	Gradient compression stocking, not otherwise specified
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A7000	Canister, disposable, used with suction pump, each
A7001	Canister, non-disposable, used with suction pump, each
A7002	Tubing, used with suction pump, each
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7004	Small volume nonfiltered pneumatic nebulizer, disposable
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7006	Administration set, with small volume filtered pneumatic nebulizer
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
A7011	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet
A7012	Water collection device, used with large volume nebulizer
A7013	Filter, disposable, used with aerosol compressor
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator
A7015	Aerosol mask, used with DME nebulizer
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7017	Nebulizer, durable, glass, or autoclavable plastic, bottle type, not used with oxygen
A7018	Water, distilled, used with large volume nebulizer, 1000 ml
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028	Oral cushion for combination oral/nasal mask, replacement only, each
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030	Full face mask used with positive airway pressure device, each
A7031	Face mask interface, replacement for full face mask, each
A7032	Replacement cushion for use on mask
A7033	Pillow for use on nasal cannula type interface, replacement only, pair
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035	Headgear used with positive airway pressure device
A7036	Chinstrap used with positive airway pressure device
A7037	Tubing used with positive airway pressure device
A7038	Filter, disposable, used with positive airway pressure device
A7039	Filter, non-disposable, used with positive airway pressure device

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A7040	One way chest drain valve
A7041	Water seal drainage container and tubing for use with implanted chest tube
A7042	Implanted pleural catheter, each
A7043	Vacuum drainage bottle and tubing for use with implanted catheter
A7044	Oral interface used with positive airway pressure device, each
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
A7501	Tracheostoma valve, including diaphragm, each
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each
A7523	Tracheostomy shower protector, each
A7524	Tracheostoma stent/stud/button, each
A7525	Tracheostomy mask, each
A7526	Tracheostomy tube collar/holder, each
A7527	Tracheostomy/laryngectomy tube plug/stop, each
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories
A8004	Soft interface for helmet, replacement only
A9150	Non-prescription drugs
A9152	Single vitamin/mineral/trace element, oral, per dose not otherwise specified
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose not otherwise specified
A9155	Artificial saliva, 30 ml
A9180	Pediculosis (lice infestation) treatment, topical for administration by patient/caretaker
A9270	Non-covered item or service
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9275	Home glucose disposable monitor, includes test strips
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
A9280	Alert or alarm device, not otherwise classified
A9281	Reaching/grabbing device, any type, any length, each
A9282	Wig, any type, each

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A9283	Foot pressure off loading/supportive device, any type, each
A9300	Exercise equipment
A9500	Technetium TC-99M sestamibi, diagnostic, per study dose, up to 40 millicuries
A9501	Technetium tc-99M teboroxime, diagnostic, per study dose
A9502	Technetium TC-99M tetrofosmin, diagnostic, per study dose, up to 40 millicuries
A9503	Technetium TC-99M medronate, diagnostic, per study dose, up to 30 millicuries
A9504	Technetium TC-99M apcitide, diagnostic, per study dose, up to 20 millicuries
A9505	Thallium TL-201 thallos chloride, diagnostic, per millicurie
A9507	Indium IN-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
A9509	Iodine I-123 sodium iodide, diagnostic, per millicurie
A9510	Technetium TC-99M disofenin, diagnostic, per study dose, up to 15 millicuries
A9512	Technetium TC-99M pertechnetate, diagnostic, per millicurie
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie
A9518	Supply of radiopharmaceutical therapeutic imaging agent, I-131 sodium iodide solution, per uCi
A9521	Technetium TC-99M exametazime, diagnostic, per study dose, up to 25 millicuries
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries
A9527	Iodine I-125, sodium iodide solution, therapeutic, per millicurie
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie
A9529	Iodine I-131 sodium iodide solution, diagnostic, per millicurie
A9530	Iodine I-131 sodium iodide solution, therapeutic, per millicurie
A9531	Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)
A9532	Iodine-I-125 serum albumin, diagnostic, per 5 microcuries
A9535	Injection, methylene blue, 1 ml
A9536	Technetium TC-99M depreotide, diagnostic, per study dose, up to 35 millicuries
A9537	Technetium TC-99M mebrofenin, diagnostic, per study dose, up to 15 millicuries
A9538	Technetium TC-99M pyrophosphate, diagnostic, per study dose, up to 25 millicuries
A9539	Technetium TC-99M pentetate, diagnostic, per study dose, up to 25 millicuries
A9540	Technetium TC-99M macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
A9541	Technetium TC-99M sulfur colloid, diagnostic, per study dose, up to 20 millicuries
A9542	Indium IN-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
A9544	Iodine I-131 tositumomab, diagnostic, per study dose
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose
A9546	Cobalt CO-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
A9547	Indium IN-111 oxyquinoline, diagnostic, per 0.5 millicurie
A9548	Indium IN-111 pentetate, diagnostic, per 0.5 millicurie
A9550	Technetium TC-99M sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
A9551	Technetium TC-99M succimer, diagnostic, per study dose, up to 10 millicuries
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries
A9553	Chromium CR-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
A9555	Rubidium RB-82, diagnostic, per study dose, up to 60 millicuries
A9556	Gallium GA-67 citrate, diagnostic, per millicurie
A9557	Technetium TC-99M bicipitate, diagnostic, per study dose, up to 25 millicuries
A9558	Xenon XE-133 gas, diagnostic, per 10 millicuries
A9559	Cobalt CO-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
A9560	Technetium TC-99M labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
A9561	Technetium TC-99M oxidronate, diagnostic, per study dose, up to 30 millicuries
A9562	Technetium TC-99M mertiatide, diagnostic, per study dose, up to 15 millicuries

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A9563	Sodium phosphate P-32, therapeutic, per millicurie
A9564	Chromic phosphate P-32 suspension, therapeutic, per millicurie
A9566	Technetium TC-99M fanolesomiab, diagnostic, per study dose, up to 25 millicuries
A9567	Technetium TC-99M pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
A9568	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries
A9569	Technetium tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries
A9576	Injection, gadoteridol, (ProHance multipack), per ml
A9577	Injection, gadobenate dimeglumine (MultiHance), per ml
A9578	Injection, gadobenate dimeglumine (MultiHance multipack), per ml
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml
A9600	Strontium SR-89 chloride, therapeutic, per millicurie
A9605	Samarium SM-153 lexidronam, therapeutic, per 50 millicuries
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study
A9699	Radiopharmaceutical, therapeutic, not otherwise classified
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code
A9999	Miscellaneous DME supply or accessory, not otherwise specified
B4034	Enteral feeding supply kit; syringe fed, per day
B4035	Enteral feeding supply kit; pump fed, per day
B4036	Enteral feeding supply kit; gravity fed, per day
B4081	Nasogastric tubing; with stylet
B4082	Nasogastric tubing; without stylet
B4083	Stomach tube-Levine type
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
B4100	Food thickener, administered orally, per ounce
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 units
B4104	Additive for enteral formula (e.g. fiber)
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4150	Enteral formula; nutritionally complete with intact nutrients includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula; nutritionally complete calorically dense (equal to or greater than 1.5 Kcal/ml) with intact nutrients includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	Enteral formula; nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (eg, glucose polymers), proteins/amino acids (eg, glutamine, arginine), fat (eg, medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit

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B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins includes fats carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - homemix
B4168	Parenteral nutrition solution: amino acid, 3.5%, (500 ml = 1 unit) - homemix
B4172	Parenteral nutrition solution: amino acid, 5.5% through 7%, (500 ml = 1 unit) - homemix
B4176	Parenteral nutrition solution: amino acid, 7% through 8.5%, (500 ml = 1 unit) - homemix
B4178	Parenteral nutrition solution: amino acid, greater than 8.5%, (500 ml = 1 unit) - homemix
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50%,(500 ml = 1 unit) - homemix
B4185	Parenteral nutrition solution, per 10 grams lipids
B4186	Parenteral nutrition solution: lipids, 20% with administration set (500 ml = 1 unit)
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix
B4197	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix
B4199	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 grams of protein - premix
B4216	Parenteral nutrition solution: Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix, per day
B4220	Parenteral nutrition supply kit; premix, per day
B4222	Parenteral nutrition solution: homemix, per day
B4224	Parenteral nutrition administration kit, per day
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-amirosyn RF, nephramine, renamine-premix
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-freamine HBC, hepatamine - premix
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids - premix
B9000	Enteral nutrition infusion pump without alarm
B9002	Enteral nutrition infusion pump with alarm
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
B9998	NOC for enteral supplies



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B9999	NOC for parenteral supplies
C1300	Hyperbaric oxygen under pressure, full body chamber, per 30 minute Interval
C1531	Stent, colorectal, Bard Memotherm colorectal stent model S30R060
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1714	Catheter, transluminal atherectomy, directional
C1715	Brachytherapy needle
C1716	Brachytherapy source, non-stranded, Gold-198, per source
C1717	Brachytherapy source, non-stranded, High Dose Rate Iridium-192, per source
C1719	Brachytherapy source, non-stranded, Non-High Dose Rate Iridium-192, per source
C1721	Cardioverter-defibrillator, dual chamber (implantable)
C1722	Cardioverter-defibrillator, single chamber (implantable)
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1726	Catheter, balloon dilation, non-vascular
C1727	Catheter, balloon tissue dissector, non-vascular (insertable)
C1728	Catheter, brachytherapy seed administration
C1729	Catheter, drainage
C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)
C1731	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)
C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip
C1750	Catheter, hemodialysis, long-term
C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)
C1752	Catheter, hemodialysis, short-term
C1753	Catheter, intravascular ultrasound
C1754	Catheter, intradiscal
C1755	Catheter, intraspinal
C1756	Catheter, pacing, transesophageal
C1757	Catheter, thrombectomy/embolectomy
C1758	Catheter, ureteral
C1759	Catheter, intracardiac echocardiography
C1760	Closure device, vascular (implantable/insertable)
C1762	Connective tissue, human (includes fascia lata)
C1763	Connective tissue, non-human (includes synthetic)
C1764	Event recorder, cardiac (implantable)
C1765	Adhesion barrier
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away
C1767	Generator, neurostimulator (implantable), non-rechargeable
C1768	Graft, vascular
C1769	Guide wire
C1770	Imaging coil, magnetic resonance (insertable)
C1771	Repair device, urinary, incontinence, with sling graft
C1772	Infusion pump, programmable (implantable)
C1773	Retrieval device, insertable (used to retrieve fractured medical devices)
C1776	Joint device (implantable)
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
C1778	Lead, neurostimulator (implantable)
C1779	Lead, pacemaker, transvenous VDD single pass
C1780	Lens, intraocular (new technology)
C1781	Mesh (implantable)
C1782	Morcellator
C1783	Ocular implant, aqueous drainage assist device

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C1784	Ocular device, intraoperative, detached retina
C1785	Pacemaker, dual chamber, rate-responsive (implantable)
C1786	Pacemaker, single chamber, rate-responsive (implantable)
C1787	Patient programmer, neurostimulator
C1788	Port, indwelling (implantable)
C1789	Prosthesis, breast (implantable)
C1813	Prosthesis, penile, inflatable
C1814	Retinal tamponade device, silicone oil
C1815	Prosthesis, urinary sphincter (implantable)
C1816	Receiver and/or transmitter, neurostimulator (implantable)
C1817	Septal defect implant system, intracardiac
C1818	Integrated keratoprosthesis (for facility claims only)
C1819	Surgical tissue localization and excision device (implantable)
C1820	Generator, neurostimulator (implantable), with rechargeable battery and discharging system
C1821	Interspinous process distraction device (implantable)
C1874	Stent, coated/covered, with delivery system
C1875	Stent, coated/covered, without delivery system
C1876	Stent, non-coated/non-covered, with delivery system
C1877	Stent, non-coated/non-covered, without delivery system
C1878	Material for vocal cord medialization, synthetic (implantable)
C1880	Vena cava filter
C1881	Dialysis access system (implantable)
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
C1884	Embolization protective system
C1885	Catheter, transluminal angioplasty, laser
C1887	Catheter, guiding (may include infusion/perfusion capability)
C1888	Catheter, ablation, non-cardiac, endovascular (implantable)
C1891	Infusion pump, non-programmable, permanent (implantable)
C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
C1897	Lead, neurostimulator test kit (implantable)
C1898	Lead, pacemaker, other than transvenous VDD single pass
C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)
C1900	Lead, left ventricular coronary venous system (for facility claims only)
C2614	Probe, percutaneous lumbar discectomy
C2615	Sealant, pulmonary, liquid
C2616	Brachytherapy source, non-stranded, Yttrium-90, per source
C2617	Sealant, non-coronary, temporary, without delivery system
C2618	Probe, cryoablation
C2619	Pacemaker, dual chamber, non rate-responsive (implantable)
C2620	Pacemaker, single chamber, non rate-responsive (implantable)
C2621	Pacemaker, other than single or dual chamber (implantable)
C2622	Prosthesis, penile, non-inflatable
C2625	Stent, non-coronary, temporary, with delivery system
C2626	Infusion pump, non-programmable, temporary (implantable)
C2627	Catheter, suprapubic/cystoscopic
C2628	Catheter, occlusion
C2629	Introducer/sheath, other than guiding, intracardiac electrophysiological, laser

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C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip
C2631	Repair device, urinary, incontinence, without sling graft
C2634	Brachytherapy source, non-stranded, high activity, Iodine-125, greater than 1.01 mCi (NIST), per source
C2635	Brachytherapy source, non-stranded, high activity, Palladium-103, greater than 2.2 mCi (NIST), per source
C2636	Brachytherapy linear source, non-stranded, Palladium-103, per 1MM
C2637	Brachytherapy source, non-stranded, Ytterbium-169, per source
C2638	Brachytherapy source, stranded, Iodine-125, per source
C2639	Brachytherapy source, non-stranded, Iodine-125, per source
C2640	Brachytherapy source, stranded, Palladium-103, per source
C2641	Brachytherapy source, non-stranded, Palladium-103, per source
C2642	Brachytherapy source, stranded, Cesium-131, per source
C2643	Brachytherapy source, non-stranded, Cesium-131, per source
C2698	Brachytherapy source, stranded, not otherwise specified, per source
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source
C8900	Magnetic resonance angiography with contrast, abdomen
C8901	Magnetic resonance angiography without contrast, abdomen
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen
C8903	Magnetic resonance imaging with contrast, breast; unilateral
C8904	Magnetic resonance imaging without contrast, breast; unilateral
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
C8906	Magnetic resonance imaging with contrast, breast; bilateral
C8907	Magnetic resonance imaging without contrast, breast; bilateral
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)
C8910	Magnetic resonance angiography without contrast, chest (excluding Myocardium)
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)
C8912	Magnetic resonance angiography with contrast, lower extremity
C8913	Magnetic resonance angiography without contrast, lower extremity
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity
C8918	Magnetic resonance angiography with contrast, pelvis
C8919	Magnetic resonance angiography without contrast, pelvis
C8920	Magnetic resonance angiography without contrast, followed with contrast, pelvis
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete
C8922	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study
C8923	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d) with or without m-mode recording; complete
C8924	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d) with or without m-mode recording; follow-up or limited study
C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report
C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report

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C8927	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report
C8957	Intravenous infusion for therapy / diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump
C9003	Palivizumab-RSV-IGM, per 50 mg
C9020	Sirolimus tablet, 1 mg
C9104	Anti-thymocyte globulin, per 25 mg
C9113	Injection, Pantoprazole sodium, per vial
C9121	Injection, Argatroban, per 5 mg
C9127	Injection, Paclitaxel protein-bound particles, per 1 mg
C9212	Injection, Alefacept, for intramuscular use, per 7.5 mg
C9237	Injection, Lanreotide acetate, 1 mg
C9238	Injection, Levetiracetam, 10 mg
C9239	Injection, Temsirolimus, 1 mg
C9240	Injection, Ixabepilone, 1 mg
C9241	Injection, Doripenem, 10 mg
C9242	Injection, Fosaprepitant, 1 mg
*C9243	Injection, Bendamustine HCL, 1 mg
*C9244	Injection, Regadenoson, 0.4 mg
C9350	Microporous collagen tube of non-human origin, per centimeter length
C9352	Microporous collagen implantable tube (neuragen nerve guide), per centimeter length
C9353	Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter length
C9354	Acellular pericardial tissue matrix of non-human origin (Veritas), per square centimeter
C9355	Collagen nerve cuff (Neuromatrix), per 0.5 centimeter length
*C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per square centimeter
C9357	Dermal substitute, granulated cross-linked collagen and glycosaminoglycan matrix (Flowable Wound Matrix), 1 cc
C9358	Dermal substitute, native, non-denatured collagen (SurgiMend Collagen Matrix), per 0.5 square centimeters
C9399	Unclassified drugs or biologicals
C9716	Creations of thermal anal lesions by radiofrequency energy
C9723	Dynamic infrared blood perfusion imaging (DIRI)
C9724	Endoscopic full-thickness plication in the gastric cardia using endoscopic plication system (EPS); including endoscopy
C9725	Placement of endorectal intracavitary for high intensity brachytherapy
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy
C9727	Injection of implants into the soft palate; minimum of three implants
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g. fiducial markers, dosimeter) other than prostate (any approach), single or multiple
*C9898	Radiolabeled product provided during a hospital inpatient stay
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip
E0105	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip

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E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair with pads, tips and handgrips
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each
E0117	Crutch, underarm, articulating, spring assisted, each
E0118	Crutch substitute, lower leg platform, with or without wheels, each
E0130	Walker, rigid (pickup), adjustable or fixed height
E0135	Walker, folding (pickup), adjustable or fixed height
E0140	Walker, with trunk support, adjustable or fixed height, any type
E0141	Walker, rigid, wheeled, adjustable or fixed height
E0143	Walker, folding, wheeled, adjustable or fixed height
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each
E0149	Walker, heavy duty, wheeled, rigid or folding, any type
E0153	Platform attachment, forearm crutch, each
E0154	Platform attachment, walker, each
E0155	Wheel attachment, rigid pick-up walker, per pair
E0156	Seat attachment, walker
E0157	Crutch attachment, walker, each
E0158	Leg extensions for walker, per set of four (4)
E0159	Brake attachment for wheeled walker, replacement, each
E0160	Sitz type bath or equipment, portable, used with or without commode
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s
E0162	Sitz bath chair
E0163	Commode chair, mobile or stationary, with fixed arms
E0165	Commode chair, mobile or stationary, with detachable arms
E0167	Pail or pan for use with commode chair, replacement only
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each
E0170	Commode chair with integrated seat lift mechanism, electric, any type
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type
E0172	Seat lift mechanism placed over or on top of toilet, any type
E0175	Foot rest, for use with commode chair, each
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty
E0182	Pump for alternating pressure pad, for replacement only
E0184	Dry pressure mattress
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186	Air pressure mattress
E0187	Water pressure mattress
E0188	Synthetic sheepskin pad
E0189	Lambswool sheepskin pad, any size
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories
E0191	Heel or elbow protector, each
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress, standard mattress length and width
E0198	Water pressure pad for mattress, standard mattress length and width
E0199	Dry pressure pad for mattress, standard mattress length and width
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element

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E0202	Phototherapy (bilirubin) light with photometer
E0203	Therapeutic lightbox, minimum 10,000 LUX, table top model
E0205	Heat lamp, with stand, includes bulb, or infrared element
E0210	Electric heat pad, standard
E0215	Electric heat pad, moist
E0217	Water circulating heat pad with pump
E0218	Water circulating cold pad with pump
E0220	Hot water bottle
E0221	Infrared heating pad system
E0225	Hydrocollator unit, includes pads
E0230	Ice cap or collar
E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover
E0232	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
E0236	Pump for water circulating pad
E0238	Non-electric heat pad, moist
E0239	Hydrocollator unit, portable
E0240	Bath/shower chair, with or without wheels, any size
E0241	Bath tub wall rail, each
E0242	Bath tub rail, floor base
E0243	Toilet rail, each
E0244	Raised toilet seat
E0245	Tub stool or bench
E0246	Transfer tub rail attachment
E0247	Transfer bench for tub or toilet with or without commode opening
E0248	Transfer bench, heavy duty for tub or toilet with or without commode opening
E0249	Pad for water circulating heat unit
E0250	Hospital bed, fixed height, with any type side rails, with mattress
E0251	Hospital bed, fixed height, with any type side rails, without mattress
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress
E0271	Mattress, innerspring
E0272	Mattress, foam rubber
E0273	Bed board
E0274	Over-bed table
E0275	Bed pan, standard, metal or plastic
E0276	Bed pan, fracture, metal or plastic
E0277	Powered pressure-reducing air mattress
E0280	Bed, cradle, any type
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress

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E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress
E0300	Pediatric crib, hospital grade, fully enclosed
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails without mattress
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
E0305	Bed side rails, half length
E0310	Bed side rails, full length
E0315	Bed accessory: board, table, or support device, any type
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0325	Urinal; male jug-type, any material
E0326	Urinal; female jug-type, any material
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0350	Control unit for electronic bowel irrigation/evacuation system
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system
E0370	Air pressure elevator for heel
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing.
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adaptor
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), 1 month's supply=1 unit
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), 1 month's supply=1 unit
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), 1 month's supply=1 unit
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), 1 month's supply=1 unit
E0445	Oximeter device for measuring blood oxygen levels non-invasively

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E0450	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)
E0455	Oxygen tent, excluding croup or pediatric tents
E0457	Chest shell (cuirass)
E0459	Chest wrap
E0460	Negative pressure ventilator; portable or stationary
E0461	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g., Mask)
E0462	Rocking bed, with or without side rails
E0463	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (eg, tracheostomy tube)
E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g., mask)
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
E0480	Percussor, electric or pneumatic, home model
E0481	Intrapulmonary percussive ventilation system and related accessories
E0482	Cough stimulating device, alternating positive and negative airway pressure
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven
E0570	Nebulizer, with compressor
E0571	Aerosol compressor, battery powered, for use with small volume nebulizer
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer
E0575	Nebulizer, ultrasonic, large volume
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter
E0585	Nebulizer, with compressor and heater
E0600	Respiratory suction pump, home model, portable or stationary, electric
E0601	Continuous airway pressure (CPAP) device
E0602	Breast pump, manual, any type
E0603	Breast pump, electric (AC and/or DC), any type
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type
E0605	Vaporizer, room type
E0606	Postural drainage board



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E0607	Home blood glucose monitor
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)
E0615	Pacemaker monitor, self-contained, (checks battery depletion and other pacemaker components, includes digital/visible check systems)
E0616	Implantable cardiac event recorder with memory, activator and programmer
E0617	External defibrillator with integrated electrocardiogram analysis
E0618	Apnea monitor, without recording feature
E0619	Apnea monitor, with recording feature
E0620	Skin piercing device for collection of capillary blood, laser, each
E0621	Sling or seat, patient lift, canvas or nylon
E0625	Patient lift, bathroom or toilet, not otherwise classified
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism
E0628	Separate seat lift mechanism for use with patient owned furniture - electric
E0629	Separate seat lift mechanism for use with patient owned furniture - non-electric
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)
E0635	Patient lift, electric with seat or sling
E0636	Multipositional patient support system, with integrated lift, patient accessible controls
E0637	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels
E0638	Standing frame system, one position (eg, upright, supine or prone stander), any size including pediatric, with or without wheels
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories
E0641	Standing frame system, multi-position (eg Three-way stander), any size
E0642	Standing frame system, mobile (Dynamic stander), any size including pediatric
E0650	Pneumatic compressor, non-segmental home model
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0671	Segmental gradient pressure pneumatic appliance, full leg
E0672	Segmental gradient pressure pneumatic appliance, full arm
E0673	Segmental gradient pressure pneumatic appliance, half leg
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified
E0691	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; 6 foot panel
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection
E0700	Safety equipment (e.g., belt, harness or vest)
E0705	Transfer device, any type, each
E0710	Restraints, any type (body, chest, wrist or ankle)
E0720	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation

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E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
E0740	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer
E0744	Neuromuscular stimulator for scoliosis
E0745	Neuromuscular stimulator, electronic shock unit
E0746	Electromyography (EMG), biofeedback device
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications
E0749	Osteogenesis stimulator, electrical, (surgically implanted)
E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive
E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
E0776	IV pole
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
E0784	External ambulatory infusion pump, insulin
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
E0791	Parenteral infusion pump, stationary, single or multi-channel
E0830	Ambulatory traction device, all types, each
E0840	Traction frame, attached to headboard, cervical traction
E0849	Traction equipment, cervical, free standing stand/frame, pneumatic, applying traction force to other than mandible
E0850	Traction stand, free standing, cervical traction
E0855	Cervical traction equipment not requiring stand or frame
E0856	Cervical traction device, cervical collar with inflatable air bladder
E0860	Traction equipment, overdoor, cervical
E0870	Traction frame, attached to footboard, extremity traction (e.g., Buck's)
E0880	Traction stand, free standing, extremity traction (e.g., Buck's)
E0890	Traction frame, attached to footboard, pelvic traction
E0900	Traction stand, free standing, pelvic traction (e.g., Buck's)
E0910	Trapeze bars, also known as, Patient Helper, attached to bed, with grab bar
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
E0920	Fracture frame, attached to bed, includes weights
E0930	Fracture frame, free standing, includes weights
E0935	Continuous passive motion exercise device for use on knee only

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E0936	Continuous passive motion exercise device for use other than knee
E0940	Trapeze bar, free standing, complete with grab bar
E0941	Gravity assisted traction device, any type
E0942	Cervical head harness/halter
E0944	Pelvic belt/harness/boot
E0945	Extremity belt/harness
E0946	Fracture frame, dual with cross bars, attached to bed, (e.g., Balken, Four Poster)
E0947	Fracture frame, attachments for complex pelvic traction
E0948	Fracture frame, attachments for complex cervical traction
E0950	Wheelchair accessory, tray, each
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0958	Manual wheelchair accessory, one-arm drive attachment, each
E0959	Manual wheelchair accessory, adapter for amputee, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966	Manual wheelchair accessory, headrest extension, each
E0967	Manual wheelchair accessory, hand rim with projections, any type, each
E0968	Commode seat, wheelchair
E0969	Narrowing device, wheelchair
E0970	No. 2 footplates, except for elevating legrest
E0971	Manual wheelchair accessory, anti-tipping device, each
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0974	Manual wheelchair accessory, anti-rollback device, each
E0978	Wheelchair accessory, positioning/safety belt/pelvic strap, each
E0980	Safety vest, wheelchair
E0981	Wheelchair accessory, seat upholstery, replacement only, each
E0982	Wheelchair accessory, back upholstery, replacement only, each
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E0985	Wheelchair accessory, seat lift mechanism
E0986	Manual wheelchair accessory, push activated power assist, each
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
E0992	Solid seat insert
E0994	Armrest, each
E0995	Wheelchair accessory, calf rest/pad, each
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction

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E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1011	Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair)
E1014	Reclining back, addition to pediatric size wheelchair
E1015	Shock absorber for manual wheelchair, each
E1016	Shock absorber for power wheelchair, each
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
E1020	Residual limb support system for wheelchair
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimbaled
E1031	Rollabout chair, any and all types with castors five inches or greater
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds
E1050	Fully-reclining wheelchair, fixed full length arms, swing away, detachable elevating legrests
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away, detachable elevating legrests
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away, detachable footrest
E1083	Hemi-wheelchair; fixed full length arms, swing away, detachable elevating legrest
E1084	Hemi-wheelchair; detachable arms, desk or full length, swing away, detachable elevating legrests
E1085	Hemi-wheelchair; fixed full length arms, swing away, detachable foot rests
E1086	Hemi-wheelchair; detachable arms desk or full length, swing away, detachable footrests
E1087	High strength lightweight wheelchair; fixed full length arms, swing away, detachable elevating legrests
E1088	High strength lightweight wheelchair; detachable arms, desk or full length, swing away, detachable elevating legrests
E1089	High strength lightweight wheelchair; fixed length arms, swing away, detachable footrest
E1090	High strength lightweight wheelchair; detachable arms, desk or full length, swing away, detachable footrests
E1092	Wide, heavy duty wheelchair; detachable arms, desk or full length, swing away, detachable, elevating legrests
E1093	Wide, heavy duty wheelchair; detachable arms, desk or full length arms, swing away, detachable footrests
E1100	Semi-reclining wheelchair; fixed full length arms, swing away, detachable, elevating legrests
E1110	Semi-reclining wheelchair; detachable arms, desk or full length, elevating legrest
E1130	Standard wheelchair; fixed full length arms, fixed or swing away, detachable footrests
E1140	Wheelchair; detachable arms, desk or full length, swing away, detachable footrests
E1150	Wheelchair; detachable arms, desk or full length, swing away, detachable, elevating legrests
E1160	Wheelchair; fixed full length arms, swing away, detachable, elevating legrests
E1161	Manual adult size wheelchair, includes tilt in space
E1170	Amputee wheelchair; fixed full length arms, swing away, detachable, elevating legrests
E1171	Amputee wheelchair; fixed full length arms, without footrests or legrest
E1172	Amputee wheelchair; detachable arms, desk or full length, without footrests or legrest
E1180	Amputee wheelchair; detachable arms, desk or full length, swing away, detachable footrests

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E1190	Amputee wheelchair; detachable arms, desk or full length, swing away, detachable, elevating legrests
E1195	Heavy duty wheelchair; fixed full length arms, swing away, detachable, elevating legrests
E1200	Amputee wheelchair; fixed full length arms, swing away, detachable footrest
E1220	Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification)
E1221	Wheelchair with fixed arm, footrests
E1222	Wheelchair with fixed arm, elevating legrests
E1223	Wheelchair with detachable arms, footrests
E1224	Wheelchair with detachable arms, elevating legrests
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1227	Special height arms for wheelchair
E1228	Special back height for wheelchair
E1229	Wheelchair, pediatric size, not otherwise specified
E1230	Power operated vehicle (three or four wheel non-highway), specify brand name and model number
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E1240	Lightweight wheelchair; detachable arms, desk or full length, swing away, detachable, elevating legrest
E1250	Lightweight wheelchair; fixed full length arms, swing away, detachable footrest
E1260	Lightweight wheelchair; detachable arms, desk or full length, swing away, detachable footrest
E1270	Lightweight wheelchair; fixed full length arms, swing away, detachable, elevating legrests
E1280	Heavy duty wheelchair; detachable arms, desk or full length, elevating legrests
E1285	Heavy duty wheelchair; fixed full length arms, swing away, detachable footrest
E1290	Heavy duty wheelchair; detachable arms, desk or full length, swing away, detachable footrest
E1295	Heavy duty wheelchair; fixed full length arms, elevating legrest
E1296	Special wheelchair seat height from floor
E1297	Special wheelchair seat depth, by upholstery
E1298	Special wheelchair seat depth and/or width, by construction
E1300	Whirlpool, portable (overtub type)
E1310	Whirlpool, non-portable (built-in type)
E1340	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes
E1353	Regulator
E1355	Stand/rack
E1372	Immersion external heater for nebulizer
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each
E1392	Portable oxygen concentrator, rental
E1399	Durable medical equipment, miscellaneous
E1405	Oxygen and water vapor enriching system with heated delivery
E1406	Oxygen and water vapor enriching system without heated delivery
E1500	Centrifuge, for dialysis

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E1510	Kidney, dialysate delivery kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temp control with alarm, I.V. poles, pressure gauge, concentrate container
E1520	Heparin infusion pump for hemodialysis
E1530	Air bubble detector for hemodialysis, each, replacement
E1540	Pressure alarm for hemodialysis, each, replacement
E1550	Bath conductivity meter for hemodialysis, each
E1560	Blood leak detector for hemodialysis, each, replacement
E1570	Adjustable chair, for ESRD patients
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10
E1580	Unipuncture control system for hemodialysis
E1590	Hemodialysis machine
E1592	Automatic intermittent peritoneal dialysis system
E1594	Cycler dialysis machine for peritoneal dialysis
E1600	Delivery and/or installation charges for hemodialysis equipment
E1610	Reverse osmosis water purification system, for hemodialysis
E1615	Deionizer water purification system, for hemodialysis
E1620	Blood pump for hemodialysis, replacement
E1625	Water softening system, for hemodialysis
E1630	Reciprocating peritoneal dialysis system
E1632	Wearable artificial kidney, each
E1634	Peritoneal dialysis clamps, each
E1635	Compact (portable) travel hemodialyzer system
E1636	Sorbent cartridges, for hemodialysis, per 10
E1637	Hemostats, each
E1639	Scale, each
E1699	Dialysis equipment, not otherwise specified
E1700	Jaw motion rehabilitation system
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1812	Dynamic knee, extension/flexion device with active resistance control
E1815	Dynamic adjustable ankle extension/flexion, includes soft interface material
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
E1902	Communication board, non-electronic augmentative or alternative communication device
E2000	Gastric suction pump, home model, portable or stationery, electric

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E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing/blood sample
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each
E2207	Wheelchair accessory, crutch and cane holder, each
E2208	Wheelchair accessory, cylinder tank carrier, each
E2209	Accessory, arm trough, with or without hand support, each
E2210	Wheelchair accessory, bearings, any type, replacement only, each
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
E2219	Manual wheelchair accessory, foam caster tire, any size, each
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each
E2223	Manual wheelchair accessory, valve, any type, replacement only, each
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
E2227	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
E2300	Power wheelchair accessory, power seat elevation system
E2301	Power wheelchair accessory, power standing system
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware

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E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2360	Power wheelchair accessory, 22NF non-sealed lead acid battery, each
E2361	Power wheelchair accessory 22NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each
E2368	Power wheelchair component, motor, replacement only
E2369	Power wheelchair component, gear box, replacement only
E2370	Power wheelchair component, motor and gear box combination, replacement only
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (eg, gel cell, absorbed glassmat), each
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each



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E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2393	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each
E2397	Power wheelchair accessory, lithium-based battery, each
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware
E2402	Negative pressure wound therapy electrical pump, stationary or portable
E2500	Speech generating device, digitized speech, using pre-recorded message, less than or equal to 8 minutes recording time
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
E2511	Speech generating software program, for personal computer or personal digital assistant
E2512	Accessory for speech generating device, mounting system
E2599	Accessory for speech generating device, not otherwise classified
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Wheelchair seat cushion, powered
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware

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E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion, each
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components
G0008	Administration of influenza vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of Hepatitis B vaccine
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
G0102	Prostate cancer screening; digital rectal examination
G0103	Prostate cancer screening; prostate specific antigen test (PSA)
G0104	Colorectal cancer screening; flexible sigmoidoscopy
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes self-management training services, group session (2 or more), per 30 minutes
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0122	Colorectal cancer screening; barium enema
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician
G0128	Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes
G0129	Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per day
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening

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G0151	Services of physical therapist in home health setting, each 15 minutes
G0152	Services of occupational therapist in home health setting, each 15 minutes
G0153	Services of speech and language pathologist in home health setting, each 15 minutes
G0154	Services of skilled nurse in home health setting, each 15 minutes
G0155	Services of clinical social worker in home health setting, each 15 minutes
G0156	Services of home health aide in home health setting, each 15 minutes
G0166	External counter pulsation, per treatment session
G0173	Linear accelerator based stereotactic radiosurgery, complete course of therapy in one session
G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present
G0177	Training and educational services related to the care and treatment of patients disabling mental health problems, per session (45 minutes or more)
G0179	Physician recertification services for Medicare-covered services provided by a participating home health agency (patient not present) including review of subsequent reports of patient status, review of patients responses to the OASIS Assessment Instrument, contact with the home health agency to ascertain the follow-up implementation plan of care, and documentation in the patients office record, per certification period
G0180	Physician certification services for Medicare-covered services provided by a participating home health agency (patient not present), including review of initial or subsequent reports of patient status, review of patients responses to the Oasis Assessment Instrument, contact with the home health agency to ascertain the initial implementation plan of care, and documentation in the patients office record, per certification period
G0181	Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patients care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more
G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other healthcare professionals involved in the patients care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30minutes or more
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique one or more sessions)
G0202	Screening mammography, producing direct digital image bilateral, all views
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views
G0219	PET imaging whole body; melanoma for non-covered items
G0235	PET imaging, any site, not otherwise specified
G0236	Digitization of film radiographic images with computer analysis for lesion detection, or computer analysis of digital mammogram for lesion detection, and further physician review for interpretation, diagnostic mammography (List separately in addition to code for primary procedure)
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)
G0238	Therapeutic procedures to improve respiratory function other than described by G0237, one on one, face to face, per 15minutes (includes monitoring)
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)

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- G0245 Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include:
- (1) The diagnosis of LOPS
  - (2) A patient history
  - (3) A physical examination that consist of at least the following elements
    - (a) Visual inspection of the forefoot, hindfoot and toe web spaces,
    - (b) Evaluation of a protective sensation,
    - (c) Evaluation of foot structure and biomechanics,
    - (d) Evaluation of vascular status and skin integrity, and
    - (e) Evaluation and recommendation of footwear,
  - (4) Patient education
- G0246 Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following:
- (1) A patient history.
  - (2) physical examination that includes:
    - (a) Visual inspection of the forefoot, hindfoot and toe web spaces,
    - (b) Evaluation of protective sensation,
    - (c) Evaluation of foot structure and biomechanics,
    - (d) Evaluation of vascular status and skin integrity, and
    - (e) Evaluation and recommendation of footwear,
  - (3) Patient education
- G0247 Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following if present:
- (1) local care of superficial wounds,
  - (2) debridement of corns and calluses, and
  - (3) trimming and debridement of nails
- G0248 Demonstration, prior to initial use, of home INR monitoring for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient ability to perform testing prior to use
- G0249 Provision of test materials and equipment for home INR monitoring to patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting of test results to physician; not occurring more frequently than once a week
- G0250 Physician review, interpretation, and patient management of home INR testing for a patient with either mechanical heart value(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes face-to-face verification by the physician that the patient uses the device in the context of the management of the anticoagulation therapy following initiation of the home INR monitoring; not occurring more frequently than once a week
- G0251 Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum five sessions per course of treatment<sup>90</sup>
- G0252 PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (eg, initial staging of axillary lymph nodes
- G0255 Current perception threshold/sensory nerve condition test, (SNCT) per limb, any nerve
- G0257 Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility
- G0259 Injection procedure for sacroiliac joint; arthrography
- G0260 Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent with or without arthrography
- G0269 Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (eg, angioseal plug, vascular plug)

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- G0270 Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes
- G0271 Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes
- G0273 Radiopharmaceutical biodistribution, single or multiple scans on one or more days, pre-treatment planning for radiopharmaceutical therapy of non-Hodgkin's lymphoma, includes administration of radiopharmaceutical (eg, radiolabeled antibodies)
- G0275 Renal artery angiography (unilateral or bilateral) performed at the time of cardiac catheterization, includes catheter placement, injection of dye, flush aortogram and radiologic supervision and interpretation and production of images (List separately in addition to primary procedure)
- G0278 Iliac artery angiography performed at the same time of cardiac catheterization, includes catheter placement, injection of dye, radiologic supervision and interpretation and production of images (List separately in addition to primary procedure)
- 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
- G0282 Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
- G0283 Electrical stimulation (unattended), to one or more areas, for indication(s) other than wound care, as part of a therapy plan of care
- G0288 Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery
- 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
- G0290 Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
- G0291 Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel
- G0293 Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a Medicare qualifying clinical trial, per day
- G0294 Noncovered surgical procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day
- G0295 Electromagnetic therapy, to one or more areas, for wound care other than described in G0329, or for other uses
- G0300 Insertion or repositioning of electrode lead(s) for dual chamber pacing cardioverter defibrillator and insertion of pulse generator
- G0302 Pre-operative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services
- G0303 Pre-operative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services
- G0304 Pre-operative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services
- G0305 Post-discharge pulmonary surgery services after LVRS, minimum of 6 days of services
- G0306 Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count
- G0307 Complete (CBC), automated (Hgb, HCT, RBC, WBC; without platelet count)
- G0308 End stage renal disease (ESRD) related services during the course of treatment, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
- G0309 End stage renal disease (ESRD) related services during the course of treatment, for patients under 2 years of age to include monitoring or the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month

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- G0310 End stage renal disease (ESRD) related services during the course of treatment, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month
- G0311 End stage renal disease (ESRD) related services during the course of treatment, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
- G0312 End stage renal disease (ESRD) related services during the course of treatment, for patient between 2 and 11 years of age to include monitoring of the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month
- G0313 End stage renal disease (ESRD) related services during the course of treatment, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month
- G0314 End stage renal disease (ESRD) related services during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
- G0315 End stage renal disease (ESRD) related services during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month
- G0316 End stage renal disease (ESRD) related services during the course of treatment, for patient between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month
- G0317 End stage renal disease (ESRD) related services during the course of treatment, for patients 20 year of age and over; with 4 or more face-to-face physician visits per month
- G0318 End stage renal disease (ESRD) related services during the course of treatment, for patients 20 years of age and over; with 2 or 3 face-to-face physician visits per month
- G0319 End stage renal disease (ESRD) related services during the course of treatment, for patients 20 years of age and over; with 1 face-to-face physician visit per month
- G0320 End stage renal disease (ESRD) related services for home dialysis patients per full month; for patients under two years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents
- G0321 End stage renal disease (ESRD) related services for home dialysis patients per full month; for patients two to eleven years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents
- G0322 End stage renal disease (ESRD) related services for home dialysis patients per full month; for patients twelve to nineteen years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents
- G0323 End stage renal disease (ESRD) related services for home dialysis patient per full month; for patients twenty years of age and older
- G0324 End stage renal disease (ESRD) related services for home dialysis (less than full month), per day; for patients under two years of age
- G0325 End stage renal disease (ESRD) related services for home dialysis (less than full month), per day; for patient between two and eleven years of age
- G0326 End stage renal disease (ESRD) related services for home dialysis (less than full month), per day; for patients between twelve and nineteen of age
- G0327 End stage renal disease (ESRD) related services for home dialysis (less than full month), per day; for patients twenty years of age and over
- G0328 Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations
- 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
- G0332 Services for intravenous infusion of immunoglobulin prior to administration (this service is to be billed in conjunction with administration of immunoglobulin)

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- G0333 Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary
- G0337 Hospice evaluation and counseling services, pre-election
- G0339 Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
- G0340 Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment
- G0341 Percutaneous islet cell transplant, includes portal vein catheterization and infusion
- G0342 Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion
- G0343 Laparotomy for islet cell transplant, includes portal vein catheterization and infusion
- G0344 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first six months of Medicare enrollment
- G0364 Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service
- 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)
- G0366 Electrocardiogram, routine ECG with 12 leads, performed as a component of the initial preventive examination with interpretation and report
- G0367 Electrocardiogram, routine ECG with 12 leads, tracing only, without interpretation and report, performed as a component of the initial preventive examination
- G0368 Electrocardiogram, routine ECG with 12 leads, interpretation and report only, performed as a component of the initial preventive physical examination
- G0378 Hospital observation service, per hour
- G0379 Direct admission of patient for hospital observation care
- 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)
- G0381 Level 2 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)
- G0382 Level 3 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)

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- G0383 Level 4 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)
- G0384 Level 5 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)
- G0389 Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening
- G0390 Trauma response team associated with hospital critical care service
- G0392 Transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis access, arteriovenous fistula or graft; arterial
- G0393 Transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis access, arteriovenous fistula or graft; venous
- G0394 Blood occult test (e.g., guaiac), feces, for single determination for colorectal neoplasm (i.e., patient was provided three cards or single triple card for consecutive collection
- G0396 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
- G0397 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes
- G0398 Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation
- G0399 Home sleep test (HST) with type II portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation
- G0400 Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
- G3001 Administration and supply of Tositumomab, 450 mg
- G8006 Acute myocardial infarction: patient documented to have received aspirin at arrival
- G8007 Acute myocardial infarction: patient not documented to have received aspirin at arrival
- G8008 Clinician documented that acute myocardial infarction patient was not an eligible candidate to receive aspirin at arrival measure
- G8009 Acute myocardial infarction: patient documented to have received beta-blocker at arrival
- G8010 Acute myocardial infarction: patient not documented to have received beta-blocker at arrival
- G8011 Clinician documented that acute myocardial infarction patient was not an eligible candidate for beta-blocker at arrival measure
- G8012 Pneumonia: patient documented to have received antibiotic within 4 hours of presentation
- G8013 Pneumonia: patient not documented to have received antibiotic within 4 hours of presentation
- G8014 Clinician documented that pneumonia patient was not an eligible candidate for antibiotic within 4 hours of presentation measure
- G8015 Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as greater than 9%



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- G8016 Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as less than or equal to 9%
- G8017 Clinician documented that diabetic patient was not eligible candidate for hemoglobin A1c measure
- G8018 Clinician has not provided care for the diabetic patient for the required time for hemoglobin A1c measure (6 months)
- G8019 Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as greater than or equal to 100 mg/dl
- G8020 Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as less than 100 mg/dl
- G8021 Clinician documented that diabetic patient was not eligible candidate for low-density lipoprotein measure
- G8022 Clinician has not provided care for the diabetic patient for the required time for low-density lipoprotein measure (12 months)
- G8023 Diabetic patient with most recent blood pressure (within the last 6 months) documented as equal to or greater than 140 systolic or equal to or greater than 80 mmHg diastolic
- G8024 Diabetic patient with most recent blood pressure (within the last 6 months) documented less than 140 systolic and less than 80 diastolic
- G8025 Clinician documented that the diabetic patient was not eligible candidate for blood pressure measure
- G8026 Clinician has not provided care for the diabetic patient for the required time for blood measure (within the last 6 months)
- G8027 Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-I or ARB) therapy
- G8028 Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-I or ARB) therapy
- G8029 Clinician documented that heart failure patient was not an eligible candidate for either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-I or ARB) therapy measure
- G8030 Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on beta-blocker therapy
- G8031 Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on beta-blocker therapy
- G8032 Clinician documented that heart failure patient was not eligible candidate for beta-blocker therapy measure
- G8033 Prior myocardial infarction - coronary artery disease patient documented to be on beta-blocker therapy
- G8034 Prior myocardial infarction - coronary artery disease patient not documented to be on beta-blocker therapy
- G8035 Clinician documented that prior myocardial infarction - coronary artery disease patient was not eligible candidate for beta-blocker therapy measure
- G8036 Coronary artery disease patient documented to be on antiplatelet therapy
- G8037 Coronary artery disease patient not documented to be on antiplatelet therapy
- G8038 Clinician documented that coronary artery disease patient was not eligible candidate for antiplatelet therapy measure
- G8039 Coronary artery disease – patient with low-density lipoprotein documented to be greater than 100mg/dl
- G8040 Coronary artery disease – patient with low-density lipoprotein documented to be less than or equal to 100mg/dl
- G8041 Clinician documented that coronary artery disease patient was not eligible candidate for low-density lipoprotein measure
- G8051 Patient (female) documented to have been assessed for osteoporosis
- G8052 Patient (female) not documented to have been assessed for osteoporosis
- G8053 Clinician documented that (female) patient was not an eligible candidate for osteoporosis assessment measure
- G8054 Patient not documented for the assessment for falls within last 12 months
- G8055 Patient documented for the assessment for falls within last 12 months

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G8056	Clinician documented that patient was not an eligible candidate for the falls assessment measure within the last 12 months
G8057	Patient documented to have received hearing assessment
G8058	Patient not documented to have received hearing assessment
G8059	Clinician documented that patient was not an eligible candidate for hearing assessment measure
G8060	Patient documented for the assessment of urinary incontinence
G8061	Patient not documented for the assessment of urinary incontinence
G8062	Clinician documented that patient was not an eligible candidate for urinary incontinence assessment measure
G8075	End-stage renal disease patient with documented dialysis dose of URR greater than or equal to 65% (or KT/V greater than or equal to 1.2)
G8076	End-stage renal disease patient with documented dialysis dose of URR less than 65% (or KT/V less than 1.2)
G8077	Clinician documented that end-stage renal disease patient was not an eligible candidate for URR or KT/V measure
G8078	End-stage renal disease patient with documented hematocrit greater than or equal to 33 (or hemoglobin greater than or equal to 11)
G8079	End-stage renal disease patient with documented hematocrit less than 33 (or hemoglobin less than 11)
G8080	Clinician documented that end-stage renal disease patient was not an eligible candidate for hematocrit (hemoglobin) measure
G8081	End-stage renal disease patient requiring hemodialysis vascular access documented to have received autogenous AV fistula
G8082	End-stage renal disease patient requiring hemodialysis documented to have received vascular access other than autogenous AV fistula
G8085	End-stage renal disease patient requiring hemodialysis vascular access was not an eligible candidate for autogenous AV fistula
G8093	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient documented to have received smoking cessation intervention, within 3 months of diagnosis,
G8094	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient not documented to have received smoking cessation intervention, within 3 months of diagnosis
G8099	Osteoporosis patient documented to have been prescribed calcium and vitamin D supplements
G8100	Clinician documented that osteoporosis patient was not an eligible candidate for calcium and vitamin D supplement measure
G8103	Newly diagnosed osteoporosis patients documented to have been treated with antiresorptive therapy and/or parathyroid hormone treatment within 3 months of diagnosis
G8104	Clinician documented that newly diagnosed osteoporosis patient was not an eligible candidate for antiresorptive therapy and/or parathyroid hormone treatment measure within 3 months of diagnosis
G8106	Within 6 months of suffering a nontraumatic fracture, female patient 65 years of age or older documented to have undergone bone mineral density testing or to have been prescribed a drug to treat or prevent osteoporosis
G8107	Clinician documented that female patient 65 years of age or older who suffered a nontraumatic fracture within the last 6 months was not an eligible candidate for measure to test bone mineral density or drug to treat or prevent osteoporosis
G8108	Patient documented to have received influenza vaccination during influenza season
G8109	Patient not documented to have received influenza vaccination during influenza season
G8110	Clinician documented that patient was not an eligible candidate for influenza vaccination measure
G8111	Patient (female) documented to have received a mammogram during the measurement year or prior year to the measurement year
G8112	Patient (female) not documented to have received a mammogram during the measurement year or prior year to the measurement year
G8113	Clinician documented that female patient was not an eligible candidate for mammography measure
G8114	Clinician did not provide care to patient for the required time of mammography measure (i.e., measurement year or prior year)

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G8115	Patient documented to have received pneumococcal vaccination
G8116	Patient not documented to have received pneumococcal vaccination
G8117	Clinician documented that patient was not an eligible candidate for pneumococcal vaccination measure
G8126	Patient with new episode of MDD documented as being treated with antidepressant medication during the entire 12 week acute treatment phase
G8127	Patient with new episode of MDD not documented as being treated with antidepressant medication during the entire 12 week acute treatment phase
G8128	Clinician documented that patient with a new episode of MDD was not an eligible candidate for antidepressant medication treatment or patient did not have new episode of MDD
G8129	Patient documented as being treated with antidepressant medication for at least 6 months continuous treatment phase
G8130	Patient not documented as being treated with antidepressant medication for at least 6 months continuous treatment phase
G8131	Clinician documented that patient was not an eligible candidate for antidepressant medication for continuous treatment phase
G8152	Patient documented to have received antibiotic prophylaxis one hour prior to incision time (two hours for vancomycin)
G8153	Patient not documented to have received antibiotic prophylaxis one hour prior to incision time (two hours for vancomycin)
G8154	Clinician documented that patient was not an eligible candidate for antibiotic prophylaxis one hour prior to incision time (two hours for vancomycin) measure
G8155	Patient with documented receipt of thromboembolism prophylaxis
G8156	Patient without documented receipt of thromboembolism prophylaxis
G8157	Clinician documented that patient was not an eligible candidate for thromboembolism prophylaxis measure
G8159	Patient documented to have received coronary artery bypass graft without use of internal mammary artery
G8162	Patient with isolated coronary artery bypass graft not documented to have received pre-operative beta-blockade
G8164	Patient with isolated coronary artery bypass graft documented to have prolonged intubation
G8165	Patient with isolated coronary artery bypass graft not documented to have prolonged intubation
G8166	Patient with isolated coronary artery bypass graft documented to have required surgical re-exploration
G8167	Patient with isolated coronary artery bypass graft did not require surgical re-exploration
G8170	Patient with isolated coronary artery bypass graft documented to have been discharged on aspirin or clopidogrel
G8171	Patient with isolated coronary artery bypass graft not documented to have been discharged on aspirin or clopidogrel
G8172	Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for antiplatelet therapy at discharge measure
G8182	Clinician has not provided care for the cardiac patient for the required time for low-density lipoprotein measure (6 months)
G8183	Patient with heart failure and atrial fibrillation documented to be on warfarin therapy
G8184	Clinician documented that patient with heart failure and atrial fibrillation was not an eligible candidate for warfarin therapy measure
G8185	Patients diagnosed with symptomatic osteoarthritis with documented annual assessment of function and pain
G8186	Clinician documented that symptomatic osteoarthritis patient was not an eligible candidate for annual assessment of function and pain measure
G8193	Clinician did not document that an order for prophylactic antibiotic to be given within one hour (if vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required) was given
G8196	Clinician did not document a prophylactic antibiotic was administered within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)
G8200	Order for cefazolin or cefuroxime for antimicrobial prophylaxis not documented

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G8202	Clinician documented an order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time
G8204	Clinician did not document an order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time
G8214	Clinician did not document an order was given for appropriate venous thromboembolism (VTE) prophylaxis to be given within 24 hrs prior to incision time or 24 hours after surgery end time
G8217	Patient not documented to have received DVT prophylaxis by end of hospital day 2
G8219	Patient documented to have received DVT prophylaxis by end of hospital day 2
G8220	Patient not documented to have received DVT prophylaxis by end of hospital day 2
G8221	Clinician documented that patient was not an eligible candidate for DVT prophylaxis by the end of hospital day 2, including physician documentation that patient is ambulatory
G8223	Patient not documented to have received prescription for antiplatelet therapy at discharge
G8226	Patient not documented to have received prescription for anticoagulant therapy at discharge
G8231	Patient not documented to have received T-PA or not documented to have been considered a candidate for T-PA administration
G8234	Patient not documented to have received dysphagia screening
G8240	Carotid image study report did not include documentation of reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement
G8243	Patient not documented to have received CT or MRI and the presence or absence of hemorrhage, mass lesion and acute infarction not documented in the final report
G8246	Patient was not an eligible candidate for medical history review with assessment of new or changing moles
G8248	Patient with at least one alarm symptom not documented to have had upper endoscopy or referral for upper endoscopy
G8251	Patient not documented to have received an esophageal biopsy when suspicion of Barrett's esophagus is indicated in the endoscopy report
G8254	Patients with no documented order for barium swallow test
G8257	Clinician has not documented reconciliation of discharge medications with current medication list in medical record
G8258	Patient was not an eligible candidate for discharge medications review
G8260	Patient not documented to have surrogate decision maker or advance care plan in medical record
G8263	Patient not documented to have been assessed for presence or absence of urinary incontinence
G8266	Patient not documented to have received characterization of urinary incontinence
G8268	Patient not documented to have received plan of care for urinary incontinence
G8271	Patients with no documentation of screening for future fall risks (2 or more falls in the past year or any fall with injury in the past year)
G8274	Clinician has not documented presence or absence of alarm symptoms
G8276	Patient not documented to have received medical history with assessment of new or changing moles
G8279	Patient not documented to have received a complete physical skin exam
G8282	Patient not documented to have received counseling to perform a self-examination
G8285	Patient not documented to have received pharmacologic therapy
G8289	Patient with no documentation of calcium and vitamin D use or counseling regarding both calcium and vitamin D use, or exercise
G8293	COPD patient without spirometry results documented
G8296	COPD patient not documented to have inhaled bronchodilator therapy prescribed
G8298	Patient documented to have received optic nerve head evaluation
G8299	Patient not documented to have received optic nerve head evaluation
G8302	Patient documented to have a specific target intraocular pressure range goal
G8303	Patient not documented to have a specific target intraocular pressure range goal
G8304	Clinician documented that patient was not an eligible candidate for a specific target intraocular pressure range goal
G8305	Clinician has not provided care for the primary open-angle glaucoma patient for the required time for treatment range goal documentation measurement

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G8306	Primary open-angle glaucoma patient with intraocular pressure above the target range goal documented to have received plan of care
G8307	Primary open-angle glaucoma patient with intraocular pressure at or below goal, no plan of care necessary
G8308	Primary open-angle glaucoma patient with intraocular pressure above the target range goal, and not documented to have received plan of care during the reporting year
G8310	Patient not documented to have been prescribed/recommended Age-Related Eye Disease Study (AREDS) formulation
G8314	Patient not documented to have received macular exam with documentation of presence or absence of macular thickening or hemorrhage and no documentation of level of macular degeneration severity
G8318	Patient documented not to have visual functional status assessed
G8322	Patient not documented to have had pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation
G8326	Patient not documented to have received dilated fundus evaluation
G8330	Patient not documented to have received dilated macular or fundus exam with level of severity of retinopathy and the presence or absence of macular edema not documented
G8334	Documentation of findings of macular or fundus exam not communicated to the physician managing the patient's ongoing diabetes care
G8338	Clinician has not documented that communication was sent to the physician managing ongoing care of patient that a fracture occurred and that the patient was or should be tested or treated for osteoporosis
G8341	Patient not documented to have had central Dual-energy X-Ray Absorptiometry (DXA) measurement ordered or performed or pharmacologic therapy for osteoporosis screening
G8345	Patient not documented to have had central DXA measurement ordered or performed or pharmacologic therapy following fracture
G8351	Patient not documented to have had ECG
G8354	Patient not documented to have received or taken aspirin within 24 hours before emergency department arrival or during emergency department stay
G8357	Patient not documented to have had 12-lead ECG performed for syncope
G8360	Patient not documented to have vital signs recorded and reviewed
G8362	Patient not documented to have oxygen saturation assessed
G8367	Patient not documented to have appropriate empiric antibiotic prescribed
G8370	Asthma patients with numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire not documented
G8371	Chemotherapy documented as not received or prescribed for Stage III colon cancer patients
G8372	Chemotherapy documented as received or prescribed for Stage III colon cancer patients
G8373	Chemotherapy plan documented prior to chemotherapy administration
G8374	Chemotherapy plan not documented prior to chemotherapy administration
G8375	Chronic lymphocytic leukemia (CLL) patient with no documentation of baseline flow cytometry performed
G8376	Clinician documentation that breast cancer patient was not eligible for tamoxifen or aromatase inhibitor therapy measure
G8377	Clinician documentation that colon cancer patient is not eligible for chemotherapy measure
G8378	Clinician documentation that patient was not an eligible candidate for radiation therapy measure
G8379	Documentation of radiation therapy recommended within 12 months of first office visit
G8380	For patients with ER or PR positive, Stage IC-III breast cancer, clinician did not document that the patient received or was prescribed tamoxifen or aromatase inhibitor
G8381	For patients with ER or PR positive, Stage IC-III breast cancer, clinician documented or prescribed that the patient is receiving tamoxifen or aromatase inhibitor
G8382	Multiple Myeloma patients with no documentation of prescribed or received intravenous bisphosphonate therapy
G8383	No documentation of radiation therapy recommended within 12 months of first office visit
G8384	Baseline cytogenetic testing not performed in patients with Myelodysplastic Syndrome (MDS) or Acute Leukemias
G8385	Diabetic patients with no documentation of Hemoglobin A1c level (within the last 12 months)

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G8386	Diabetic patients with no documentation of low density lipoprotein (within the last 12 months)
G8387	End-stage renal disease patient with a hematocrit OR hemoglobin not documented
G8388	End-stage renal disease patient with URR OR Kt/V value not documented, but otherwise eligible for measure
G8389	Myelodysplastic Syndrome (MDS) patients with no documentation of iron stores prior to receiving erythropoietin therapy
G8390	Diabetic patients with no documentation of blood pressure measurement (within the last 12 months)
G8391	Patients with persistent asthma, no documentation of preferred long term control medication or acceptable alternative treatment prescribed
G8395	Left ventricular ejection fraction (LVEF) $\geq$ 40% or documentation as normal or mildly depressed left ventricular systolic function
G8396	Left ventricular ejection fraction (LVEF) not performed or documented
G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy
G8398	Dilated macular or fundus exam not performed
G8399	Patient with central dual-energy x-ray absorptiometry (DXA) results documented or ordered or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed
G8400	Patient with central dual-energy x-ray absorptiometry (DXA) results not documented or not ordered or pharmacologic therapy (other than minerals/vitamins) for osteoporosis not prescribed
G8401	Clinician documented that patient was not an eligible candidate for screening or therapy for osteoporosis for women measure
G8402	Tobacco (smoke) use cessation intervention, counseling
G8403	Tobacco (smoke) use cessation intervention not counseled
G8404	Lower extremity neurological exam performed and documented
G8405	Lower extremity neurological exam not performed
G8406	Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure
G8407	ABI measured and documented
G8408	ABI measurement was not obtained
G8409	Clinician documented that patient was not an eligible candidate for ABI measurement measure
G8410	Footwear evaluation performed and documented
G8415	Footwear evaluation was not performed
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure
G8417	BMI $\geq$ 30 was calculated and a follow-up plan was documented in the medical record
G8418	BMI $<$ 22 was calculated and a follow-up plan was documented in the medical record
G8419	BMI $\geq$ 30 or $<$ 22 was calculated, but no follow-up plan was documented in the medical record
G8420	BMI $<$ 30 and $\geq$ 22 was calculated and documented
G8421	BMI not calculated
G8422	Patient not eligible for BMI calculation
G8423	Documented that patient was screened and either influenza vaccination status is current or patient was counseled
G8424	Influenza vaccine status was not screened
G8425	Influenza vaccine status screened, patient not current and counseling was not provided
G8426	Documented that patient was not appropriate for screening and/or counseling about the influenza vaccine (e.g., allergy to eggs)
G8427	Written provider documentation was obtained confirming that current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary (nutritional) supplements) were verified with the patient or authorized representative or patient assessed and is not currently on any medications
G8428	Current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary (nutritional) supplements) were documented without documented patient verification

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- G8429 Incomplete or no documentation that patient's current medications with dosages(includes prescription, over-the-counter, herbals, vitamin/mineral/dietary (nutritional) supplements) were assessed
- G8430 Documentation that patient is not eligible for medication assessment
- G8431 Documentation of clinical depression screening using a standardized tool
- G8432 No documentation of clinical depression screening using a standardized tool
- G8433 Patient not eligible/not appropriate for clinical depression screening
- G8434 Documentation of cognitive impairment screening using a standardized tool
- G8435 No documentation of cognitive impairment screening using a standardized tool
- G8436 Patient not eligible/not appropriate for cognitive impairment screening
- G8437 Documentation of clinician and patient involvement with the development of a treatment plan/plan of care including signature by the practitioner and either a co-signature by the patient or documented verbal agreement obtained from the patient or, when necessary, an authorized representative
- G8438 No documentation of clinician and patient involvement with the development of a treatment plan/plan of care including signature by the practitioner and either a co-signature by the patient or documented verbal agreement obtained from the patient or, when necessary, an authorized representative
- G8439 Documentation that patient is not eligible for co-developing a treatment plan/plan of care including signature by the practitioner and either a co-signature by the patient or documented verbal agreement obtained from the patient or, when necessary, an authorized representative
- G8440 Documentation of pain assessment (including location, intensity and description) prior to initiation of treatment or documentation of the absence of pain as a result of assessment
- G8441 No documentation of pain assessment (including location, intensity and description) prior to initiation of treatment documentation that patient is not eligible for pain assessment
- G8443 All prescriptions created during the encounter were generated using a qualified E-prescribing system
- G8445 No prescriptions were generated during the encounter, provider does have access to a qualified E-prescribing system
- G8446 Some or all prescriptions generated during the encounter were handwritten or phoned in due to one of the following: required by state law, patient request, or qualified E-prescribing system being temporarily inoperable
- G8447 Patient encounter was documented using a chit certified EMR
- G8448 Patient encounter was documented using a non-CCHIT certified EMR; to qualify, the system must be capable of all of the following: generating a medication list, generating a problem list, entering laboratory tests as discrete searchable data elements
- G8449 Patient encounter was not documented using an EMR due to system reasons such as, the system being inoperable at the time of the visit; use of this code implies that an EMR is in place and generally available
- G8450 Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (LVEF) <40% or documentation as moderately or severely depressed left ventricular systolic function
- G8451 Clinician documented patient with left ventricular ejection fraction (LVEF) <40% or documentation as moderately or severely depressed left ventricular systolic function was not eligible candidate for beta-blocker therapy
- G8452 Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (LVEF) <40% or documentation as moderately or severely depressed left ventricular systolic function
- G8453 Tobacco use cessation intervention, counseling
- G8454 Tobacco use cessation intervention not counseled, reason not specified
- G8455 Current tobacco smoker
- G8456 Current smokeless tobacco user
- G8457 Tobacco non-user
- G8458 Clinician documented that patient is not an eligible candidate for genotype testing; patient not receiving antiviral treatment for hepatitis C
- G8459 Clinician documented that patient is receiving antiviral treatment for hepatitis C

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G8460	Clinician documented that patient is not an eligible candidate for quantitative RNA testing at week 12; patient not receiving antiviral treatment for hepatitis C
G8461	Patient receiving antiviral treatment for hepatitis C
G8462	Clinician documented that patient is not an eligible candidate for counseling regarding contraception prior to antiviral treatment; patient not receiving antiviral treatment for hepatitis C
G8463	Patient receiving antiviral treatment for hepatitis c documented
G8464	Clinician documented that prostate cancer patient is not an eligible candidate for adjuvant hormonal therapy; low or intermediate risk of recurrence or risk of recurrence not determined
G8465	High risk of recurrence of prostate cancer
G8466	Clinician documented that patient is not an eligible candidate for suicide risk assessment; major depressive disorder, in remission
G8467	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder
G8468	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed for patients with a left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function
G8469	Clinician documented that patient with a left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (ARB) therapy
G8470	Patient with left ventricular ejection fraction (LVEF) >=40% or documentation as normal or mildly depressed left ventricular systolic function
G8471	Left ventricular ejection fraction (LVEF) was not performed or documented
G8472	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for patients with a left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function, reason not specified
G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed
G8474	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician
G8475	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not specified
G8476	Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic measurement of <80 mm/hg
G8477	Most recent blood pressure has a systolic measurement of >=130 mm/hg and/or a diastolic measurement of >=80 mm/hg
G8478	Blood pressure measurement not performed or documented, reason not specified clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy
G8480	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (ARB) therapy
G8481	Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not specified
G8482	Influenza immunization was ordered or administered
G8483	Influenza immunization was not ordered or administered for reasons documented by clinician
G8484	Influenza immunization was not ordered or administered, reason not specified
G8485	Clinician intends to report the Diabetes measure group
G8486	Clinician intends to report the Preventive Care measure group
G8487	Clinician intends to report the Chronic Kidney Disease (CKD) measure group
G8488	Clinician intends to report the End Stage Renal Disease (ESRD) measure group
G9013	ESRD demo basic bundle Level 1
G9014	ESRD demo expanded bundle including venous access and related services
G9017	Amantadine hydrochloride, oral, per 100 mg (For use as a Medicare approved demonstration project)



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- G9018 Zanamivir, inhalation powder administered through inhaler, per 10 mg (For use as a Medicare approved demonstration project)
- G9019 Oseltamivir phosphate, oral, per 75 mg (For use as a Medicare approved demonstration project)
- G9020 Rimantadine hydrochloride, oral, per 100 mg (For use as a Medicare approved demonstration project)
- G9033 Amantadine hydrochloride, oral, brand, per 100 mg (For use in a Medicare-approved demonstration project)
- G9034 Zanamivir, inhalation powder, administered through inhaler, brand, per 10 mg (For use in a Medicare-approved demonstration project)
- G9035 Oseltamivir phosphate, oral, brand, per 75 mg (For use as a Medicare approved demonstration project)
- G9036 Rimantadine hydrochloride, oral, brand, per 100 mg (For use in a Medicare-approved demonstration project)
- G9041 Rehabilitation services for low vision by qualified occupational therapist, direct one-on-one contact, each 15 minutes
- G9042 Rehabilitation services for low vision by certified orientation and mobility specialist, direct one-on-one contact, each 15 minutes
- G9043 Rehabilitation services for low vision by certified low vision rehabilitation therapist, direct one-on-one contact, each 15 minutes
- G9044 Rehabilitation services for low vision by certified low vision rehabilitation teacher, direct one-on-one contact, each 15 minutes
- G9050 Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)
- G9051 Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing
- G9052 Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)
- G9053 Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)
- G9054 Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)
- G9055 Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)
- G9056 Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)
- G9057 Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a Medicare-approved demonstration project)
- G9058 Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)
- G9059 Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)
- G9060 Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)
- G9061 Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)
- G9062 Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)

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- G9063 Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage I (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9064 Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage ii (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9065 Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage iii a (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9066 Oncology; disease status; limited to non-small cell lung cancer; stage III b- IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
- G9067 Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
- G9068 Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9069 Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
- G9070 Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
- G9071 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); Adenocarcinoma as predominant cell type; stage I or stage IIA-IIB; or t3, n1, m0; and ER and/or pr positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9072 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I, or stage IIA-IIB; or t3, n1, m0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9073 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIIB; and not t3, n1, m0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9074 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIIB; and not t3, n1, m0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9075 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
- G9077 Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t1-t2c and Gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9078 Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t2 or t3a† Gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9079 Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t3b-t4, any n; any t, n1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9080 Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project)
- G9083 Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)

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- G9084 Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9085 Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9086 Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-4, n1-2, m0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9087 Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)
- G9088 Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)
- G9089 Oncology; disease status; colon cancer, limited to invasive cancer; adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
- G9090 Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-2, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9091 Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t3, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9092 Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n1-2, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)
- G9093 Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9094 Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
- G9095 Oncology; disease status; rectal cancer, limited to invasive cancer; adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
- G9096 Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t1-t3, n0-n1 or NX (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9097 Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9098 Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
- G9099 Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)

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- G9100 Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project)
- G9101 Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r1 or r2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)
- G9102 Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)
- G9103 Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
- G9104 Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
- G9015 Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post r0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9106 Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post r1 or r2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)
- G9107 Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
- G9018 Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
- G9109 Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t1-t2 and n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9110 Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t3-4 and/or n1-3, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9111 Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
- G9112 Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
- G9113 Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-b (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9114 Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-b (grade 2-3); or stage IC (all grades); or stage ii; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9115 Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
- G9116 Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project)
- G9117 Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)

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- G9123 Oncology; disease status; non-Hodgkin's lymphoma, limited to follicular lymphoma, mantle cell lymphoma, diffuse large b-cell lymphoma, or histologically transformed from follicular lymphoma to diffuse large b-cell lymphoma; relapsed or refractory (for use in a Medicare-approved demonstration project)
- G9124 Oncology; disease status; non-Hodgkin's lymphoma, limited to follicular lymphoma, mantle cell lymphoma, diffuse large b-cell lymphoma, peripheral t cell lymphoma or small lymphocytic lymphoma; relapsed and refractory (for use in a Medicare-approved demonstration project)
- G9125 Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/ or BCR-ABL positive, blast phase not† in hematologic, cytogenetic, or molecular remission
- G9126 Oncology; disease status; ovarian cancer, limited to pathologically stage patients with epithelial cancer; stage IA/IB (for use in a Medicare-approved demonstration project)
- G9128 Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project)
- G9129 Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; extent of disease unknown, under evaluation, not listed, or treatment options being considered (for use in a Medicare-approved demonstration project)
- G9130 Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
- G9131 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
- G9132 Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on anti-androgen therapy or post-orchietomy); clinical metastases (for use in a Medicare-approved demonstration project)
- G9133 Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at diagnosis (for use in a Medicare-approved demonstration project)
- G9134 Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project)
- G9135 Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project)
- G9136 Oncology; disease status; non-Hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a Medicare-approved demonstration project)
- G9137 Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a Medicare-approved demonstration project)
- G9139 Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or non-response to therapy, or not listed (for use in a Medicare-approved demonstration project)
- G9140 Frontier extended stay clinic demonstration; for a patient stay in a clinic approved for the CMS demonstration project; the following measures should be present: the stay must be equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of monitoring and observation cases that are permitted by the rules of the demonstration; there is a maximum frontier extended stay clinic (FESC) visit of 48 hours, except in the case when weather or other conditions prevent transfer; payment is made on each period up to 4 hours
- H0001 Alcohol and/or drug assessment
- H0002 Alcohol and/or drug screening to determine eligibility for admission to treatment program
- H0003 Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs
- H0004 Alcohol and/or drug services; individual counseling by a clinician
- H0005 Alcohol and/or drug services; group counseling by a clinician
- H0006 Alcohol and/or drug services; case management
- H0007 Alcohol and/or drug services; crisis intervention (outpatient)
- H0008 Alcohol and/or drug services; sub-acute detoxification (hospital inpatient)
- H0009 Alcohol and/or drug services; acute detoxification (hospital inpatient)

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H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
H0014	Alcohol and/or drug services; ambulatory detoxification
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)
H0017	Alcohol and/or drug services; residential (hospital residential treatment program)
H0018	Alcohol and/or drug services; short-term residential (non-hospital residential treatment program)
H0019	Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)
H0020	Alcohol and/or drug services; methadone administration and/or service provision of the drug by a licensed program)
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)
H0022	Alcohol and/or drug intervention service (planned facilitation)
H0023	Alcohol and/or drug outreach service (planned approach to reach a target population)
H0024	Alcohol and/or drug prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge or attitude)
H0025	Alcohol and/or drug prevention education service (delivery or services with target population to affect knowledge, attitude and/or behavior)
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)
H0030	Alcohol and/or drug hotline service
H0031	Mental health assessment, by non-physician
H0032	Mental health service plan development by non-physician
H0033	Oral medication administration, direct observation
H0034	Medication training and support, per 15 minutes
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
H0037	Community psychiatric supportive treatment program, per diem
H0038	Self-help/peer services, per 15 minutes
H0039	Assertive community treatment, face-to-face, per 15 minutes
H0040	Assertive community treatment program, per diem
H0041	Foster care, child, non-therapeutic, per diem
H0042	Foster care, child, non-therapeutic, per month
H0043	Supported housing, per diem
H0044	Supported housing, per month
H0045	Respite care services, not in the home, per diem
H0046	Mental health services, not otherwise specified
H0047	Alcohol and/or other drug abuse services, not otherwise specified
H0048	Alcohol and/or other drug testing: collection and handling only, specimens
H0049	Alcohol and/or drug screening
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes
H1000	Prenatal care, at-risk assessment
H1001	Prenatal care, at-risk enhanced service; antepartum management

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H1002	Prenatal care, at risk enhanced service; care coordination
H1003	Prenatal care, at-risk enhanced service; education
H1004	Prenatal care, at-risk enhanced service; follow-up home visit
H1005	Prenatal care, at-risk enhanced service package (includes h1001-h1004)
H1010	Non-medical family planning education, per session
H1011	Family assessment by licensed behavioral health professional for state defined
H2000	Comprehensive multidisciplinary evaluation
H2001	Rehabilitation program, per 1/2 day
H2010	Comprehensive medication services, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral health day treatment, per hour
H2013	Psychiatric health facility service, per diem
H2014	Skills training and development, per 15 minutes
H2015	Comprehensive community support services, per 15 minutes
H2016	Comprehensive community support services, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2019	Therapeutic behavioral services, per 15 minutes
H2020	Therapeutic behavioral services, per diem
H2021	Community-based wrap-around services, per 15 minutes
H2022	Community-based wrap-around services, per diem
H2023	Supported employment, per 15 minutes
H2024	Supported employment, per diem
H2025	Ongoing support to maintain employment, per 15 minutes
H2026	Ongoing support to maintain employment, per diem
H2027	Psychoeducational service, per 15 minutes
H2028	Sexual offender treatment service, per 15 minutes
H2029	Sexual offender treatment service, per diem
H2030	Mental health clubhouse services, per 15 minutes
H2031	Mental health clubhouse services, per diem
H2032	Activity therapy, per 15 minutes
H2033	Multisystemic therapy for juveniles, per 15 minutes
H2034	Alcohol and/or drug abuse halfway house services, per diem
H2035	Alcohol and/or other drug treatment program, per hour
H2036	Alcohol and/or other drug treatment program, per diem
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes
J0120	Injection; Tetracycline, up to 250 mg
J0128	Injection, Abarelix 10 mg
J0129	Injection, Abatacept, 10 mg
J0130	Injection; Abciximab, 10 mg
J0132	Injection, Acetylcysteine, 100 mg
J0133	Injection, Acyclovir, 5 mg
J0135	Injection; Adalimumab, 20 mg
J0150	Injection; Adenosine for treatment, 6 mg (not to be used to report any Adenosine Phosphate compounds; instead use A9270)
J0152	Injection, Adenosine as a diagnostic agent, 30 mg (not to be used to report any Adenosine Phosphate compounds; instead use A9270)
J0170	Injection; Adrenaline, Epinephrine, up to 1 ml ampule
J0180	Injection, Agalsidase Beta, 1 mg
J0190	Injection; Biperiden Lactate, per 5 mg
J0200	Injection; Alatrofloxacin Mesylate, 100 mg
J0205	Injection; Alglucerase, per 10 units
J0207	Injection; Amifostine, 500 mg
J0210	Injection; Methyldopate HCL, up to 250 mg
J0215	Injection, Alefacept, 0.5 mg

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J0220	Injection, Alglucosidase Alpha, 10 mg
J0256	Injection; Alpha 1 Proteins inhibitor human, 10 mg
J0270	Injection; Alprostadil, 1.25 mcg (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J0275	Injection; Alprostadil urethral suppository (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J0278	Injection, Amikacin sulfate, 100 mg
J0280	Injection; Aminophyllin, up to 250 mg
J0282	Injection, Amiodarone Hydrochloride, 30 mg
J0285	Injection; Amphotericin B, 50 mg
J0287	Injection; Amphotericin B Lipid Complex, 10 mg
J0288	Injection; Amphotericin B Cholesteryl Sulfate Complex, 10 mg
J0289	Injection; Amphotericin B Liposome, 10 mg
J0290	Injection; Ampicillin Sodium, 500 mg
J0295	Injection; Ampicillin Sodium/Sulbactam Sodium, per 1.5 gm
J0300	Injection; Amobarbital, up to 125 mg
J0330	Injection; Succinylcholine Chloride, up to 20 mg
J0348	Injection, Anidulafungin, 1 mg
J0350	Injection;; Anistreplase, per 30 units
J0360	Injection; Hydralazine HCL, up to 20 mg
J0364	Injection, Apomorphine Hydrochloride, 1 mg
J0365	Injection, Aprotinin, 10,000 KIU
J0380	Injection; Metaraminol Bitartrate, per 10 mg
J0390	Injection; Chloroquine HCL, up to 250 mg
J0395	Injection; Arbutamine HCL, 1 mg
J0400	Injection, Aripiprazole, intramuscular, 0.25 mg
J0456	Injection; Azithromycin, 500 mg
J0460	Injection; Atropine Sulfate, up to 0.3 mg
J0470	Injection; Dimercaprol, per 100 mg
J0480	Injection, basiliximab, 20 mg
J0475	Injection; Baclofen, 10 mg
J0476	Injection; Baclofen, 50 mcg for intrathecal trial
J0500	Injection; Dicyclomine HCL, up to 20 mg
J0515	Injection; Benztropine Mesylate, per 1 mg
J0520	Injection; Bethanechol Chloride, Myotonachol or Urecholine, up to 5 mg
J0530	Injection; Penicillin G Benzathine and Penicillin G Procaine, up to 600,000 units
J0540	Injection; Penicillin G Benzathine and Penicillin G Procaine, up to 1,200,000 units
J0550	Injection; Penicillin G Benzathine and Penicillin G Procaine, up to 2,400,000 units
J0560	Injection; Penicillin G Benzathine, up to 600,000 units
J0570	Injection; Penicillin G Benzathine, up to 1,200,000 units
J0580	Injection; Penicillin G Benzathine, up to 2,400,000 units
J0583	Injection, Bivalirudin, 1 mg
J0585	Injection; Botulinum Toxin Type A, per unit
J0587	Injection; Botulinum Toxin Type B, per 100 units
J0592	Injection; Buprenorphine Hydrochloride, 0.1 mg
J0594	Injection, Busulfan, 1 mg
J0595	Injection, Butorphanol Tartrate, 1 mg
J0600	Injection; Edetate Calcium Disodium, up to 1000 mg
J0610	Injection; Calcium Gluconate, per 10 ml
J0620	Injection; Calcium Glycerophosphate and Calcium Lactate, per 10 ml
J0630	Injection; Calcitonin Salmon, up to 400 units
J0636	Injection; Calcitriol, 0.1 mcg
J0637	Injection; Caspofungin Acetate, 5 mg
J0640	Injection; Leucovorin Calcium, per 50 mg



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J0670	Injection; Mepivacaine Hydrochloride, per 10 mg
J0690	Injection; Cefazolin Sodium, 500 mg
J0692	Injection; Cefepime Hydrochloride, 500 mg
J0694	Injection; Cefoxitin Sodium, 1 gm
J0696	Injection; Ceftriaxone Sodium, per 250 mg
J0697	Injection; Sterile Cefuroxime Sodium, per 750 mg
J0698	Injection; Cefotaxime Sodium, per gm
J0702	Injection, Betamethasone Acetate 3 mg and Betamethasone Sodium Phosphate 3 mg
J0704	Injection; Betamethasone Sodium Phosphate, per 4 mg
J0706	Injection; Caffeine Citrate, 5 mg
J0710	Injection; Cephapirin Sodium, up to 1 gm
J0713	Injection; Ceftazidime, per 500 mg
J0715	Injection; Ceftizoxime Sodium, per 500 mg
J0720	Injection; Chloramphenicol Sodium Succinate, up to 1 gm
J0725	Injection; Chorionic Gonadotropin, per 1,000 USP units
J0735	Injection; Clonidine Hydrochloride, 1 mg
J0740	Injection; Cidofovir, 375 mg
J0743	Injection; Cilastatin Sodium; Imipenem, per 250 mg
J0744	Injection, Ciprofloxacin for intravenous infusion, 200 mg
J0745	Injection; Codeine Phosphate, per 30 mg
J0760	Injection; Colchicine, per 1 mg
J0770	Injection; Colistimethate Sodium, up to 150 mg
J0780	Injection; Prochlorperazine, up to 10 mg
J0795	Injection, Corticorelin Ovine Triflutate, 1 microgram
J0800	Injection; Corticotropin, up to 40 units
J0835	Injection; Cosyntropin, per 0.25 mg
J0850	Injection; Cytomegalovirus Immune Globulin Intravenous (Human), per vial
J0878	Injection, Daptomycin, 1 mg
J0881	Injection, Darbepoetin Alfa, 1 microgram (non-ESRD use)
J0882	Injection, Darbepoetin Alfa, 1 microgram (for ESRD on dialysis)
J0885	Injection, Epoetin Alfa, (for non-ESRD use), 1000 units
J0886	Injection, Epoetin Alfa, 1000 units (for ESRD on dialysis)
J0894	Injection, Decitabine, 1 mg
J0895	Injection; Deferoxamine Mesylate, 500 mg
J0900	Injection; Testosterone Enanthate and Estradiol Valerate, up to 1 cc
J0945	Injection; Brompheniramine Maleate, per 10 mg
J0970	Injection; Estradiol Valerate, up to 40 mg
J1000	Injection; Depo-Estradiol Cypionate, up to 5 mg
J1020	Injection; Methylprednisolone Acetate, 20 mg
J1030	Injection; Methylprednisolone Acetate, 40 mg
J1040	Injection; Methylprednisolone Acetate, 80 mg
J1051	Injection; Medroxyprogesterone Acetate, 50 mg
J1055	Injection; Medroxyprogesterone Acetate for contraceptive use, 150 mg
J1056	Injection; Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg
J1060	Injection; Testosterone Cypionate and Estradiol Cypionate, up to 1 ml
J1070	Injection; Testosterone Cypionate, up to 100 mg
J1080	Injection; Testosterone Cypionate, 1 cc, 200 mg
J1094	Injection; Dexamethasone Acetate, 1 mg
J1100	Injection; Dexamethasone Sodium Phosphate, 1 mg
J1110	Injection; Dihydroergotamine Mesylate, per 1 mg
J1120	Injection; Acetazolamide Sodium, up to 500 mg
J1160	Injection; Digoxin, up to 0.5 mg
J1162	Injection, Digoxin Immune Fab (ovine), per vial
J1165	Injection; Phenytoin Sodium, per 50 mg
J1170	Injection; Hydromorphone, up to 4 mg

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J1180	Injection; Dyphylline, up to 500 mg
J1190	Injection; Dexrazoxane Hydrochloride, per 250 mg
J1200	Injection; Diphenhydramine HCL, up to 50 mg
J1205	Injection; Chlorothiazide Sodium, per 500 mg
J1212	Injection; DMSO, Dimethyl Sulfoxide, 50%, 50 ml
J1230	Injection; Methadone HCL, up to 10 mg
J1240	Injection; Dimenhydrinate, up to 50 mg
J1245	Injection; Dipyridamole, per 10 mg
J1250	Injection; Dobutamine Hydrochloride, per 250 mg
J1260	Injection; Dolasetron Mesylate, 10 mg
J1265	Injection, dopamine HCl, 40 mg
J1270	Injection; Doxercalciferol, 1 mcg
J1300	Injection, Eculizumab, 10 mg
J1320	Injection; Amitriptyline HCL, up to 20 mg
J1324	Injection, Enfuvirtide, 1 mg
J1325	Injection; Epoprostenol, 0.5 mg
J1327	Injection; Eptifibatide, 5 mg
J1330	Injection; Ergonovine Maleate, up to 0.2 mg
J1335	Injection, Ertapenem Sodium, 500 mg
J1364	Injection; Erythromycin Lactobionate, per 500 mg
J1380	Injection; Estradiol Valerate, up to 10 mg
J1390	Injection; Estradiol Valerate, up to 20 mg
J1410	Injection; Estrogen Conjugated, per 25 mg
J1430	Injection, Ethanolamine Oleate, 100 mg
J1435	Injection; Estrone, per 1 mg
J1436	Injection; Etidronate Disodium, per 300 mg
J1438	Injection; Etanercept, 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)
J1440	Injection; Filgrastim (G-CSF), 300 mcg
J1441	Injection; Filgrastim (G-CSF), 480 mcg
J1450	Injection; Fluconazole, 200 mg
J1451	Injection, Fomepizole, 15 mg
J1452	Injection; Fomivirsen Sodium, intraocular, 1.65 mg
J1455	Injection; Foscarnet Sodium, per 1000 mg
J1457	Injection, Gallium Nitrate, 1 mg
J1458	Injection, Galsulfase, 1 mg
J1460	Injection; Gamma Globulin, intramuscular, 1 cc
J1470	Injection; Gamma Globulin, intramuscular, 2 cc
J1480	Injection; Gamma Globulin, intramuscular, 3 cc
J1490	Injection; Gamma Globulin, intramuscular, 4 cc
J1500	Injection; Gamma Globulin, intramuscular, 5 cc
J1510	Injection; Gamma Globulin, intramuscular, 6 cc
J1520	Injection; Gamma Globulin, intramuscular, 7 cc
J1530	Injection; Gamma Globulin, intramuscular, 8 cc
J1540	Injection; Gamma Globulin, intramuscular, 9 cc
J1550	Injection; Gamma Globulin, intramuscular, 10 cc
J1560	Injection; Gamma Globulin, intramuscular, over 10 cc
J1561	Injection, Immune Globulin, (Gamunex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1562	Injection, Immune Globulin (Vivaglobin), 100 mg
J1565	Injection; Respiratory Syncytial Virus Immune Globulin, intravenous, 50 mg
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1569	Injection, Immune Globulin, (Gammagard liquid), intravenous, non-lyophilized, (e.g., liquid), 500 mg

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J1570	Injection; Ganciclovir Sodium, 500 mg
J1571	Injection, Hepatitis B Immune Globulin (HepaGam B), intramuscular, 0.5 ml
J1572	Injection, Immune Globulin, (Flebogamma), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1573	Injection, hepatitis B immune globulin (HepaGam B), intravenous, 0.5 ml
J1580	Injection; Garamycin, Gentamicin, up to 80 mg
J1590	Injection; Gatifloxacin, 10 mg
J1595	Injection, Glatiramer Acetate, 20 mg
J1600	Injection; Gold Sodium Thiomalate, up to 50 mg
J1610	Injection; Glucagon Hydrochloride, per 1 mg
J1620	Injection; Gonadorelin Hydrochloride, per 100 mcg
J1626	Injection; Granisetron Hydrochloride, 100 mcg
J1630	Injection; Haloperidol, up to 5 mg
J1631	Injection; Haloperidol Decanoate, per 50 mg
J1640	Injection, Hemin, 1 mg
J1642	Injection; Heparin Sodium, (Heparin Lock Flush), per 10 units
J1644	Injection; Heparin Sodium, per 1000 units
J1645	Injection; Dalteparin Sodium, per 2500 IU
J1650	Injection; Enoxaparin Sodium, 10 mg
J1652	Injection; Fondaparinux Sodium, 0.5 mg
J1655	Injection; Tinzaparin Sodium, 1000 IU
J1670	Injection; Tetanus Immune Globulin, Human, up to 250 units
J1675	Injection, histrelin acetate, 10 micrograms
J1700	Injection; Hydrocortisone Acetate, up to 25 mg
J1710	Injection; Hydrocortisone Sodium Phosphate, up to 50 mg
J1720	Injection; Hydrocortisone Sodium Succinate, up to 100 mg
J1730	Injection; Diazoxide, up to 300 mg
J1740	Injection, Ibandronate Sodium, 1 mg
J1742	Injection; Ibutilide Fumarate, 1 mg
J1743	Injection, Idursulfase, 1 mg
J1745	Injection; Infliximab, 10 mg
J1751	Injection, Iron Dextran 165, 50 mg
J1752	Injection, Iron Dextran 267, 50 mg
J1756	Injection; Iron Sucrose, 1 mg
J1785	Injection; Imiglucerase, per unit
J1790	Injection; Droperidol, up to 5 mg
J1800	Injection; Propranolol HCL, up to 1 mg
J1810	Injection; Droperidol and Fentanyl Citrate, up to 2 ml ampule
J1815	Injection; Insulin, per 5 units
J1817	Injection; Insulin for administration through DME (ie, insulin pump) per 50 units
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)
J1835	Injection; Itraconazole, 50 mg
J1840	Injection; Kanamycin Sulfate, up to 500 mg
J1850	Injection; Kanamycin Sulfate, up to 75 mg
J1885	Injection; Ketorolac Tromethamine, per 15 mg
J1890	Injection; Cephalothin Sodium, up to 1 gram
J1931	Injection, Laronidase, 0.1 mg
J1940	Injection; Furosemide, up to 20 mg
J1945	Injection, Lepirudin, 50 mg
J1950	Injection; Leuprolide Acetate (for depot suspension) per 3.75 mg
J1955	Injection; Levocarnitine, per 1 gm
J1956	Injection; Levofloxacin, 250 mg
J1960	Injection; Levorphanol Tartrate, up to 2 mg

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J1980	Injection; Hyoscyamine Sulfate, up to 0.25 mg
J1990	Injection; Chlordiazepoxide HCL, up to 100 mg
J2001	Injection, Lidocaine HCl for intravenous infusion, 10 mg
J2010	Injection; Lincomycin HCL, up to 300 mg
J2020	Injection; Linezolid, 200 mg
J2060	Injection; Lorazepam, 2 mg
J2150	Injection; Mannitol, 25% in 50 ml
J2170	Injection, Mecasermin, 1 mg
J2175	Injection; Meperidine Hydrochloride, per 100 mg
J2180	Injection; Meperidine and Promethazine HCL, up to 50 mg
J2185	Injection, Meropenem, 100 mg
J2210	Injection; Methylergonovine Maleate, up to 0.2 mg
J2248	Injection, Micafungin sodium, 1 mg
J2250	Injection; Midazolam Hydrochloride, per 1 mg
J2260	Injection; Milrinone Lactate, 5 mg
J2270	Injection; Morphine Sulfate, up to 10 mg
J2271	Injection; Morphine Sulfate, 100 mg
J2275	Injection; Morphine Sulfate (preservative-free sterile solution), per 10 mg
J2278	Injection, Ziconotide, 1 microgram
J2280	Injection, Moxifloxacin, 100 mg
J2300	Injection; Nalbuphine Hydrochloride, per 10 mg
J2310	Injection; Naloxone Hydrochloride, per 1 mg
J2315	Injection, Naltrexone, depot form, 1 mg
J2320	Injection; Nandrolone Decanoate, up to 50 mg
J2321	Injection; Nandrolone Decanoate, up to 100 mg
J2322	Injection; Nandrolone Decanoate, up to 200 mg
J2323	Injection, Natalizumab, 1 mg
J2325	Injection, Nesiritide, 0.1 mg
J2353	Injection, Octreotide, depot form for intramuscular injection, 1 mg
J2354	Injection, Octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg
J2355	Injection; Oprelvekin, 5 mg
J2357	Injection, Omalizumab, 5 mg
J2360	Injection; Orphenadrine, up to 60 mg
J2370	Injection; Phenylephrine HCL, up to 1 ml
J2400	Injection; Chloroprocaine Hydrochloride, per 30 ml
J2405	Injection; Ondansetron Hydrochloride, per 1 mg
J2410	Injection; Oxymorphone HCL, up to 1 mg
J2425	Injection, Palifermin, 50 micrograms
J2430	Injection; Pamidronate Disodium, per 30 mg
J2440	Injection; Papaverine HCL, up to 60 mg
J2460	Injection; Oxytetracycline HCL, up to 50 mg
J2469	Injection, Palonosetron HCL, up to 25 mcg
J2501	Injection; Paricalcitol, 1 mcg
J2505	Injection, Pegfilgrastim, 6 mg
J2510	Injection; Penicillin G Procaine, aqueous, up to 600,000 units
J2515	Injection; Pentobarbital Sodium, per 50 mg
J2503	Injection, Pegaptanib Sodium, 0.3 mg
J2513	Injection, Pentastarch, 10% solution, 100 ml
J2504	Injection, Pegademase Bovine, 25 IU
J2540	Injection; Penicillin G potassium, up to 600,000 units
J2543	Injection; Piperacillin Sodium/Tazobactam Sodium, 1 gram/0.125grams(1.125 grams)
J2545	Pentamidine Isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
J2550	Injection; Promethazine HCL, up to 50 mg
J2560	Injection; Phenobarbital Sodium, up to 120 mg

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J2590	Injection; Oxytocin, up to 10 units
J2597	Injection; Desmopressin Acetate, per 1 mcg
J2650	Injection; Prednisolone Acetate, up to 1 ml
J2670	Injection; Tolazoline HCL, up to 25 mg
J2680	Injection; Fluphenazine Decanoate, up to 25 mg
J2690	Injection; Procainamide HCL, up to 1 gm
J2700	Injection; Oxacillin Sodium, up to 250 mg
J2710	Injection; Neostigmine Methylsulfate, up to 0.5 mg
J2720	Injection; Protamine Sulfate, per 10 mg
J2724	Injection, Protein C concentrate, intravenous, human, 10 IU
J2725	Injection; Protirelin, per 250 mcg
J2730	Injection; Pralidoxime Chloride, up to 1 gm
J2760	Injection; Phentolaine Mesylate, up to 5 mg
J2765	Injection; Metoclopramide HCL, up to 10 mg
J2770	Injection; Quinupristin/Dalfopristin, 500 mg (150/350)
J2778	Injection, Ranibizumab, 0.1 mg
J2780	Injection; Ranitidine Hydrochloride, 25 mg
J2783	Injection, Rasburicase, 0.5 mg
J2788	Injection; RHO (D) immune globulin, human, mini dose, 50 mcg
J2790	Injection; RHO (D) Immune Globulin, human, full dose, 300 mcg
J2791	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU
J2792	Injection; RHO (D) immune Globulin, intravenous, human, solvent detergent, 100 IU
J2794	Injection; Risperidone, long acting 0.5 mg
J2795	Injection; Ropivacaine Hydrochloride, 1 mg
J2800	Injection; Methocarbamol, up to 10 ml
J2805	Injection, Sincalide, 5 micrograms
J2810	Injection; Theophylline, per 40 mg
J2820	Injection; Sargramostim (GM-CSF); 50 mcg
J2850	Injection, Secretin, Synthetic, Human, 1 microgram
J2910	Injection; Aurothioglucose, up to 50 mg
J2916	Injection; Sodium Ferric Gluconate complex in sucrose injection, 12.5 mg
J2920	Injection; Methylprednisolone Sodium Succinate, up to 40 mg
J2930	Injection; Methylprednisolone Sodium Succinate, up to 125 mg
J2940	Injection; Somatrem, 1 mg
J2941	Injection; Somatropin, 1 mg
J2950	Injection; Promazine HCL, up to 25 mg
J2993	Injection; Reteplase, 18.1 mg
J2995	Injection; Streptokinase, per 250,000 IU
J2997	Injection; Alteplase Recombinant, 1 mg
J3000	Injection; Streptomycin, up to 1 gm
J3010	Injection; Fentanyl Citrate, 0.1 mg
J3030	Injection; Sumatriptan Succinate, 6 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)
J3070	Injection; Pentazocine, 30 mg
J3100	Injection; Tenecteplase, 50 mg
J3105	Injection; Terbutaline Sulfate, up to 1 mg
J3110	Injection, Teriparatide, 10 mcg
J3120	Injection; Testosterone Enanthate, up to 100 mg
J3130	Injection; Testosterone Enanthate, up to 200 mg
J3140	Injection; Testosterone Suspension, up to 50 mg
J3150	Injection; Testosterone Propionate, up to 100 mg
J3230	Injection; Chlorpromazine HCL, up to 50 mg
J3240	Injection; Thyrotropin Alpha, 0.9 mg, provided in 1.1 mg vial

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J2343	Injection, Tigecycline, 1 mg
J3246	Injection, Tirofiban HCL, 0.25 mg
J3250	Injection; Trimethobenzamide HCL, up to 200 mg
J3260	Injection; Tobramycin Sulfate, up to 80 mg
J3265	Injection; Torsemide, 10 mg/ml
J3280	Injection; Thiethylperazine Maleate, up to 10 mg
J3285	Injection, Treprostinil, 1 mg
J3301	Injection; Triamcinolone Acetonide, per 10 mg
J3302	Injection; Triamcinolone Diacetate, per 5 mg
J3303	Injection; Triamcinolone Hexacetonide, per 5 mg
J3305	Injection; Trimetrexate Glucuronate, per 25 mg
J3310	Injection; Perphenazine, up to 5 mg
J3315	Injection; Triptorelin Pamoate, 3.75 mg
J3320	Injection; Spectinomycin Dihydrochloride, up to 2 gm
J3350	Injection; Urea, up to 40 gm
J3355	Injection, Urofollitropin, 75 IU
J3360	Injection; Diazepam, up to 5 mg
J3364	Injection; Urokinase, 5000 IU vial
J3365	Injection; IV, Urokinase, 250,000 IU vial
J3370	Injection; Vancomycin HCL, 500 mg
J3396	Injection, Verteporfin, 0.1 mg
J3400	Injection; Triflupromazine HCL, up to 20 mg
J3410	Injection; Hydroxyzine HCL, up to 25 mg
J3411	Injection, Thiamine HCl, 100 mg
J3415	Injection, Pyridoxine HCl, 100 mg
J3420	Injection; Vitamin B-12 Cyanocobalamin, up 1000 mcg
J3430	Injection; Phytonadione (Vitamin K), per 1 mg
J3465	Injection, Voriconazole, 10 mg
J3470	Injection; Hyaluronidase, up to 150 units
J3471	Injection, Hyaluronidase, Ovine, preservative free, per 1 USP unit (up to 999 USP units)
J3472	Injection, Hyaluronidase, Ovine, preservative free, per 1000 USP units
J3473	Injection, Hyaluronidase, Recombinant, 1 USP unit
J3475	Injection; Magnesium Sulfate, per 500 mg
J3480	Injection; Potassium Chloride, per 2 mEq
J3485	Injection; Zidovudine, 10 mg
J3486	Injection, Ziprasidone Mesylate, 10 mg
J3487	Injection, Zoledronic acid (Zometa), 1 mg
J3488	Injection, Zoledronic acid (Reclast), 1 mg
J3490	Injection; Unclassified drugs
J3520	Injection; Edetate Disodium, per 150 mg
J3530	Injection; Nasal vaccine inhalation
J3535	Drug administered through a metered dose inhaler
J3570	Injection; Laetrile, Amygdalin, Vitamin B-17
J3590	Injection; Unclassified biologics
J7030	Infusion, normal saline solution, 1000 cc
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7042	Infusion, 5% dextrose/normal saline (500 ml = 1 unit)
J7050	Infusion, normal saline solution, 250 cc
J7060	Infusion 5% dextrose/water (500 ml = 1 unit)
J7070	Infusion, D5W, 1000 cc
J7100	Infusion, Dextran 40, 500 ml
J7110	Infusion, Dextran 75, 500 ml
J7120	Ringers Lactate Infusion, up to 1000 cc
J7130	Hypertonic saline solution, 50 or 100 mEq, 20 cc vial
J7187	Injection, Von Willebrand factor complex (Humate-P), per IU VWF:RCo

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J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram
J7190	Factor VIII (antihemophilic factor, human) per IU
J7191	Factor VIII (anti-hemophilic factor (Porcine)), per I.
J7192	Factor VIII (antihemophilic factor, recombinant) per IU
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per I.
J7194	Factor IX, complex, per I. U.
J7195	Factor IX (antihemophilic factor, recombinant) per I.
J7197	Antithrombin III (Human), per IU
J7198	Anti-inhibitor, per I.
J7199	Hemophilia clotting factor, not otherwise classified
J7300	Intrauterine copper contraceptive (ParaGard T380A)
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7303	Contraceptive supply, hormone containing vaginal ring, each
J7304	Contraceptive supply, hormone containing patch, each
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
J7308	Aminolevulinic acid HCL for topical administration, 20%,single unit dosage form (354 mg)
J7310	Ganciclovir, 4.5 mg, long-acting implant
J7311	Fluocinolone Acetonide, intravitreal implant
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7340	Dermal and epidermal, (substitute) tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter
J7341	Dermal (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7342	Dermal (substitute) tissue of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7343	Dermal and epidermal, (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7344	Dermal (substitute) tissue of human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7346	Dermal (substitute) tissue of human origin, injectable, with or without other bioengineered or processed elements, but without metabolically active elements, 1 cc
J7347	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (Integra Matrix), per square centimeter
J7348	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (TissueMend), per square centimeter
J7349	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (PriMatrix), per square centimeter
J7500	Azathioprine, oral, 50 mg
J7501	Azathioprine, parenteral, 100 mg
J7502	Cyclosporine, oral, 100 mg
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
J7505	Muromonab-CD3, parenteral, 5 mg
J7506	Prednisone, oral, per 5 mg
J7507	Tacrolimus, oral, per 1 mg
J7509	Methylprednisolone oral, per 4 mg
J7510	Prednisolone oral, per 5 mg
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg
J7513	Daclizumab, parenteral, 25 mg
J7515	Cyclosporine, oral, 25 mg

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J7516	Cyclosporine, parenteral, 250 mg
J7517	Mycophenolate Mofetil, oral, 250 mg
J7518	Mycophenolic acid, oral, 180 mg
J7520	Sirolimus, oral, 1 mg
J7525	Tacrolimus, parenteral, 5 mg
J7599	Immunosuppressive drug, not otherwise classified
J7602	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)
J7603	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)
J7604	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per gram
J7605	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms
J7607	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg
J7610	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg
J7611	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form 1 mg
J7612	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form 0.5 mg
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg
J7614	Levalbuterol, inhalation solution, FDA-Approved final product, non-compounded, administered through DME, unit dose, 0.5 mg
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME
J7622	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7624	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7626	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams
J7633	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 0.25 milligram
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 milligram
J7635	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per milligram



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J7636	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7637	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7638	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7639	Dornase alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 micrograms
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per milligram
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7647	Isoetharine HCL, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7648	Isoetharine HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram
J7649	Isoetharine HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
J7650	Isoetharine HCL, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7657	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7658	Isoproterenol HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram
J7659	Isoproterenol HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
J7660	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams
J7668	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 10 milligrams
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg
J7676	Pentamidine Isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams
J7683	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7685	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 milligrams
J7699	NOC drugs, inhalation solution administered through DME

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J7799	NOC drugs, other than inhalation drugs, administered through DME
J8498	Antiemetic drug, rectal/suppository, not otherwise specified
J8499	Prescription drug, oral, non-chemotherapeutic, NOS
J8501	Aprepitant, oral, 5 mg
J8510	Busulfan; oral, 2 mg
J8515	Cabergoline, oral, 0.25 mg
J8520	Capecitabine, oral, 150 mg
J8521	Capecitabine, oral, 500 mg
J8530	Cyclophosphamide; oral, 25 mg
J8540	Dexamethasone, oral, 0.25 mg
J8560	Etoposide; oral, 50 mg
J8565	Geritonic, oral 250 mg
J8597	Antiemetic drug, oral, not otherwise specified
J8600	Melphalan; oral, 2 mg
J8610	Methotrexate; oral, 2.5 mg
J8650	Nabilone, oral, 1 mg
J8700	Temozolomide, oral, 5 mg
J8999	Prescription drug, oral, chemotherapeutic, NOS
J9000	Doxorubicin HCL; 10 mg
J9001	Doxorubicin Hydrochloride, all lipid formulations, 10 mg
J9010	Alemtuzumab, 10 mg
J9015	Aldesleukin, per single use vial
J9017	Arsenic Trioxide, 1 mg
J9020	Asparaginase, 10,000 units
J9025	Injection, Azacitidine, 1 mg
J9027	Injection, Clofarabine, 1 mg
J9031	BCG (intravesical) per installation
J9035	Injection, Bevacizumab 10 mg
J9040	Bleomycin Sulfate, 15 units
J9041	Bortezomib 0.1 mg
J9045	Carboplatin, 50 mg
J9050	Carmustine, 100 mg
J9055	Injection, Cetuximab, 10 mg
J9060	Cisplatin, powder or solution, per 10 mg
J9062	Cisplatin, 50 mg
J9065	Cladribine, per 1 mg
J9070	Cyclophosphamide; 100 mg
J9080	Cyclophosphamide; 200 mg
J9090	Cyclophosphamide; 500 mg
J9091	Cyclophosphamide; 1.0 gram
J9092	Cyclophosphamide; 2.0 grams
J9093	Cyclophosphamide, Lyophilized, 100 mg
J9094	Cyclophosphamide, Lyophilized, 200 mg
J9095	Cyclophosphamide, Lyophilized, 500 mg
J9096	Cyclophosphamide, Lyophilized, 1.0 gram
J9097	Cyclophosphamide, Lyophilized, 2.0 gram
J9098	Cytarabine Liposome, 10 mg
J9100	Cytarabine, 100 mg
J9110	Cytarabine, 500 mg
J9120	Dactinomycin, 0.5 mg
J9130	Dacarbazine, 100 mg
J9140	Dacarbazine, 200 mg vial
J9150	Daunorubicin Hydrochloride, 10 mg
J9151	Daunorubicin Citrate, liposomal formulation, 10 mg
J9160	Denileukin Diftitox, 300 mcg

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J9165	Diethylstilbestrol Diphosphate, 250 mg
J9170	Docetaxel, 20 mg
J9175	Injection, Elliotts' B solution, 1 ml
J9178	Injection, Epirubicin HCl, 2 mg
J9181	Etoposide; 10 mg
J9182	Etoposide; up to 100 mg
J9185	Fludarabine Phosphate, 50 mg
J9190	Fluorouracil, 500 mg
J9200	Floxuridine, 500 mg
J9201	Gemcitabine HCL, 200 mg
J9202	Goserelin Acetate Implant, per 3.6 mg
J9206	Irinotecan, 20 mg
J9208	Ifosfamide, 1 gm
J9209	Mesna, 200 mg
J9211	Idarubicin Hydrochloride, 5 mg
J9212	Interferon Alfacon-1, recombinant, 1 mcg
J9213	Interferon, alfa-2a, Recombinant, 3 million units
J9214	Interferon, alfa-2b, Recombinant, 1 million units
J9215	Interferon, alfa-n3, (Human Leukocyte Derived), 250,000 IU
J9216	Interferon, Gamma 1-B, 3 million units
J9217	Leuprolide Acetate (for depot suspension), 7.5 mg
J9218	Leuprolide Acetate, per 1 mg
J9219	Leuprolide Acetate Implant, 65 mg
J9225	Histrelin implant (Vantas), 50 mg
J9226	Histrelin implant (Supprelin LA), 50 mg
J9230	Mechlorethamine Hydrochloride, (Nitrogen Mustard), 10 mg
J9245	Melphalan Hydrochloride, 50 mg
J9250	Methotrexate Sodium; 5 mg
J9260	Methotrexate Sodium; 50 mg
J9261	Injection, Nelarabine, 50 mg
J9264	Injection, paclitaxel protein-bound particles, 1 mg
J9263	Injection, Oxaliplatin, 0.5 mg
J9265	Paclitaxel, 30 mg
J9266	Pegaspargase, per single dose vial
J9268	Pentostatin, per 10 mg
J9270	Plicamycin, 2.5 mg
J9280	Mitomycin, 5 mg
J9290	Mutamycin 20 mg
J9291	Mitomycin, 40 mg
J9293	Mitoxantrone Hydrochloride, per 5 mg
J9300	Gemtuzumab Ozogamicin, 5 mg
J9303	Injection, Panitumumab, 10 mg
J9305	Injection, Pemetrexed, 10 mg
J9310	Rituximab, 100 mg
J9320	Streptozocin, 1 gm
J9340	ThioTepa, 15 mg
J9350	Topotecan, 4 mg
J9355	Trastuzumab, 10 mg
J9357	Valrubicin, intravesical, 200 mg
J9360	Vinblastine Sulfate, 1 mg
J9370	Vincristine Sulfate, 1 mg
J9375	Vincristine Sulfate, 2 mg
J9380	Vincristine Sulfate, 5 mg
J9390	Vinorelbine Tartrate, per 10 mg
J9395	Injection, Fulvestrant, 25 mg

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J9600	Porfimer Sodium, 75 mg
J9999	Not otherwise classified, antineoplastic drugs
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultra lightweight wheelchair
K0006	Heavy duty wheelchair
K0007	Extra heavy duty wheelchair
K0009	Other manual wheelchair/base
K0010	Standard-weight frame motorized/power wheelchair
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
K0012	Lightweight portable motorized/power wheelchair
K0014	Other motorized/power wheelchair base
K0015	Detachable, non-adjustable height armrest, each
K0017	Detachable, adjustable height armrest, base, each
K0018	Detachable, adjustable height armrest, upper portion each
K0019	Arm pad, each
K0020	Fixed, adjustable height armrest, pair
K0037	High mount flip-up footrest, each
K0038	Leg strap, each
K0039	Leg strap, H style, each
K0040	Adjustable angle footplate, each
K0041	Large size footplate, each
K0042	Standard size footplate, each
K0043	Footrest, lower extension tube, each
K0044	Footrest, upper hanger bracket, each
K0045	Footrest, complete assembly
K0046	Elevating legrest, lower extension tube, each
K0047	Elevating legrest, upper hanger bracket, each
K0050	Ratchet assembly
K0051	CAM release assembly, footrest or legrest, each
K0052	Swingaway, detachable footrests, each
K0053	Elevating footrests, articulating (telescoping), each
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultra lightweight wheelchair
K0065	Spoke protectors, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each
K0071	Front caster assembly, complete, with pneumatic tire, each
K0072	Front caster assembly, complete, with semi-pneumatic tire, each
K0073	Caster pin lock, each
K0077	Front caster assembly, complete, with solid tire, each
K0098	Drive belt for power wheelchair
K0105	IV hanger, each
K0108	Wheelchair component or accessory, not otherwise specified
K0195	Elevating legrest, pair ( for use with capped rental wheelchair base)
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)
K0455	Infusion pump used for uninterrupted administration of Epoprostenol
K0462	Temporary replacement for patient owned equipment being repaired, any type
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each

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K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
K0607	Replacement battery for automated external defibrillator, garment type only, each
K0608	Replacement garment for use with automated external defibrillator, each
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each
K0730	Controlled dose inhalation drug delivery system
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
K0734	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
K0735	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
K0736	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
K0737	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders, includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing
K0800	Power operated vehicle, Group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power operated vehicle, Group 1 heavy duty, patient weight capacity, 301 to 450 pounds
K0802	Power operated vehicle, Group 1 very heavy duty, patient weight capacity 451 to 600 pounds
K0806	Power operated vehicle, Group 2 standard, patient weight capacity up to and including 300 pounds
K0807	Power operated vehicle, Group 2 heavy duty, patient weight capacity 301 to 450 pounds
K0808	Power operated vehicle, Group 2 very heavy duty, patient weight capacity 451 to 600 pounds
K0812	Power operated vehicle, not otherwise classified
K0813	Power wheelchair, Group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, Group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, Group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, Group 1 standard, captains chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, Group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, Group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0822	Power wheelchair, Group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, Group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, Group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, Group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0826	Power wheelchair, Group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, Group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds

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K0828	Power wheelchair, Group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, Group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0830	Power wheelchair, Group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0831	Power wheelchair, Group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds
K0835	Power wheelchair, Group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, Group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, Group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, Group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, Group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, Group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, Group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, Group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, Group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, Group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, Group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, Group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, Group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0852	Power wheelchair, Group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853	Power wheelchair, Group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds
K0854	Power wheelchair, Group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0855	Power wheelchair, Group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, Group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, Group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, Group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0859	Power wheelchair, Group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0860	Power wheelchair, Group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, Group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, Group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, Group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, Group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0868	Power wheelchair, Group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds

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K0869	Power wheelchair, Group 4 standard, captains chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, Group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, Group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0877	Power wheelchair, Group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0878	Power wheelchair, Group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, Group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, Group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
K0884	Power wheelchair, Group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, Group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds
K0886	Power wheelchair, Group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0890	Power wheelchair, Group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0891	Power wheelchair, Group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0898	Power wheelchair, not otherwise classified
K0899	Power mobility device, not coded by SADMERC or does not meet criteria
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
L0120	Cervical, flexible, non - adjustable (foam collar)
L0130	Cervical, flexible, thermoplastic collar, molded to patient
L0140	Cervical, semi-rigid, adjustable (plastic collar)
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support
L0170	Cervical, collar, molded to patient model
L0172	Cervical, collar, semi-rigid, thermoplastic foam, two-piece
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two-piece with thoracic extension
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension
L0210	Thoracic, rib belt
L0220	Thoracic, rib belt, custom fabricated
L0430	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (Dewall posture protector only)
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated
L0454	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment

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- L0456 TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment
- L0458 TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
- L0460 TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
- L0462 TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
- L0464 TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures prefabricated, includes fitting and adjustment
- L0466 TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
- L0468 TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
- L0470 TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
- L0472 TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
- L0480 TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
- L0482 TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated



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- L0484 TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
- L0486 TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
- L0488 TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment
- L0490 TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment
- L0491 TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
- L0492 TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
- L0621 Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0622 Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
- L0623 Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0624 Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
- L0625 Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment
- L0626 Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0627 Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0628 Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment

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- L0629 Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated
- L0630 Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0631 Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0632 Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
- L0633 Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0634 Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 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, stays, shoulder straps, pendulous abdomen design, custom fabricated
- 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 T-9 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 T-9 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 T-9 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 T-9 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 T-9 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 T-9 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
- L0700 Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)
- L0710 Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)

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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
L0970	TLSO, corset front
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
L1000	Cervical-thoracic-lumbar-sacral (CTLSO), 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 (CTLSO) or scoliosis orthosis, axilla sling
L1020	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, kyphosis pad
L1025	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, kyphosis pad, floating
L1030	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, lumbar bolster pad
L1040	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, lumbar or lumbar rib pad
L1050	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, sternal pad
L1060	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, thoracic pad
L1070	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, trapezius sling
L1080	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, outrigger
L1085	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, outrigger, bilateral with vertical extensions
L1090	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, lumbar sling
L1100	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, ring flange, plastic or leather
L1110	Addition to cervical-thoracic-lumbar-sacral (CTLSO) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model
L1120	Addition to cervical-thoracic-lumbar-sacral (CTLSO), scoliosis orthosis, cover for upright, each
L1200	Thoracic-lumbar-sacral-orthoses (TLSO), inclusive of furnishing initial orthosis only
L1210	Addition to TLSO, (low profile), lateral thoracic extension
L1220	Addition to TLSO, (low profile), anterior thoracic extension
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure
L1240	Addition to TLSO, (low profile), lumbar derotation pad
L1250	Addition to TLSO, (low profile), anterior ASIS pad
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad
L1270	Addition to TLSO, (low profile), abdominal pad
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each
L1290	Addition to TLSO, (low profile), lateral trochanteric pad
L1300	Other scoliosis procedure, body jacket molded to patient model
L1310	Other scoliosis procedure, post-operative body jacket
L1499	Spinal orthosis, not otherwise specified
L1500	Thoracic-hip-knee-ankle, orthosis (THKAO), mobility frame, (Newington, Parapodium types)

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L1510	THKAO, standing frame, with or without tray and accessories
L1520	THKAO, swivel walker
L1600	Hip orthosis, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment
L1610	Hip orthosis, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment
L1620	Hip orthosis, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment
L1630	Hip orthosis, abduction control of hip joints, semi-flexible (Von Rosen type), custom-fabricated
L1640	Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom-fabricated
L1650	Hip orthosis, abduction control of hip joints, static, adjustable, (Ilfeld type), prefabricated, includes fitting and adjustment
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type
L1660	Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment
L1680	Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom-fabricated
L1685	Hip orthosis, abduction control of hip joints, postoperative hip abduction type, custom-fabricated
L1686	Hip orthosis, abduction control of hip joints, postoperative hip abduction type, prefabricated, includes fitting and adjustment
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment
L1700	Legg Perthes orthosis, (Toronto type), custom-fabricated
L1710	Legg Perthes orthosis, (Newington type), custom fabricated
L1720	Legg Perthes orthosis, trilateral, (Tachdjian type), custom-fabricated
L1730	Legg Perthes orthosis, (Scottish Rite type), custom-fabricated
L1755	Legg Perthes orthosis, (Patten Bottom type), custom-fabricated
L1800	Knee orthosis, elastic with stays, prefabricated, includes fitting and adjustment
L1810	Knee orthosis, elastic with joints, prefabricated, includes fitting and adjustment
L1815	Knee orthosis, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment
L1820	KO, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1825	Knee orthosis, elastic knee cap, prefabricated, includes fitting and adjustment
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment
L1834	Knee orthosis, without knee joint, rigid, custom-fabricated
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom-fabricated
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment

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L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment
L1850	Knee orthosis, Swedish type, prefabricated, includes fitting and adjustment
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom-fabricated (SK)
L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom-fabricated
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra)
L1902	Ankle foot orthosis, ankle gauntlet, prefabricated, includes fitting and adjustment
L1904	Ankle foot orthosis, molded ankle gauntlet, custom-fabricated
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, includes fitting and adjustment
L1907	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated
L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
L1920	Ankle foot orthosis, single upright with static or adjustable stop (Phelps or Perlstein type), custom-fabricated
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment
L1940	Ankle foot orthosis, plastic or other material, custom-fabricated
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom-fabricated
L1950	Ankle foot orthosis, spiral, (Institute of Rehabilitative Medicine type), plastic, custom-fabricated
L1951	Ankle foot orthosis, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom-fabricated
L1970	Ankle foot orthosis, plastic with ankle joint, custom-fabricated
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment
L1980	Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom-fabricated
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom-fabricated
L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom-fabricated
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, any material, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type custom fabricated
L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom-fabricated
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom-fabricated
L2030	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), without knee joint custom-fabricated
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated
L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated
L2040	Hip knee ankle foot orthosis, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated

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L2050	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom-fabricated
L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom-fabricated
L2070	Hip knee ankle foot orthosis, torsion control, unilateral rotation straps, pelvic band/belt, custom-fabricated
L2080	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom-fabricated
L2090	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom-fabricated
L2106	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom-fabricated
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom-fabricated
L2112	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
L2114	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
L2126	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom-fabricated
L2128	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom-fabricated
L2132	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment
L2134	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
L2136	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim
L2190	Addition to lower extremity fracture orthosis, waist belt
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt
L2200	Addition to lower extremity, limited ankle motion, each joint
L2210	Addition to lower extremity, dorsiflexion assist, (plantar flexion resist), each joint
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
L2240	Addition to lower extremity, round caliper and plate attachment
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)
L2265	Addition to lower extremity, long tongue stirrup
L2270	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
L2280	Addition to lower extremity, molded inner boot
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable
L2310	Addition to lower extremity, abduction bar - straight
L2320	Addition to lower extremity, non molded lacer, for custom fabricated
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2335	Addition to lower extremity, anterior swing band
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model

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L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB" "AFO" orthoses)
L2360	Addition to lower extremity, extended steel shank
L2370	Addition to lower extremity, Patten bottom
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint
L2390	Addition to lower extremity, offset knee joint, each joint
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint
L2397	Addition to lower extremity orthosis, suspension sleeve
L2405	Addition to knee joint, drop lock, each
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint
L2492	Addition to knee joint, lift loop for drop lock ring
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, molded to patient model
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted
L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type, two position joint, each
L2580	Addition to lower extremity, pelvic control, pelvic sling
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, lock, each
L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each
L2660	Addition to lower extremity, thoracic control, thoracic band
L2670	Addition to lower extremity, thoracic control, paraspinal uprights
L2680	Addition to lower extremity, thoracic control, lateral support uprights
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepeg composite, per segment, for custom fabricated orthosis only
L2760	Addition to lower extremity orthosis, extension, per extension, per bar, (for lineal adjustment for growth)
L2768	Orthotic side bar disconnect device, per bar
L2770	Addition to lower extremity orthosis, any material-per bar or joint
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar
L2785	Addition to lower extremity orthosis, drop lock retainer, each

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L2795	Addition to lower extremity orthosis, knee control, full knee cap
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis
L2810	Addition to lower extremity orthosis, knee control, condylar pad
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each
L2860	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each
L2999	Lower extremity orthosis, not otherwise specified
L3000	Foot, insert, removable, molded to patient model, "UCB" type, Berkeley shell, each
L3001	Foot, insert, removable, molded to patient model, Spenco, each
L3002	Foot, insert, removable, molded to patient model, Plastazote or equal, each
L3003	Foot, insert, removable, molded to patient model, silicone gel, each
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each
L3020	Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each
L3030	Foot, insert, removable, formed to patient foot, each
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepeg composite, each
L3040	Foot, arch support, removable, premolded, longitudinal, each
L3050	Foot, arch support, removable, premolded, metatarsal, each
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each
L3100	Hallus-valgus night dynamic splint
L3140	Foot, abduction rotation bar, including shoes
L3150	Foot, abduction rotation bar, without shoes
L3160	Foot, adjustable shoe-styled positioning device
L3170	Foot, plastic, silicone or equal, heel stabilizer, each
L3201	Orthopedic shoe, oxford with supinator or pronator, infant
L3202	Orthopedic shoe, oxford with supinator or pronator, child
L3203	Orthopedic shoe, oxford with supinator or pronator, junior
L3204	Orthopedic shoe, hightop with supinator or pronator, infant
L3206	Orthopedic shoe, hightop with supinator or pronator, child
L3207	Orthopedic shoe, hightop with supinator or pronator, junior
L3208	Surgical boot, each, infant
L3209	Surgical boot, each, child
L3211	Surgical boot, each, junior
L3212	Benesch boot, pair, infant
L3213	Benesch boot, pair, child
L3214	Benesch boot, pair, junior
L3215	Orthopedic footwear, ladies shoe, oxford, each
L3216	Orthopedic footwear, ladies shoe, depth inlay, each
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each
L3219	Orthopedic footwear, mens shoe, oxford, each
L3221	Orthopedic footwear, mens shoe, depth inlay, each
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)
L3230	Orthopedic footwear, custom shoe, depth inlay, each y
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
L3251	Foot, shoe molded to patient model, silicone shoe, each
L3252	Foot, shoe molded to patient model, Plastazote (or similar) custom fabricated, each



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L3253	Foot, molded shoe Plastazote (or similar) custom fitted, each
L3254	Non-standard size or width
L3255	Non-standard size or length
L3257	Orthopedic footwear, additional charge for split size
L3260	Surgical boot/shoe, each
L3265	Plastazote sandal, each
L3300	Lift, elevation, heel tapered to metatarsals, per inch
L3310	Lift, elevation, heel and sole, neoprene, per inch
L3320	Lift, elevation, heel and sole, cork, per inch
L3330	Lift, elevation, metal extension (skate)
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch
L3334	Lift, elevation, heel, per inch
L3340	Heel wedge, SACH
L3350	Heel wedge
L3360	Sole wedge, outside sole
L3370	Sole wedge, between sole
L3380	Clubfoot wedge
L3390	Outflare wedge
L3400	Metatarsal bar wedge, rocker
L3410	Metatarsal bar wedge, between sole
L3420	Full sole and heel wedge, between sole
L3430	Heel, counter, plastic reinforced
L3440	Heel, counter, leather reinforced
L3450	Heel, SACH cushion type
L3455	Heel, new leather, standard
L3460	Heel, new rubber, standard
L3465	Heel, Thomas with wedge
L3470	Heel, Thomas extended to ball
L3480	Heel, pad and depression for spur
L3485	Heel, pad, removable for spur
L3500	Orthopedic shoe addition, insole, leather
L3510	Orthopedic shoe addition, insole, rubber
L3520	Orthopedic shoe addition, insole, felt covered with leather
L3530	Orthopedic shoe addition, sole, half
L3540	Orthopedic shoe addition, sole, full
L3550	Orthopedic shoe addition, toe tap standard
L3560	Orthopedic shoe addition, toe tap, horseshoe
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)
L3580	Orthopedic shoe addition, convert instep to Velcro closure
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter
L3595	Orthopedic shoe addition, march bar
L3600	Transfer of an orthosis from one shoe to another caliper plate, existing
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new
L3620	Transfer of an orthosis from one shoe to another solid stirrup, existing
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment
L3651	Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra)
L3652	Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra)

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- L3660 Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment
- L3670 Shoulder orthosis, acromia/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment
- L3671 Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3672 Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3673 Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3675 Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, includes fitting and adjustment
- L3677 Shoulder orthosis, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment
- L3700 Elbow orthosis, elastic with stays, prefabricated, includes fitting and adjustment
- L3701 Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra)
- L3702 Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3710 Elbow orthosis, elastic with metal joints, prefabricated, includes fitting and adjustment
- L3720 Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated
- L3730 Elbow orthosis, double upright with forearm/arm cuffs, extension/flexion assist, custom-fabricated
- L3740 Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom-fabricated
- L3760 Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type
- L3762 Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment
- L3763 Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3764 Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3765 Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3766 Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3806 Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment
- L3807 Wrist hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustments, any type
- L3808 Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment
- L3890 Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each
- L3900 Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, wrist or finger driven, custom-fabricated
- L3901 Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom-fabricated
- L3904 Wrist hand finger orthosis, external powered, electric, custom-fabricated
- L3905 Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3906 Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

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- L3908 Wrist hand orthosis, wrist extension control cock-up, non-molded, prefabricated, includes fitting and adjustment
- L3909 Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra)
- L3911 Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. neoprene, Lycra)
- L3912 Hand finger orthosis, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment
- L3913 Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3915 Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment
- L3917 Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment
- L3919 Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3921 Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3923 Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment
- L3925 Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment
- L3927 Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment
- L3929 Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment
- L3931 Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment
- L3933 Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment
- L3935 Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment
- L3956 Addition of joint to upper extremity orthosis, any material; per joint
- L3960 Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment
- L3961 Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3962 Shoulder elbow wrist hand orthosis, abduction positioning, Erbs palsy design, prefabricated, includes fitting and adjustment
- L3964 Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment
- L3965 Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment
- L3966 Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment
- L3967 Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3968 Shoulder elbow orthosis, mobile arm support, attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment
- L3969 Shoulder elbow orthosis, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support, prefabricated, includes fitting and adjustment
- L3970 SEO, addition to mobile arm support, elevating proximal arm
- L3971 Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

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L3972	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3974	SEO, addition to mobile arm support, supinator
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each
L3999	Upper limb orthosis, not otherwise specified
L4000	Replace girdle for spinal orthosis (CTLSO or SO)
L4002	Replace strap, any orthosis, includes all components, any length, any type
L4010	Replace trilateral socket brim
L4020	Replace quadrilateral socket brim, molded to patient model
L4030	Replace quadrilateral socket brim, custom fitted
L4040	Replace molded thigh lacer, for custom fabricated orthosis only
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only
L4050	Replace molded calf lacer, for custom fabricated orthosis only
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only
L4060	Replace high roll cuff
L4070	Replace proximal and distal upright for KAFO
L4080	Replace metal bands KAFO, proximal thigh
L4090	Replace metal bands KAFO-AFO, calf or distal thigh
L4100	Replace leather cuff KAFO, proximal thigh
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh
L4130	Replace pretibial shell
L4205	Repair of orthotic device, labor component, per 15 minutes
L4210	Repair of orthotic device, repair or replace minor parts
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment
L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
L4392	Replacement, soft interface material, static AFO
L4394	Replace soft interface material, foot drop splint
L4396	Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment
L4398	Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment

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L5000	Partial foot, shoe insert with longitudinal arch, toe filler
L5010	Partial foot, molded socket, ankle height, with toe filler
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler
L5050	Ankle, Symes, molded socket, SACH foot
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot
L5100	Below knee, molded socket, shin, SACH foot
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot
L5210	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each
L5220	Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each addition cast change and realignment
L5450	Immediate post surgical or early fitting, application of non weight bearing rigid dressing, below knee
L5460	Immediate post surgical or early fitting, application of non weight bearing rigid dressing, above knee
L5500	Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed
L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed
L5510	Preparatory, below knee, "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model
L5520	Preparatory, below knee, "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5530	Preparatory, below knee, "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5535	Preparatory, below knee, "PTB" type socket, non-alignable system, no cover, SACH foot, prefabricated, adjustable open end socket
L5540	Preparatory, below knee, "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model

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L5560	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5580	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket
L5590	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model
L5595	Preparatory, hip disarticulation - hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model
L5600	Preparatory, hip disarticulation - hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system
L5611	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with friction swing phase control
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4-bar linkage, with pneumatic swing phase control
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each
L5618	Addition to lower extremity, test socket, Symes
L5620	Addition to lower extremity, test socket, below knee
L5622	Addition to lower extremity, test socket, knee disarticulation
L5624	Addition to lower extremity, test socket, above knee
L5626	Addition to lower extremity, test socket, hip disarticulation
L5628	Addition to lower extremity, test socket, hemipelvectomy
L5629	Addition to lower extremity, below knee, acrylic socket
L5630	Addition to lower extremity, Symes type, expandable wall socket
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket
L5632	Addition to lower extremity, Symes type, "PTB" brim design socket
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket
L5636	Addition to lower extremity, Symes type, medial opening socket
L5637	Addition to lower extremity, below knee, total contact
L5638	Addition to lower extremity, below knee, leather socket
L5639	Addition to lower extremity, below knee, wood socket
L5640	Addition to lower extremity, knee disarticulation, leather socket
L5642	Addition to lower extremity, above knee, leather socket
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
L5644	Addition to lower extremity, above knee, wood socket
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket
L5647	Addition to lower extremity, below knee, suction socket
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket
L5649	Addition to lower extremity, ischial containment/narrow M-L socket
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation, socket
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)

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L5656	Addition to lower extremity, socket insert, knee disarticulation, (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5661	Addition to lower extremity, socket insert, multi durometer, Symes
L5665	Addition to lower extremity, socket insert, multi durometer, below knee
L5666	Addition to lower extremity, below knee, cuff suspension
L5668	Addition to lower extremity, below knee, molded distal cushion
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (Shuttle, Lanyard or equal), excludes socket insert
L5672	Addition to lower extremity, below knee, removable medial brim suspension
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L5676	Additions to lower extremity, below knee, knee joints, single axis, pair
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair
L5678	Additions to lower extremity, below knee, joint covers, pair
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
L5684	Addition to lower extremity, below knee, fork strap
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each
L5686	Addition to lower extremity, below knee, back check (extension control)
L5688	Addition to lower extremity, below knee, waist belt, webbing
L5690	Addition to lower extremity, below knee, waist belt, padded and lined
L5692	Addition to lower extremity, above knee, pelvic control belt, light
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage
L5699	All lower extremity prostheses, shoulder harness
L5700	Replacement, socket, below knee, molded to patient model
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only
L5704	Custom shaped protective cover, below knee
L5705	Custom shaped protective cover, above knee
L5706	Custom shaped protective cover, knee disarticulation
L5707	Custom shaped protective cover, hip disarticulation
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material

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L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control
L5716	Addition, exoskeletal knee-shin system, polycentric mechanical stance phase lock
L5718	Addition, exoskeletal knee-shin system, polycentric friction swing and stance phase control
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic swing phase control
L5840	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s) any type
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5910	Addition, endoskeletal system, below knee, alignable system
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system
L5925	Addition, endoskeletal system, above knee, knee disarticulation, or hip disarticulation, manual lock
L5930	Addition, endoskeletal system, high activity knee control frame



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L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system
L5968	Addition to lower limb prostheses, multiaxial ankle with swing phase active dorsiflexion feature
L5970	All lower extremity prostheses, foot, external keel, SACH foot
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only
L5972	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)
L5974	All lower extremity prostheses, foot, single axis ankle/foot
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system
L5980	All lower extremity prostheses, flex foot system
L5981	All lower extremity prostheses, flex-walk system or equal
L5982	All exoskeletal lower extremity prostheses, axial rotation unit
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
L5986	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature
L5990	Addition to lower extremity prosthesis, user adjustable heel height
L5993	Addition to lower extremity prosthesis, heavy duty feature, foot only, (for patient weight greater than 300 lbs)
L5994	Addition to lower extremity prosthesis, heavy duty feature, knee only, (for patient weight greater than 300 lbs)
L5995	Addition to lower extremity prosthesis, heavy duty feature, other than foot or knee, (for patient weight greater than 300 lbs)
L5999	Lower extremity prosthesis, not otherwise specified
L6000	Partial hand, Robin-Aids, thumb remaining (or equal)
L6010	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)
L6020	Partial hand, Robin-Aids, no finger remaining (or equal)
L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad
L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm

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L6310	Shoulder disarticulation, passive restoration (complete prosthesis)
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
L6360	Interscapular thoracic, passive restoration (complete prosthesis)
L6370	Interscapular thoracic, passive restoration (shoulder cap only)
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow
L6382	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow
L6384	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic
L6386	Immediate post surgical or early fitting, each additional cast change and realignment
L6388	Immediate post surgical or early fitting, application of rigid dressing only
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed
L6588	Preparatory shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed
L6600	Upper extremity additions, polycentric hinge, pair
L6605	Upper extremity additions, single pivot hinge, pair
L6610	Upper extremity additions, flexible metal hinge, pair
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
L6615	Upper extremity addition, disconnect locking wrist unit
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release
L6624	Upper extremity addition, flexion/extension and rotation wrist unit
L6625	Upper extremity addition, rotation wrist unit with cable lock
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
L6630	Upper extremity addition, stainless steel, any wrist

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L6632	Upper extremity addition, latex suspension sleeve, each
L6635	Upper extremity addition, lift assist for elbow
L6637	Upper extremity addition, nudge control elbow lock
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
L6639	Upper extremity addition, heavy duty feature, any elbow
L6640	Upper extremity additions, shoulder abduction joint, pair
L6641	Upper extremity addition, excursion amplifier, pulley type
L6642	Upper extremity addition, excursion amplifier, lever type
L6645	Upper extremity addition, shoulder flexion-abduction joint, each
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator
L6650	Upper extremity addition, shoulder universal joint, each
L6655	Upper extremity addition, standard control cable, extra
L6660	Upper extremity addition, heavy duty control cable
L6665	Upper extremity addition, Teflon, or equal, cable lining
L6670	Upper extremity addition, hook to hand, cable adapter
L6672	Upper extremity addition, harness, chest or shoulder, saddle type
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic
L6686	Upper extremity addition, suction socket
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation
L6689	Upper extremity addition, frame type socket, shoulder disarticulation
L6690	Upper extremity addition, frame type socket, interscapular-thoracic
L6691	Upper extremity addition, removable insert, each
L6692	Upper extremity addition, silicone gel insert or equal, each
L6693	Upper extremity addition, locking elbow, forearm counterbalance
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastometric or equal, for use with locking mechanism
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastometric or equal, not for use with locking mechanism
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert
L6703	Terminal device, passive hand/mitt, any material, any size
L6704	Terminal device, sport/recreational/work attachment, any material, any size
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined

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L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size
L6805	Addition to terminal device, modifier wrist unit
L6810	Addition to terminal device, precision pinch device
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power
L6890	Addition to upper extremity prosthesis, glove for terminal device any material, prefabricated, includes fitting and adjustment
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated
L6900	Hand restoration (casts, shading and measurements included) partial hand, with glove, thumb or one finger remaining
L6905	Hand restoration (casts, shading and measurements included) partial hand, with glove, multiple fingers remaining
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining
L6915	Hand restoration (shading, and measurements included), replacement glove for above
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6970	Interscapular - thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6975	Interscapular - thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L7007	Electric hand, switch or myoelectric controlled, adult

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L7008	Electric hand, switch or myoelectric, controlled, pediatric
L7009	Electric hook, switch or myoelectric controlled, adult
L7040	Prehensile actuator, switch controlled
L7045	Electric hook, switch or myoelectric controlled, pediatric
L7170	Electronic elbow, Hosmer or equal, switch controlled
L7180	Electronic elbow, microprocessor sequential control or elbow and terminal device
L7181	Electronic elbow, microprocessor simultaneous control or elbow and terminal device
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled
L7186	Electronic elbow, child, Variety Village or equal, switch controlled
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled
L7260	Electronic wrist rotator, Otto Bock or equal
L7261	Electronic wrist rotator, for Utah arm
L7266	Servo control, Steeper or equal
L7272	Analogue control, UNB or equal
L7274	Proportional control, 6-12 volt, Liberty, Utah or equal
L7360	Six volt battery, each
L7362	Battery charger, six volt, each
L7364	Twelve volt battery, each
L7366	Battery charger, twelve volt, each
L7367	Lithium ion battery, replacement
L7368	Lithium ion battery charger
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material
L7499	Upper extremity prosthesis, not otherwise specified
L7500	Repair of prosthetic device, hourly rate
L7510	Repair of prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per 15 minutes
L7600	Prosthetic donning sleeve, any material, each
L7611	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric
L7612	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric
L7613	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric
L7614	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric
L7621	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined
L7622	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined
L7900	Male vacuum erection system
L8000	Breast prosthesis, mastectomy bra
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral
L8010	Breast prosthesis, mastectomy sleeve
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy
L8020	Breast prosthesis, mastectomy form
L8030	Breast prosthesis, silicone or equal
L8035	Custom breast prosthesis, post mastectomy, molded to patient model

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L8039	Breast prosthesis, not otherwise specified
L8040	Nasal prosthesis, provided by a non-physician
L8041	Midfacial prosthesis, provided by a non-physician
L8042	Orbital prosthesis, provided by a non-physician
L8043	Upper facial prosthesis, provided by a non-physician
L8044	Hemi-facial prosthesis, provided by a non-physician
L8045	Auricular prosthesis, provided by a non-physician
L8046	Partial face prosthesis, provided by a non-physician
L8047	Nasal septal prosthesis, provided by a non-physician
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician
L8300	Truss, single with standard pad
L8310	Truss, double with standard pads
L8320	Truss, addition to standard pad, water pad
L8330	Truss, addition to standard pad, scrotal pad
L8400	Prosthetic sheath, below knee, each
L8410	Prosthetic sheath, above knee, each
L8415	Prosthetic sheath, upper limb, each
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each
L8420	Prosthetic sock, multiple ply, below knee, each
L8430	Prosthetic sock, multiple ply, above knee, each
L8435	Prosthetic sock, multiple ply, upper limb, each
L8440	Prosthetic shrinker, below knee, each
L8460	Prosthetic shrinker, above knee, each
L8465	Prosthetic shrinker, upper limb, each
L8470	Prosthetic sock, single ply, fitting, below knee, each
L8480	Prosthetic sock, single ply, fitting, above knee, each
L8485	Prosthetic sock, single ply, fitting, upper limb, each
L8499	Unlisted procedure for miscellaneous prosthetic services
L8500	Artificial larynx, any type
L8501	Tracheostomy speaking valve
L8505	Artificial larynx replacement battery/accessory, any type
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type
L8510	Voice amplifier
L8511	Insert for indwelling tracheoesophageal, prosthesis, with or without valve, replacement only, each
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
L8514	Tracheoesophageal puncture dilator, replacement only, each
L8515	Gelatin capsule application device for use with tracheoesophageal voice prosthesis, each
L8600	Implantable breast prosthesis, silicone or equal
L8603	Collagen implant, urinary tract, per 2.5 cc syringe, includes shipping and necessary supplies
L8606	Injection bulking agent, synthetic implant, urinary tract, 1 ml syringe, including shipping and necessary supplies
L8609	Artificial cornea
L8610	Ocular implant
L8612	Aqueous shunt
L8613	Ossicula implant
L8614	Cochlear device, includes all internal and external components
L8615	Headset/headpiece for use with cochlear implant device, replacement
L8616	Microphone for use with cochlear implant device, replacement

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L8617	Transmitting coil for use with cochlear implant device, replacement
L8618	Transmitter cable for use with cochlear implant device, replacement
L8619	Cochlear implant external speech processor, replacement
L8621	Zinc air battery for use with cochlear implant device, replacement, each
L8622	Alkaline battery, for use with cochlear implant device, any size, replacement, each
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each
L8630	Metacarpophalangeal joint implant
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)
L8641	Metatarsal joint implant
L8642	Hallux implant
L8658	Interphalangeal joint spacer, silicone or equal, each
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size
L8670	Vascular graft material, synthetic, implant
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator
L8682	Implantable neurostimulator radiofrequency receiver
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
L8689	External recharging system for battery (internal) for use with implantable neurostimulator
L8690	Auditory osseointegrated device, includes all internal and external components
L8691	Auditory osseointegrated device, external sound processor, replacement
L8695	External recharging system for battery (external) for use with implantable neurostimulator
L8699	Prosthetic implants not otherwise specified
L9900	Orthotic and prosthetic supply, accessory, or service component of another HCPCS "L" code
M0075	Cellular therapy
M0076	Prolotherapy
M0100	Intragastric hypothermia using gastric freezing
M0300	Chelation therapy
M0301	Fabric wrapping of abdominal aneurysm
P2028	Cephalin flocculation; blood
P2029	Congo red, blood
P2031	Hair analysis (excluding arsenic)
P2033	Thymal turbidity, blood
P2038	Mucoprotein, blood (seromuroid)
P3000	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by a technician under the physician supervision
P3001	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by a physician
P9010	Blood (whole), for transfusion, per unit
P9011	Blood, split unit

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P9012	Cryoprecipitate, each unit
P9016	Red blood cells, leukocyte reduced, each unit
P9017	Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit
P9019	Platelets, each unit
P9020	Platelet rich plasma, each unit
P9021	Red blood cells, each unit
P9022	Red blood cells, washed, each unit
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit
P9031	Platelets, leukocytes reduced, each unit
P9032	Platelets, irradiated, each unit
P9033	Platelets, leukocytes reduced, irradiated, each unit
P9034	Platelets, pheresis, each unit
P9035	Platelets, pheresis, leukocytes reduced, each unit
P9036	Platelets, pheresis, irradiated, each unit
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit
P9038	Red blood cells, irradiated, each unit
P9039	Red blood cells, deglycerolized, each unit
P9040	Red blood cells, leukocytes reduced, irradiated, each unit
P9041	Infusion, albumin (human), 5%, 50 ml
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml
P9044	Plasma, cryoprecipitate reduced, each unit
P9045	Infusion, albumin (human), 5%, 250 ml
P9046	Infusion, albumin (human), 25%, 20 ml
P9047	Infusion, albumin (human), 25%, 50 ml
P9048	Infusion, plasma protein fraction (human), 5%, 250 ml
P9050	Granulocytes, pheresis, each unit
P9051	Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit
P9052	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit
P9053	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit
P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit
P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit
P9056	Whole blood, leukocytes reduced, irradiated, each unit
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit
P9058	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit
P9059	Fresh frozen plasma between 8-24 hours of collection, each unit
P9060	Fresh frozen plasma, donor retested, each unit
P9603	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated miles actually traveled.
P9604	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge.
P9612	Catheterization for collection of specimen, single patient, all places of service
P9615	Catheterization for collection of specimen(s) (multiple patients)
P7001	Culture bacterial, urine; quantitative, sensitivity
Q0035	Cardiokymography (CKG)
Q0083	Chemotherapy administration by other than infusion technique only (eg subcutaneous, intramuscular, push), per visit
Q0084	Chemotherapy administration by infusion technique only, per visit
Q0085	Chemotherapy administration by both infusion technique and other Technique(s) (eg subcutaneous, intramuscular, push), per visit
Q0091	Screening Papanicolaou smear, obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
Q0092	Setup portable x-ray equipment
Q0111	Wet mount, including preparation of vaginal, cervical or skin specimens
Q0112	All potassium hydroxide (KOH) preparations
Q0113	Pinworm examination



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Q0114	Fern test
Q0115	Post-coital direct, qualitative examination of vaginal or cervical mucous
Q0144	Azithromycin Dihydrate, oral, capsules/powder, 1 gram
Q0163	Diphenhydramine Hydrochloride, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen
Q0164	Prochlorperazine Maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Q0165	Prochlorperazine Maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Q0166	Granisetron Hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen
Q0167	Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0168	Dronabinol, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0169	Promethazine Hydrochloride, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0170	Promethazine Hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0171	Chlorpromazine Hydrochloride, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0172	Chlorpromazine Hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0173	Trimethobenzamide Hydrochloride, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0174	Thiethylperazine Maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0175	Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0176	Perphenazine, 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0177	Hydroxyzine Pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0178	Hydroxyzine Pamoate, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0179	Ondansetron Hydrochloride, 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0180	Dolasetron Mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen
Q0181	Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

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Q0184	Dermal tissue, of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
Q0480	Driver for use with pneumatic ventricular assist device, replacement only
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only
Q0488	Power pack based for use with electric ventricular assist device, replacement only
Q0489	Power back base for use with electric/pneumatic ventricular assist device, replacement only
Q0490	Emergency power source for use with electric ventricular assist device, replacement only
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0496	Battery for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0499	Belt/vest for use with electric or electric/pneumatic ventricular assist device replacement only
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0502	Mobility care for pneumatic ventricular assist device, replacement only
Q0503	Battery for pneumatic ventricular assist device, replacement only each
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following implant
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days
Q0515	Injection, Sermorelin Acetate, 1 microgram
Q0505	Miscellaneous supply or accessory for use with ventricular assist device
Q1003	New technology intraocular lens category 3 as defined in Federal Register notice
Q1004	New technology intraocular lens category 4 as defined in Federal Register notice
Q1005	New technology intraocular lens category 5 as defined in Federal Register notice
Q2004	Irrigation solution for treatment of bladder calculi, for example Renacidin, per 500 ml
Q2009	Injection; Fosphenytoin, 50 mg
Q2010	Injection; Glatiramer Acetate, per dose
Q2017	Injection; Teniposide, per 50 mg

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Q3001	Radioelements for brachytherapy, any type, each
Q3011	Supply of radiopharmaceutical diagnostic imaging agent, Chromic Phosphate P32 suspension, per mCi
Q3012	Supply of oral radiopharmaceutical diagnostic imaging agent, Cyanocobalamin Cobalt Co57, per 0.5 mCi
Q3025	Injection; Interferon Beta-1 A, 11 mcg for intramuscular use
Q3026	Injection; Interferon Beta-1 A, 11 mcg for subcutaneous use
Q3031	Collagen skin test
Q4001	Cast supplies, body cast adult, with or without head, plaster
Q4002	Cast supplies, body cast adult, with or without head, fiberglass
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4021	Cast supplies, short arm splint, adult (11 years+), plaster
Q4022	Cast supplies, short arm splint, adult (11 years+), fiberglass
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass

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Q4045	Cast supplies, short leg splint, adult (11 years +), plaster
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4049	Finger splint, static
Q4050	Cast supplies, for unlisted types and materials of casts
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)
Q4080	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms
Q4081	Injection, Epoetin Alfa, 100 units (for ESRD on dialysis)
Q4082	Drug or biological, not otherwise classified, Part B drug competitive acquisition program (CAP)
Q4096	Injection, Von Willebrand factor complex, human, ristocetin cofactor (not otherwise specified), per I.U. VWF:RCO
Q4097	Injection, Immune Globulin (Privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg
Q4098	Injection, Iron Dextran, 50 mg
Q4099	Formoterol Fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms
Q5001	Hospice care provided in patient's home/residence
Q5002	Hospice care provided in assisted living facility
Q5003	Hospice care provided in nursing long term care facility (LTC) or non-skilled nursing facility (NF)
Q5004	Hospice care provided in skilled nursing facility (SNF)
Q5005	Hospice care provided in inpatient hospital
Q5006	Hospice care provided in inpatient hospice facility
Q5007	Hospice care provided in long term care facility
Q5008	Hospice care provided in inpatient psychiatric facility
Q5009	Hospice care provided in place not otherwise specified (NOS)
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml
Q9954	Oral magnetic resonance contrast agent, per ml
Q9955	Injection, Perflexane lipid microspheres, per ml
Q9956	Injection, Octafluoropropane microspheres, per ml
Q9957	Injection, Perflutren lipid microspheres, per ml
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml
Q9959	High osmolar contrast material 150-199 mg/ml iodine concentration, per ml
Q9960	High osmolar contrast material 200-249 mg/ml iodine concentration, per ml
Q9961	High osmolar contrast material 250-299 mg/ml iodine concentration, per ml
Q9962	High osmolar contrast material 300-349 mg/ml iodine concentration, per ml
Q9963	High osmolar contrast material 350-399 mg/ml iodine concentration, per ml
Q9964	High osmolar contrast material 400 or greater mg/ml iodine concentration, per ml
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml
R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen
R0075	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen, per patient
R0076	Transportation of portable ECG to facility or location; per patient
S0009	Injection; Butorphanol Tartrate, 1 mg
S0012	Butorphanol Tartrate, nasal spray, 25mg
S0014	Tacrine Hydrochloride, 10 mg
S0017	Aminocaproic Acid, per 5 grams
S0118	Injection, Ziconotide, for intrathecal infusion, 1 mcg
S0020	Injection; Bupivacaine Hydrochloride, 30 ml

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S0021	Injection; Ceftoperazone Sodium, 1 gram
S0023	Cimetidine Hydrochloride, per 300 mg
S0028	Injection; Famotidine, 20 mg
S0030	Injection; Metronidazole, 500 mg
S0032	Injection; Nafcillin Sodium, 2 gm
S0034	Injection; Ofloxacin, 400 mg
S0039	Injection; Sulfamethoxazole and Trimethoprim, 10 ml
S0040	Injection; Ticarcillin Disodium and Clavulanate Potassium, 3.1 grams
S0073	Injection; Aztreonam, 500 mg
S0074	Injection; Cefotetan Disodium, 500 mg
S0077	Injection; Clindamycin Phosphate, 300 mg
S0078	Injection; Fosphenytoin Sodium 750 mg
S0079	Injection; Octreotide Acetate, 100 mcg
S0080	Injection; Pentamidine Isethionate, 300 mg
S0081	Injection; Piperacillin Sodium, 500 mg
S0088	Imatinib, 100 mg
S0090	Sildenafil Citrate, 25 mg
S0091	Granisetron Hydrochloride, 1 mg (For circumstances falling under the Medicare statute, use Q0166)
S0092	Injection; Hydromorphone Hydrochloride, 250 mg (loading dose for infusion pump)
S0093	Injection; Morphine Sulfate, 500 mg (loading dose for infusion pump)
S0104	Zidovudine, oral, 100 mg
S0106	Bupropion HCL sustained release tablet, 150 mg, per bottle of 60 tablets
S0108	Mercaptopurine, oral, 50 mg
S0109	Methadone, oral, 5 mg
S0117	Tretinoin, topical, 5 grams
S0122	Injection; Menotropins, 75 IU
S0126	Injection; Follitropin Alfa, 75 IU
S0128	Injection; Follitropin Beta, 75 IU
S0132	Injection; Ganirelix Acetate, 250 mg
S0136	Clozapine, 25 mg
S0137	Didanosine (DDI), 25 mg
S0138	Finasteride, 5 mg
S0139	Minoxidil, 10 mg
S0140	Saquinavir, 200 mg (S0141 has been deleted)
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg
S0143	Aztreonam, inhalation solution administered through DME, concentrated form, per gram
S0145	Injection, Pegylated Interferon Alfa-2A, 180 mcg per ml
S0146	Injection, Pegylated Interferon Alfa-2B, 10 mcg per 0.5 ml
S0155	Injection; Sterile dilutant for Epoprostenol, 50 ml
S0156	Exemestane, 25 mg
S0157	Becaplermin gel 0.01%, 0.5 gram
S0160	Dextroamphetamine sulfate, 5 mg
S0161	Calcitrol 0.25 mcg
S0162	Injection, Efalizumab, 125 mg
S0164	Injection, Pantoprazole sodium, 40 mg
S0166	Injection, Olanzapine, 2.5 mg
S0170	Anastrozole, oral, 1 mg
S0171	Injection; Bumetanide, 0.5 mg
S0172	Chlorambucil, oral, 2 mg
S0174	Dolasetron Mesylate, oral, 50 mg (For circumstances falling under the Medicare statute, use Q0180)
S0175	Flutamide, oral, 125 mg

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S0176	Hydroxyurea, oral, 500 mg
S0177	Levamisole Hydrochloride, oral, 50 mg
S0178	Lomustine, oral, 10 mg
S0179	Megestrol Acetate, oral, 20 mg
S0181	Ondansetron Hydrochloride, oral, 4 mg (For circumstances falling under the Medicare statute, use Q0179)
S0182	Procarbazine Hydrochloride, oral, 50 mg
S0183	Prochlorperazine Maleate, oral, 5 mg (For circumstances falling under the Medicare statute, use Q0164 or Q0165)
S0187	Tamoxifen Citrate, oral, 10 mg
S0189	Testosterone pellet, 75 mg
S0190	Mifepristone, oral, 200 mg
S0191	Misoprostol, oral, 200 mcg
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules
S0197	Prenatal vitamins, 30-day supply
S0196	Injectable poly-L-lactic acid, restorative implant, 1 ml, face (deep dermis, subcutaneous layers)
S0199	Medically induced abortion by an oral ingestion of medication including all associated services and supplies (eg, patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs
S0201	Partial hospitalization services, less than 24 hours, per diem
S0206	Procedure performed in surgery suite in physician's office (List separately in addition to code for primary procedure to denote use of facility and equipment)
S0207	Paramedic intercept, non-hospital based ALS service (non-voluntary), non-transport
S0208	Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport
S0209	Wheelchair van, mileage, per mile
S0215	Non-emergency transportation; mileage, per mile
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)
S0272	Physician management of patient home care, episodic care monthly case rate ( per 30 days)
S0273	Physician visit at member's home, outside of a capitation arrangement
S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement
S0220	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes
S0221	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team
S0257	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)
S0260	History and physical (outpatient or office) related to surgical procedure (List separately in addition to code for appropriate evaluation and management service)
S0265	Genetic counseling, under physician supervision, each 15 minutes
S0302	Completed Early Periodic Screening Diagnosis and Treatment (EPSDT) service (List in addition to code for appropriate evaluation and management service)
S0310	Hospitality services (List separately in addition to code for appropriate evaluation and management service)
S0315	Disease management program; initial assessment and initiation of the program
S0316	Disease management program; follow-up/reassessment
S0317	Disease management program; per diem
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month

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S0345	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, analysis, and physician review and interpretation; per 24-hour period
S0346	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, and analysis; per 24-hour period
S0347	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including physician review and interpretation; per 24-hour period
S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g. diabetes), per visit
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic
S0500	Disposable contact lens, per lens
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens
S0506	Bifocal vision prescription lens, (safety, athletic, or sunglass), per lens
S0508	Trifocal vision prescription lens, (safety, athletic, or sunglass), per lens
S0510	Non-prescription lens (safety, athletic, or sunglass), per lens
S0512	Daily wear specialty contact lens, per lens
S0514	Color contact lens, per lens
S0515	Scleral lens, liquid bandage device, per lens
S0516	Safety eyeglass frames
S0518	Sunglasses frames
S0580	Polycarbonate lens (List this code in addition to the basic code for the lens)
S0581	Nonstandard lens (List this code in addition to the basic code for the lens)
S0590	Integral lens service, miscellaneous services reported separately
S0592	Comprehensive contact lens evaluation
S0595	Dispensing new spectacle lenses for patient supplied frame
S0601	Screening proctoscopy
S0605	Digital rectal examination, annual
S0610	Annual gynecological examination, new patient
S0612	Annual gynecological examination, established patient
S0613	Annual gynecological examination; clinical breast examination without pelvic examination
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss
S0620	Routine ophthalmologic examination including refraction; new patient
S0621	Routine ophthalmological examination including refraction; established patient
S0622	Physical exam for college, new or established patient (List separately in addition to appropriate evaluation and management code)
S0625	Retinal telescreening by digital imaging or multiple different fundus areas to screen for vision-threatening conditions, including imagine, interpretation and report
S0630	Removal of sutures; by a physician other than the physician who originally closed the wound
S0810	Photorefractive keratectomy (PRK)
S0812	Phototherapeutic keratectomy (PTK)
S1015	IV tubing extension set
S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g., Paclitaxel
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)
S2054	Transplantation of multivisceral organs
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor

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S2060	Lobar lung transplantation
S2061	Donor lobectomy (lung) for transplantation, living donor
S2065	Simultaneous pancreas kidney transplantation
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flaps(s) and/or gluteal artery perforator (GAP) flaps(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)
S2075	Laparoscopy, surgical; repair incisional or ventral hernia
S2076	Laparoscopy, surgical; repair umbilical hernia
S2077	Laparoscopy, surgical; implantation of mesh or other prosthesis of incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)
S2079	Laparoscopic esophagomyotomy (Heller type)
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline
S2091	Ablation, percutaneous, one or more renal tumor(s); cryosurgical
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
S2102	Islet cell tissue transplant from pancreas; allogenic
S2107	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (eg, tumor-infiltrating lymphocyte therapy) per course of treatment
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)
S2115	Osteotomy, periacetabular, with internal fixation
S2117	Arthroereisis, subtalar
*S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components
S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation
S2135	Neurolysis, by injection, of metatarsal neuroma/interdigital neuritis, any interspace of the foot
S2140	Cord blood harvesting for transplantation, allogenic
S2142	Cord blood derived stem cell transplantation, allogenic
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition
S2202	Echosclerotherapy
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft



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S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
S2235	Implantation of auditory brain stem implant
S2255	Hysteroscopy, surgical; with occlusion of oviducts bilaterally by micro-inserts for permanent sterilization
S2260	Induced abortion, 17 to 24 weeks
S2265	Induced abortion, 25 to 28 weeks
S2266	Induced abortion, 29 to 31 weeks
S2267	Induced abortion, 32 weeks or greater
*S2270	Insertion of vaginal cylinder for application of radiation source or clinical brachytherapy (Report separately in addition to radiation source delivery)
S2325	Hip core decompression
S2340	Chemodenerivation of abductor muscle(s) of vocal cord
S2341	Chemodenerivation of adductor muscle(s) of vocal cord
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral
S2344	Nasal/sinus endoscopy, surgical; with enlargement of sinus ostium opening using inflatable device (i.e., balloon sinuplasty)
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple
S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)
S2360	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical
S2361	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional cervical vertebral body (List separately in addition to code for primary procedure)
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome
S2900	Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral
S3005	Performance measurement, evaluation of patient self assessment, depression
S3600	Stat laboratory request (situations other than S3601)
S3601	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (eg, galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-D; phenylalanine (PKU); and thyroxine, total)
S3625	Maternal serum triple marker screen including alpha-fetoprotein (AFP), estriol, and human chorionic gonadotropin (HCG)
S3626	Maternal serum quadruple marker screen including alpha-fetoprotein (AFP), estriol, human chorionic gonadotropin (hCG), and inhibin A
S3630	Eosinophil count, blood, direct
S3645	HIV-1 antibody testing of oral mucosal transudate
S3650	Saliva test, hormone level; during menopause
S3652	Saliva test, hormone level; to assess preterm labor risk
S3655	Antisperm antibodies test (immunobead)
S3708	Gastrointestinal fat absorption study
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)

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S3818	Complete gene sequence analysis; BRCA1 gene
S3819	Complete gene sequence analysis; BRCA2 gene
S3820	Complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer
S3822	Single-mutation analysis (in individual with a known BRCA1 or BRCA2 mutation in the family) for susceptibility to breast and ovarian cancer
S3823	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals
S3828	Complete gene sequence analysis; MLH1 gene
S3829	Complete gene sequence analysis; MSH2 gene
S3830	Complete MLH1 and MLH2 gene sequence analysis for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing
S3831	Single-mutation analysis (in individual with a known MLH1 and MLH2 mutation in the family) for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing
S3833	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP
S3834	Single-mutation analysis (in individual with a known APC mutation in the family) for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP
S3835	Complete gene sequence analysis for cystic fibrosis genetic testing
S3837	Complete gene sequence analysis for hemochromatosis genetic testing
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2
S3841	Genetic testing for retinoblastoma
S3842	Genetic testing for von Hippel-Lindau disease
S3843	DNA analysis of the F5 gene for susceptibility to Factor V Leiden thrombophilia
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness
S3845	Genetic testing for alpha-thalassemia
S3846	Genetic testing for hemoglobin E beta-thalassemia
S3847	Genetic testing for Tay-Sachs disease
S3848	Genetic testing for Gaucher disease
S3849	Genetic testing for Niemann-Pick disease
S3850	Genetic testing for sickle cell anemia
S3851	Genetic testing for Canavan disease
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease
S3853	Genetic testing for myotonic muscular dystrophy
S3854	Gene expression profiling panel for use in the management of breast cancer treatment
S3855	Genetic testing for detection of mutations in the presenilin - 1 gene
*S3860	Genetic testing, comprehensive cardiac ion channel analysis, for variants in 5 major cardiac ion channel genes for individuals with high index of suspicion for familial long QT syndrome (LQTS) or related syndromes
*S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected brugada syndrome
*S3862	Genetic testing, family-specific ion channel analysis, for blood-relatives of individuals (index case) who have previously tested positive for a genetic variant of a cardiac ion channel syndrome using either one of the above test configurations or confirmed results from another laboratory
S3890	DNA analysis, fecal, for colorectal cancer screening
S3900	Surface electromyography (EMG)
S3902	Ballistocardiogram
S3904	Master two step
S3905	Non-invasive electrodiagnostic testing with automatic computerized hand-held device to stimulate and measure neuromuscular signals in diagnosis and evaluating systemic and entrapment neuropathies
S4005	Interim labor facility global (labor occurring but not resulting in delivery)
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate

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S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate
S4017	Incomplete cycle, treatment canceled prior to stimulation, case rate
S4023	Donor egg cycle, incomplete, case rate
S4026	Procurement of donor sperm from sperm bank
S4027	Storage of previously frozen embryos
S4028	Microsurgical epididymal sperm aspiration (MESA)
S4030	Sperm procurement and cryopreservation services; initial visit
S4031	Sperm procurement and cryopreservation services; subsequent visit
S4035	Stimulated intrauterine insemination (IUI), case rate
S4037	Cryopreserved embryo transfer, case rate
S4040	Monitoring and storage of cryopreserved embryos, per 30 days
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle
S4989	Contraceptive intrauterine device (eg, progesterone IUD), including implants and supplies
S4990	Nicotine patches, legend
S4991	Nicotine patches, non-legend
S4993	Contraceptive pills for birth control
S4995	Smoking cessation gum
S5010	Injection; 5% Dextrose and 0.45% normal saline per 1000 ml
S5011	Injection; 5% Dextrose in lactated ringers, per 1000 ml
S5012	Injection; 5% Dextrose with potassium chloride, per 1000 ml
S5013	Injection; 5% Dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, per 1000 ml
S5014	Injection; 5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)
S5100	Day care services, adult; per 15 minutes
S5101	Day care services, adult; per half day
S5102	Day care services, adult; per diem
S5105	Day care services, center-based; services not included in program fee, per diem
S5108	Home care training to home care client, per 15 minutes
S5109	Home care training to home care client, per session
S5110	Home care training, family; per 15 minutes
S5111	Home care training, family; per session
S5115	Home care training, non-family; per 15 minutes
S5116	Home care training, non-family; per session
S5120	Chore services; per 15 minutes
S5121	Chore services; per diem
S5125	Attendant care services; per 15 minutes
S5126	Attendant care services; per diem
S5130	Homemaker service, NOS; per 15 minutes
S5131	Homemaker service, NOS; per diem
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes
S5136	Companion care, adult (e.g., IADL/ADL); per diem
S5140	Foster care, adult; per diem
S5141	Foster care, adult; per month
S5145	Foster care, therapeutic, child; per diem
S5146	Foster care, therapeutic, child; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S5160	Emergency response system; installation and testing
S5161	Emergency response system; service fee, per month (excludes installation and testing)
S5162	Emergency response system; purchase only
S5165	Home modifications; per service

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S5170	Home delivered meals, including preparation; per meal
S5175	Laundry services, external, professional; per order
S5180	Home health respiratory therapy, initial evaluation
S5181	Home health respiratory therapy, NOS, per diem
S5185	Medication reminder services, non-face-to-face; per month
S5190	Wellness assessment, performed by non-physician
S5199	Personal care item, NOS, each
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or clotting
S5518	Home infusion therapy, all supplies necessary for catheter repair
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)
S5550	Insulin, rapid onset; 5 units
S5551	Insulin, most rapid onset (lispro or aspart); 5 units
S5552	Insulin, intermediate acting (NPH or lente); 5 units
S5553	Insulin, long acting; 5 units
S5560	Insulin delivery device, reusable pen; 1.5 ml size
S5561	Insulin delivery device, reusable pen; 3 ml size
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size
S8035	Magnetic source imaging
S8037	Magnetic resonance cholangiopancreatography (MRCP)
S8040	Topographic brain mapping
S8042	Magnetic resonance imaging (MRI), low-field
S8049	Intraoperative radiation therapy (single administration)
S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when physician doing the reduction procedure does not perform the ultrasound guidance is included in the CPT code for multifetal pregnancy reduction - 59866)
S8080	Scintimammography (radioimmunosциntigraphy of the breast), unilateral, including supply of radiopharmaceutical
S8085	Flourine - 18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)
S8092	Electron beam computed tomography (also known as ultra fast CT, cine CT)
S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask

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S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask
S8105	Oximeter for measuring blood oxygen levels non-invasively
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot
S8121	Oxygen contents, liquid, 1 unit equals 1 pound
S8185	Flutter device
S8186	Swivel adaptor
S8189	Tracheostomy supply, not otherwise classified
S8190	Electronic spirometry (or microspirometer)
S8210	Mucus trap
S8262	Mandibular orthopedic repositioning device, each
S8265	Haberman feeder for cleft lip/palate
S8270	Enuresis alarm, using auditory buzzer and/or vibration device
S8301	Infection control supplies, not otherwise specified
S8415	Supplies for home delivery of infant
S8420	Gradient pressure aid (sleeve and glove combination), custom made
S8421	Gradient pressure aid (sleeve and glove combination), ready made
S8422	Gradient pressure aid (sleeve), custom made, medium weight
S8423	Gradient pressure aid (sleeve), custom made, heavy weight
S8424	Gradient pressure aid (sleeve), ready made
S8425	Gradient pressure aid (glove), custom made, medium weight
S8426	Gradient pressure aid (glove), custom made, heavy weight
S8427	Gradient pressure aid (glove), ready made
S8428	Gradient pressure aid (gauntlet), ready made
S8429	Gradient pressure exterior wrap
S8430	Padding for compression bandage, roll
S8431	Compression bandage, roll
S8450	Splint, prefabricated, digit (specify digit by use of modifier)
S8451	Splint, prefabricated, wrist or ankle
S8452	Splint, prefabricated, elbow
S8460	Camisole, post-mastectomy
S8490	Insulin syringes (100 syringes, any size)
S8940	Equestrian/hippotherapy, per session
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes.
S8950	Complex lymphedema therapy, each 15 minutes
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)
S9001	Home uterine monitor with or without associated nursing services
S9007	Ultrafiltration monitor
S9024	Paranasal sinus ultrasound
S9025	Omniscardiogram/Cardiointegram
S9033	Gait analysis
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP, use 43265)
S9055	Procuren or other growth factor preparation to promote wound healing
S9056	Coma stimulation per diem
S9061	Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9075	Smoking cessation treatment
S9083	Global fee urgent care centers
S9088	Services provided in an urgent care center (List in addition to code for service)
S9090	Vertebral axial decompression, per session
S9097	Home visit for wound care

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S9098	Home visit, phototherapy services (eg, bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem
S9109	Congestive heart failure telemonitoring, equipment rental, including telescale, computer system and software, telephone connections, and maintenance, per month
S9117	Back school, per visit
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
S9124	Nursing care, in the home; by licensed practical nurse, per hour
S9125	Respite care, in the home, per diem
S9126	Hospice care, in the home, per diem
S9127	Social work visit, in the home, per diem
S9128	Speech therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem
S9140	Diabetic management program, follow-up visit to non-MD provider
S9141	Diabetic management program, follow-up visit to MD provider
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)
S9150	Evaluation by ophthalmologist
S9152	Speech therapy, re-evaluation
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
S9209	Home management of preterm rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
S9211	Home management of gestational hypertension, includes 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 any home infusion per diem code)
S9212	Home management of postpartum hypertension, includes 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 any home infusion per diem code)
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (Do not use this code with any home infusion per diem code)
S9214	Home management of gestational diabetes, includes 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 any home infusion per diem code)
S9325	Home infusion therapy, pain management infusion; 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 S9326, S9327 or S9328)
S9326	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9327	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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- S9329 Home infusion therapy, chemotherapy infusion; 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 S9330 or S9331)
- S9330 Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9331 Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9335 Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem
- S9336 Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9338 Home infusion therapy, immunotherapy therapy; (e.g. intravenous immunoglobulin, interferon) administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9339 Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9340 Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
- S9341 Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
- S9342 Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
- S9343 Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
- S9345 Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9346 Home infusion therapy, Alpha-1-Proteinase Inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9347 Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., Epoprostenol); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9348 Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9349 Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9351 Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9353 Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9355 Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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- S9357 Home infusion therapy, enzyme replacement intravenous therapy (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9359 Home infusion therapy, anti-tumor necrosis factor intravenous therapy (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9361 Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9363 Home infusion therapy, anti-spasmodic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9364 Home infusion therapy, Total Parenteral Nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula, (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)
- S9365 Home infusion therapy, Total Parenteral Nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula, (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
- S9366 Home infusion therapy, Total Parenteral Nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula, (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
- S9367 Home infusion therapy, Total Parenteral Nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula, (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
- S9368 Home infusion therapy, Total Parenteral Nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula, (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
- S9370 Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9372 Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); 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 for flushing of infusion devices with Heparin to maintain patency)
- S9373 Home infusion therapy, hydration 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 with hydration therapy codes S9374-S9377 using daily volume scales)
- S9374 Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9375 Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9376 Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9377 Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem



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S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session
S9430	Pharmacy compounding and dispensing services
S9434	Modified solid foot supplements for inborn errors of metabolism
S9435	Medical foods for inborn errors of metabolism
S9436	Childbirth preparation/Lamaze classes, non-physician provider, per session
S9437	Childbirth refresher classes, non-physician provider, per session
S9438	Cesarean birth classes, non-physician provider, per session
S9439	VBAC (vaginal birth after cesarean) classes, non-physician provider, per session
S9441	Asthma education, non-physician provider, per session
S9444	Parenting classes, non-physician provider, per session
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session
S9446	Patient education, not otherwise classified, non-physician provider, group, per session
S9447	Infant safety (including CPR) classes, non-physician provider, per session
S9449	Weight management classes, non-physician provider, per session
S9451	Exercise classes, non-physician provider, per session
S9452	Nutrition classes, non-physician provider, per session
S9453	Smoking cessation classes, non-physician provider, per session
S9454	Stress management classes, non-physician 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, non-physician provider, per diem
S9473	Pulmonary rehabilitation program, non-physician 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, non-physician provider, 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 with home infusion codes for hourly dosing schedules S9497-S9504)
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every three 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

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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
S9524	Nursing services related to home IV therapy, per diem
S9529	Routine venipuncture for collection of specimen(s), single home bound, 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
S9546	Home infusion of blood products, nursing services, per visit
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
S9560	Home injectable therapy; hormonal therapy, (eg, 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, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
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
S9802	Home infusion/specialty drug administration, nursing services; per visit (up to 2 hours)
S9803	Home infusion/specialty drug administration, nursing services; each additional hour (List separately in addition to code S9802)
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 authorized Christian Science Practitioner for the process of healing, per diem. Not to be used for rest or study. Excludes in-patient services.
S9970	Health club membership, annual
S9975	Transplant related lodging, meals and transportation, per diem
S9976	Lodging, per diem, not otherwise specified
S9977	Meals, per diem, not otherwise specified
S9988	Services provided as part of a phase I clinical trial
S9981	Medical records copying fee, administrative
S9982	Medical records copying fee, per page
S9990	Services provided as part of a phase II clinical trial
S9991	Services provided as part of a phase III clinical trial
S9992	Transportation costs to and from trial location and local transportation costs (eg, fares for taxicab or bus) for clinical trial participant and one care giver/companion
S9994	Lodging costs (eg, hotel charges) for clinical trial participant and one care giver/companion
S9996	Meals for clinical trial participant and one care giver/companion
S9999	Sales tax
T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
T1001	Nursing assessment/evaluation

## 2008 HCPCS ALPHA-NUMERIC CODES OCTOBER 1, 2008

T1002	RN services, up to 15 minutes
T1003	LPN/IVN services, up to 15 minutes
T1004	Services of a qualified nursing aide, up to 15 minutes
T1005	Respite care services, up to 15 minutes
T1006	Alcohol and/or substance abuse services, family/couple counseling
T1007	Alcohol and/or substance abuse services, treatment plan development and/or Modification
T1008	Day treatment for individual alcohol and/or substance abuse services
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)
T1011	Alcohol and/or substance abuse services, not otherwise classified
T1012	Alcohol and/or substance abuse services, skills development
T1013	Sign language or oral interpreter services, per 15 minutes
T1014	Telehealth transmission, per minute, professional services bill separately
T1015	Clinic visit/encounter, all-inclusive
T1016	Case management, each 15 minutes.
T1017	Targeted case management, each 15 minutes
T1018	School-based individualized education program (IEP) services, bundled
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1021	Home health aide or certified nurse assistant, per visit
T1022	Contracted home health agency services, all services provided under contract
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per diem
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour
T1027	Family training and counseling for child development, per 15 minutes
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs
T1029	Comprehensive environmental lead investigation, not including laboratory
T1030	Nursing care, in the home, by registered nurse, per diem
T1031	Nursing care, in the home, by licensed practical nurse, per diem
T1500	Diaper/incontinent pant, reusable/ washable, any size, each
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified. Identify product in remarks
T2001	Non-emergency transportation; patient attendant/escort
T2002	Non-emergency transportation; per diem
T2003	Non-emergency transportation; encounter/trip
T2004	Non-emergency transportation; commercial carrier, multi-pass
T2005	Non-emergency transportation; stretcher van
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments

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T2010	Preadmission screening and resident review (PASSR) level I identification screening, per screen
T2011	Preadmission screening and resident review (PASSR) level II evaluation, per evaluation
T2012	Habilitation, educational, waiver, per diem
T2013	Habilitation, educational, waiver; per hour
T2014	Habilitation, prevocational, waiver; per diem
T2015	Habilitation, prevocational, waiver; per hour
T2016	Habilitation, residential, waiver; per diem
T2017	Habilitation, residential, waiver; per 15 minutes
T2018	Habilitation, supported employment, waiver; per 15 minutes
T2019	Habilitation, supported employment, waiver; per 15 minutes
T2020	Day habilitation, waiver; per diem
T2021	Day habilitation, waiver; per 15 minutes
T2022	Case management; per month
T2023	Targeted case management; per month
T2024	Service assessment/plan of care development, waiver
T2025	Waiver services; not otherwise specified (NOS)
T2026	Specialized childcare; waiver; per diem
T2027	Specialized childcare, waiver; per 15 minutes
T2028	Specialized supply, not otherwise specified, waiver
T2029	Specialized medical equipment, not otherwise specified, waiver
T2030	Assisted living, waiver; per month
T2031	Assisted living, waiver; per diem
T2032	Residential care, not otherwise specified (NOS), waiver; per month
T2033	Residential care, not otherwise specified (NOS), waiver; per diem
T2034	Crisis intervention waiver; per diem
T2035	Utility services to support medical equipment and assistive technology/devices, waiver
T2036	Therapeutic camping, overnight, waiver; each session
T2037	Therapeutic camping, day waiver; each session
T2038	Community transition, waiver; per service
T2039	Vehicle modifications, waiver; per service
T2040	Financial management, self-directed, waiver; per 15 minutes
T2041	Supports brokerage, self-directed, waiver; per 15 minutes
T2042	Hospice routine home care; per diem
T2043	Hospice continuous home care; per hour
T2044	Hospice inpatient respite care; per diem
T2045	Hospice general inpatient care; per diem
T2046	Hospice long term care, room and board only; per diem
T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem
T2049	Non-emergency transportation; stretcher van, mileage, per mile
T2101	Human breast milk processing, storage and distribution only
T4521	Adult sized disposable incontinence product, brief/diaper, small, each
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	Adult sized disposable incontinence product, brief/diaper, large, each
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each

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T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on each
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4537	Incontinence product, protective underpad, reusable, bed size, each
T4538	Diaper service, reusable diaper, each diaper
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4540	Incontinence product, protective underpad, reusable chair size, each
T4543	Disposable incontinence product, brief/diaper, bariatric, each
T5001	Positioning seat for persons with special orthopedic needs
T5999	Supply, not otherwise specified
V2020	Frames, purchases
V2025	Deluxe frame
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00D, per lens
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00D, per lens
V2103	Spherocylinder, single vision, plano to plus or minus 4.00D sphere, .12 to 2.00D cylinder, per lens
V2104	Spherocylinder, single vision, plano to plus or minus 4.00D sphere, 2.12 to 4.00D cylinder, per lens
V2105	Spherocylinder, single vision, plano to plus or minus 4.00D sphere, 4.25 to 6.00D cylinder, per lens
V2106	Spherocylinder, single vision, plano to plus or minus 4.00D sphere, over 6.00D cylinder, per lens
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00D sphere, .12 to 2.00D cylinder, per lens
V2108	Spherocylinder, single vision; plus or minus 4.25 to plus or minus 7.00D sphere, 2.12 to 4.00D cylinder, per lens
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00D sphere, 4.25 to 6.00D cylinder, per lens
V2110	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00D sphere, over 6.00D cylinder, per lens
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00D sphere, .25 to 2.25D cylinder, per lens
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00D sphere, 2.25D to 4.00D cylinder, per lens
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00D sphere, 4.25 to 6.00D cylinder, per lens
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00D, per lens
V2115	Lenticular, (myodisc), per lens, single vision
V2116	Lenticular lens, nonaspheric, per lens, single vision
V2117	Lenticular, aspheric, per lens, single vision
V2118	Aniseikonic lens, single vision
V2121	Lenticular lens, per lens, single
V2199	Not otherwise classified, single vision lens
V2200	Sphere, bifocal, plano to plus or minus 4.00D, per lens
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00D, per lens
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00D, per lens
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00D sphere, .12 to 2.00D cylinder, per lens
V2204	Spherocylinder, bifocal; plano to plus or minus 4.00D sphere, 2.12 to 4.00D cylinder, per lens

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V2205	Spherocylinder, bifocal, plano to plus or minus 4.00D sphere, 4.25 to 6.00D cylinder, per lens
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00D sphere, over 6.00D cylinder, per lens
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00D sphere, .12 to 2.00D cylinder, per lens
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 2.12 to 4.00D cylinder, per lens
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 4.25 to 6.00D cylinder, per lens
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00D sphere, over 6.00D cylinder, per lens
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00D sphere, .25 to 2.25D cylinder, per lens
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00D sphere, 2.25 to 4.00D cylinder, per lens
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00D sphere, 4.25 to 6.00D cylinder, per lens
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00D, per lens
V2215	Lenticular (myodisc), per lens, bifocal
V2216	Lenticular, nonaspheric, per lens, bifocal
V2217	Lenticular, aspheric lens, bifocal
V2218	Aniseikonic, per lens, bifocal
V2219	Bifocal seg width over 28mm
V2220	Bifocal add over 3.25D
V2221	Lenticular lens, per lens, bifocal
V2299	Specialty bifocal (by report)
V2300	Spherocylinder, trifocal, plano to plus or minus 4.00D, per lens
V2301	Spherocylinder, trifocal, plus or minus 4.12 to plus or minus 7.00D, per lens
V2302	Spherocylinder, trifocal, plus or minus 7.12 to plus or minus 20.00D, per lens
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, .12 to 2.00D cylinder, per lens
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, 2.25 to 4.00D cylinder, per lens
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, 4.25 to 6.00D cylinder, per lens
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, over 6.00D cylinder, per lens
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00D sphere, .12 to 2.00D cylinder, per lens
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 2.12 to 4.00D cylinder, per lens
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 4.25 to 6.00D cylinder, per lens
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00D sphere, over 6.00D cylinder, per lens
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00D sphere, .25 to 2.25D cylinder, per lens
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00D sphere, 2.25 to 4.00D cylinder, per lens
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00D sphere, 4.25 to 6.00D cylinder, per lens
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00D, per lens
V2315	Lenticular, (myodisc), per lens, trifocal
V2316	Lenticular, nonaspheric, per lens, trifocal
V2317	Lenticular, aspheric lens, trifocal
V2318	Aniseikonic lens, trifocal
V2319	Trifocal seg width over 28mm
V2320	Trifocal add over 3.25D
V2321	Lenticular lens, per lens, trifocal

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V2399	Specialty trifocal (by report)
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens
V2499	Variable sphericity lens, other type
V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2502	Contact lens, PMMA bifocal, per lens
V2503	Contact lens, PMMA, color vision deficiency, per lens
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2512	Contact lens, gas permeable, bifocal, per lens
V2513	Contact lens, gas permeable, extended wear, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric or prism ballast, per lens
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens hydrophilic; extended wear, per lens
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2599	Contact lens, other type
V2600	Hand held low vision aids and other nonspectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system
V2623	Prosthetic, eye, plastic, custom
V2624	Polishing/resurfacing of ocular prosthesis
V2625	Enlargement of ocular prosthesis
V2626	Reduction of ocular prosthesis
V2627	Scleral cover shell
V2628	Fabrication and fitting of ocular conformer
V2629	Prosthetic eye, other type
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular lens
V2700	Balance lens, per lens
V2702	Deluxe lens feature
V2710	Slab-off prism, glass or plastic, per lens
V2715	Prism, per lens
V2718	Press-on lens, Fresnell prism, per lens
V2730	Special base curve, glass or plastic, per lens
V2740	Tint, plastic; rose 1 or 2, per lens
V2741	Tint, plastic, other than rose 1-2, per lens
V2742	Tint, glass rose; 1 or 2, per lens
V2743	Tint, glass rose; glass other than rose 1 or 2, per lens
V2744	Tint, photochromatic, per lens
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2750	Anti-reflective coating, per lens
V2755	U-V lens, per lens
V2756	Eye glass case
V2760	Scratch resistant coating, per lens
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens
V2762	Polarization, any lens material, per lens
V2770	Occluder lens, per lens
V2780	Oversize lens, per lens
V2781	Progressive lens, per lens

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V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
V2784	Lens, polycarbonate or equal, any index, per lens
V2785	Processing, preserving and transporting corneal tissue
V2786	Specialty occupational multifocal lens, per lens
V2787	Astigmatism correcting function of intraocular lens
V2788	Presbyopia correcting function of intraocular lens
V2790	Amniotic membrane for surgical reconstruction, per procedure
V2797	Vision supply, accessory and/or service component of another HCPCS vision code
V2799	Vision services, miscellaneous
V5008	Hearing screening
V5010	Assessment for hearing aid
V5011	Fitting/orientation/checking of hearing aid
V5014	Repair/modification of a hearing aid
V5020	Conformity evaluation
V5030	Hearing aid, monaural, body worn, air conduction
V5040	Hearing aid, monaural, body worn, bone conduction
V5050	Hearing aid, monaural, in the ear
V5060	Hearing aid, monaural, behind the ear
V5070	Glasses, air conduction
V5080	Glasses, bone conduction
V5090	Dispensing fee, unspecified hearing aid
V5095	Semi-implantable middle ear hearing prosthesis
V5100	Hearing aid, bilateral, body worn
V5110	Dispensing fee, bilateral
V5120	Binaural, body
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
V5150	Binaural, glasses
V5160	Dispensing fee, binaural
V5170	Hearing aid, CROS, in the ear
V5180	Hearing aid, CROS, behind the ear
V5190	Hearing aid, CROS, glasses
V5200	Dispensing fee, CROS
V5210	Hearing aid, BICROS, in the ear
V5220	Hearing aid, BICROS, behind the ear
V5230	Hearing aid, BICROS, glasses
V5240	Dispensing fee, BICROS
V5241	Dispensing fee, monaural hearing aid, any type
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)
V5243	Hearing aid, analog, monaural, ITC, (in the canal)
V5244	Hearing aid, digitally programmable analog, monaural, CIC
V5245	Hearing aid, digitally programmable analog, monaural, ITC
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
V5248	Hearing aid, analog, binaural, CIC
V5249	Hearing aid, analog, binaural, ITC
V5250	Hearing aid, digitally programmable analog, binaural, CIC
V5251	Hearing aid, digitally programmable analog, binaural, ITC
V5252	Hearing aid, digitally programmable, binaural, ITE
V5253	Hearing aid, digitally programmable, binaural, BTE
V5254	Hearing aid, digital, monaural, CIC
V5255	Hearing aid, digital, monaural, ITC
V5256	Hearing aid, digital, monaural, ITE



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V5257	Hearing aid, digital, monaural, BTE
V5258	Hearing aid, digital, binaural, CIC
V5259	Hearing aid, digital, binaural, ITC
V5260	Hearing aid, digital, binaural, ITE
V5261	Hearing aid, digital, binaural, BTE
V5262	Hearing aid, disposable, any type, monaural
V5263	Hearing aid, disposable, any type, binaural
V5264	Ear mold/insert, not disposable, any type
V5265	Ear mold/insert, disposable, any type
V5266	Battery for use in hearing device
V5267	Hearing aid supplies/accessories
V5268	Assistive listening device, telephone amplifier, any type
V5269	Assistive listening device, alerting, any type
V5270	Assistive listening device, television amplifier, any type
V5271	Assistive listening device, television caption decoder
V5272	Assistive listening device, TDD
V5273	Assistive listening device, for use with cochlear implant
V5274	Assistive learning device, not otherwise specified
V5275	Ear impression, each
V5298	Hearing aid, not otherwise specified
V5299	Hearing service, miscellaneous
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)
V5362	Speech screening
V5363	Language screening
V5364	Dysphagia screening

## 2007 HCPCS ALPHA-NUMERIC MODIFIERS

July 1, 2007

The following modifiers are Level II (HCPCS/National modifiers) assigned by the Centers for Medicare and Medicaid Services (CMS) or the Blue Cross Blue Shield Association. Modifiers beginning with an "S" are assigned by BCBSA.

- 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
- AD Medical supervision by a physician: more than four concurrent anesthesia procedures.
- AE Registered dietician
- AF Specialty physician
- AG Primary physician
- AH Clinical psychologist
- AJ Clinical social workers
- AK Non participating physician
- AM Physician, team member service
- AP Determination of refractive state was not performed in course of diagnostic ophthalmological examination.
- AQ Physician providing a service in an unlisted Health Professional Shortage Area
- AR Physician provider services in a physician scarcity area
- AS Physician assistant services for assistant-at-surgery (non-team member)
- AT Acute treatment (this modifier should be used when reporting service 98940, 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
- BA Item furnished in conjunction with parenteral enteral nutrition (PEN) services
- BO Orally administered nutrition, not by feeding tube
- BP Purchase decision
- BR Rent decision
- BU Rent/Purchase decision on capped rental
- CA Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
- CB Services ordered by a dialysis facility 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 a 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
- CR Catastrophe/Disaster Related
- E1 Upper left, eyelid
- E2 Lower left, eyelid
- E3 Upper right, eyelid
- E4 Lower right, eyelid
- EA Erythropoietic Stimulating Agent (ESA) administered to treat anemia due to anti-cancer chemotherapy
- EB Erythropoietic Stimulating Agent (ESA) administered to treat anemia due to anti-cancer radiotherapy
- EC Erythropoietic Stimulating Agent (ESA) administered to treat anemia not due to anti-cancer radiotherapy or anti-cancer chemotherapy
- ED Hematocrit level has exceeded 39% (or hemoglobin level has exceeded 13.0 g/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle
- EE Hematocrit level has not exceeded 39% (or hemoglobin level has not exceeded 13.0 g/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle
- ET Emergency services
- EY No physician or other licensed health care provider order for this item or service
- FA Left hand, thumb

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- FB Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)
- FC Partial credit received for replaced device
- FP Service provided as part of family planning program
- F1 Left hand, second digit
- F2 Left hand, third digit
- F3 Left hand, fourth digit
- F4 Left hand, fifth digit
- F5 Right hand, thumb
- F6 Right hand, second digit
- F7 Right hand, third digit
- F8 Right hand, fourth digit
- F9 Right hand, fifth digit
- GA Waiver of liability statement on file
- GB Claim being re-submitted for payment because it is no longer covered under a global payment demonstration
- GC This service has been performed in part by a resident under the direction of a teaching physician
- GD Units of service exceeds medically unlikely edit value and represents reasonable and necessary services
- GE This service has been performed by a resident without the presence of a teaching physician under the primary care exception
- GF Non-physician (eg, nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified registered nurse (CRN), clinical nurse specialist (CNS), physician assistant (PA)) services in a critical access hospital
- GG Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day
- GH Diagnostic mammogram converted from screening mammogram on same day
- GJ 'Opt Out' physician or practitioner emergency or urgent care
- GK Reasonable and necessary item/service associated with a GA or GZ modifier
- GL Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no advance beneficiary notice (ABN)
- GM Multiple patients on one ambulance trip
- GN Services delivered under an outpatient speech language pathology plan of care
- GO Services delivered under an outpatient occupational therapy plan of care
- GP Services delivered under an outpatient physical therapy plan of care
- GR This service was performed in whole or in part by a resident in a Department of Veterans Affairs Medical Center or Clinic, supervised in accordance with VA policy
- GQ Via asynchronous telecommunications system
- GS Dosage of EPO or Darbepoetin Alfa has been reduced and maintained in response to hematocrit or hemoglobin level
- GT Via interactive audio and video telecommunication systems
- GV Attending physician not employed or paid under arrangement by the patient's hospice provider
- GW Service not related to the hospice patient's terminal condition
- GY Item or service statutorily excluded, does not meet the definition of any Medicare benefit or for non-Medicare insurers, is not contract benefit
- GZ Item or service expected to be denied as not reasonable and necessary
- G1 Most recent URR reading of less than 6.0
- G2 Most recent URR reading of 60 to 64.9
- G3 Most recent URR reading of 65 to 69.9
- G4 Most recent URR reading of 70 to 74.9
- G5 Most recent URR reading of 75 or greater
- G6 ESRD patient for whom less than six dialysis sessions have been provided in a month
- G7 Non-elective abortion. Report the G7 modifier with the appropriate code, 59840-59857 or 59866, when a non-elective abortion is performed in association with a pregnancy that resulted from rape or incest or the physician has determined the pregnancy is life threatening.
- G8 Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure
- G9 Monitored anesthesia care for patient who has history of severe cardio-pulmonary condition
- J1 Competitive acquisition program no-pay submission for a prescription number
- J2 Competitive acquisition program, restocking of emergency drugs after emergency administration
- J3 Competitive acquisition program (CAP), drug not available through CAP as written, reimbursed under average sales price methodology
- JA Administered intravenously
- JB Administered subcutaneously
- JW Drug amount discarded/not administered to any patient
- K0 Lower extremity prosthesis function level -0 does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility
- K1 Lower extremity prosthesis functional level 1 has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence, typical of the limited and unlimited household ambulator

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- K2 Lower extremity prosthesis functional level 2 has the ability or potential for ambulation with the ability to transverse low level environmental barriers such as curbs, stairs, or uneven surfaces typical of the limited community ambulator
- K3 Lower extremity prosthesis functional level 3 has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to transverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion
- K4 Lower extremity prosthesis function level 4 has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the prosthetic demands of the child, active adult or athlete
- KB Beneficiary requested upgrade for ABN, more than 4 modifiers identified on claim
- KC Replacement of special power wheelchair interface
- KF Item designated by FDA as class III device
- KG DMEPOS item subject to DMEPOS Competitive Bidding Program Number 1
- KH DMEPOS item, initial claim, purchase or first month rental
- KI DMEPOS item, second or third month rental
- KJ DMEPOS item, parenteral enteral nutrition (PEN) pump or capped rental, months four to fifteen
- KK DMEPOS item subject to DMEPOS Competitive Bidding Program Number 2
- KL DMEPOS item delivered via mail
- KM Replacement of facial prosthesis including new impression/moulage
- KN Replacement of facial prosthesis using previous master model
- KO Single drug unit dose formulation
- KP First drug of a multiple drug unit dose formulation
- KQ Second or subsequent drug of a multiple drug unit dose formulation
- KR Rental item, billing for partial month
- KS Glucose monitor supply for diabetic beneficiary not treated with insulin
- KT Beneficiary resides in a competitive bidding area and travels outside that competitive bidding area and receives a competitive bid item
- KU DMEPOS item subject to DMEPOS Competitive Bidding Program Number 3
- KV DMEPOS item subject to DMEPOS competitive bidding program that is furnished as part of a professional service
- KW DMEPOS item subject to DMEPOS competitive bidding program number 4
- KY DMEPOS item subject to DMEPOS competitive bidding program number 5
- KX Requirements specified in the Medical Policy have been meet
- KZ New coverage not implemented by managed care
- LC Left circumflex coronary artery (Hospitals use with codes 92980-92984, 92995, 92996)
- LD Left anterior descending coronary artery (Hospitals use with codes 92980-92984, 92995, 92996)
- LL Lease/rental. Use the '-LL' modifier when DME equipment rental is to be applied against the purchase price
- LR Laboratory round trip
- LS Monitored intraocular lens implant
- LT Left side (used to identify procedures performed on the left side of the body)
- M2 Medicare secondary payer (MSP)
- MN Medically necessary ambulance transfer
- NU New equipment
- QC Single channel monitoring
- QD Recording and storage in solid state memory by a digital recorder
- QJ Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 CFR 411.4(b)
- QK Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
- QL Patient pronounced dead after ambulance call
- QM Ambulance service provided under arrangement by a provider of services
- QN Ambulance service furnished directly by a provider of services
- QP Documentation is on file showing that the lab test(s) was ordered individually or ordered as a CPT recognized panel other than automated profile codes 80002-80019, G0058, G0059, and G0060
- QS Monitored anesthesia care service
- QT Recording and storage on tape by an analog tape recorder
- QW CLIA waived tests
- QX CRNA service: with medical direction by a physician
- QY Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist
- QZ CRNA service: without medical direction by a physician
- Q0 Investigational clinical service provided in a clinical research study that is in an approved clinical research study
- Q1 Routine clinical service provided in a clinical research study that is in an approved clinical research study
- Q2 HCFA/ORD demonstration project procedure/service
- Q3 Live kidney donor surgery and related services
- Q4 Services for ordering/referring physician qualifies as a service exemption for laboratory services

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- Q5 Service furnished by a substitute physician under a reciprocal billing arrangement
- Q6 Service furnished by a locum tenens
- Q7 One class A finding
- Q8 Two class B findings
- Q9 One class B and two class C findings
- RC Right coronary artery
- RD Drug provided to the beneficiary but not administered
- RP Replacement and repair. '-RP' may be used to indicate replacement of DME, orthotic and prosthetic devices which have been in use for some time
- RR DME Rental
- RT Right Side (used to identify procedures performed on the right side of the body)
- SA Nurse practitioner rendering service in collaboration with a physician
- SB Nurse midwife
- SC Medically necessary service or supply
- SD Services provided by registered nurse with specialized, highly technical home infusion training
- SE State and/or federally-funded programs/services
- SF Second opinion requested by PRO
- SG ASC facility
- SH Second concurrently administered infusion therapy
- SJ Third or more concurrently administered infusion therapy
- SK Member of high risk population (use only with codes for immunization)
- SL State supplied vaccine
- SM Second opinion
- SN Third opinion
- SQ Item ordered by home health
- SS Home infusion services provided in the infusion suite of the IV therapy provider
- ST Related to trauma or injury
- SU Procedure performed in physicians office (to denote use of facility and equipment)
- SY Persons who are in close contact with member of high-risk population (use only with codes for immunization)
- SW Services provided by a certified diabetic educator
- SY Persons who are in close contact with member of high-risk population (use only with codes for immunizations)
- TA Left foot, great toe
- T1 Left foot, second digit
- T2 Left foot, third digit
- T3 Left foot, fourth digit
- T4 Left foot, fifth digit
- T5 Right foot, great toe
- T6 Right foot, second digit
- T7 Right foot, third digit
- T8 Right foot, fourth digit
- T9 Right foot, fifth digit
- TC Technical Component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier '-TC' to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier '-TC'. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
- TK Extra patient or passenger, non-ambulance
- TP Medical transport, unloaded vehicle
- TQ Basic life support transfer by volunteer ambulance provider
- UE Used durable medical equipment
- UF Services provided in the morning
- UG Services provided in the afternoon
- UH Services provided in the evening
- UJ Services provided at night
- UK Services provided on behalf of the client to someone other than the client (collateral relationship)
- UN Two patients served
- UP Three patients served
- UQ Four patients served
- UR Five patients served
- US Six or more patients served
- VP Aphakic patient

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### Ambulance Modifiers

Modifiers to identify ambulance place of origin and destination are one-digit codes to be used in combination. The first place alpha code = origin; the second place alpha code = destination.

- D Diagnostic or therapeutic site other than "P" or "H" when these are used as origin codes
- E Residential, domiciliary, custodial facility (other than an 1819 facility)
- G Hospital based dialysis facility
- H Hospital
- I Site of transfer between modes of ambulance transport
- J Non-hospital based dialysis facility
- N Skilled nursing facility (SNF) (1819 facility)
- P Physician's office
- R Residence
- S Scene of accident or acute event
- X (Destination code only) intermediate stop at physician's office on the way to the hospital