
Communiqué Part B

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsmedicare.com>

Special Edition

2011 Healthcare Common Procedure Coding System (HCPCS) Update

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This **Special Edition** of your WPS Medicare newsletter, the *Communiqué*:

- Announces calendar year 2011 Healthcare Common Procedure Coding System (HCPCS) changes, and
- Offers resources for obtaining complete files of codes.

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RESOURCES FOR CODES

The 2011 Healthcare Common Procedure Coding System (HCPCS) changes are effective for dates of service beginning January 1, 2011, unless otherwise indicated.

Level I Codes

Also known as CPT codes, these codes are found in the *Physicians' Current Procedural Terminology* (CPT) published and copyrighted by the American Medical Association (AMA). The 2011 CPT is available for a fee from:

AMA Order Department
P.O. Box 930876
Atlanta, GA 31193-0876
<http://www.ama-assn.org>
Telephone (800) 621-8335

Level II Codes

These are national codes approved and maintained jointly by the Centers for Medicare & Medicaid Services (CMS), the Health Insurance Association of America, and the Blue Cross and Blue Shield Association to supplement CPT codes. They contain physician services not included in CPT and non-physician services. (e.g., ambulance, audiology, vision care, etc.)

To obtain a hard copy file, contact:

U. S. Government Printing Office
Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954
<http://www.gpo.gov>
Telephone (202) 512-1800

To obtain computer media, contact:

US Department of Commerce
National Technical Information Service
<http://www.ntis.gov>
(703) 605-6000

Modifiers

These are two-digit alpha or numeric combinations for use at the end of a procedure code. A modifier adds information or changes a procedure code description in order to improve accuracy or specificity.

The presence of a code does not guarantee that it is a covered Medicare Part B service.

ADDITIONS**Level II Modifiers - Additions**

Level II Modifiers - Additions	
Code	Description
AY	ITEM OR SERVICE FURNISHED TO AN ESRD PATIENT THAT IS NOT FOR THE TREATMENT OF ESRD
AZ	PHYSICIAN PROVIDING A SERVICE IN A DENTAL HEALTH PROFESSIONAL SHORTAGE AREA FOR THE PURPOSE OF AN ELECTRONIC HEALTH RECORD INCENTIVE PAYMENT
CS	ITEM OR SERVICE RELATED, IN WHOLE OR IN PART, TO AN ILLNESS, INJURY, OR CONDITION THAT WAS CAUSED BY OR EXACERBATED BY THE EFFECTS, DIRECT OR INDIRECT, OF THE 2010 OIL SPILL IN THE GULF OF MEXICO, INCLUDING BUT NOT LIMITED TO SUBSEQUENT CLEAN-UP ACTIVITIES
DA	ORAL HEALTH ASSESSMENT BY A LICENSED HEALTH PROFESSIONAL OTHER THAN A DENTIST
GU	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, ROUTINE NOTICE
GX	NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY <i>(added 4/1/10)</i>
NB	NEBULIZER SYSTEM, ANY TYPE, FDA-CLEARED FOR USE WITH SPECIFIC DRUG
PT	COLORECTAL CANCER SCREENING TEST; CONVERTED TO DIAGNOSTIC TEST OR OTHER PROCEDURE

Level II HCPCS Codes - Additions

Level II HCPCS Codes – Additions	
Code	Description
A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY
A9273	HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE
C1749	ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONOSCOPE DEVICE (IMPLANTABLE) <i>(added 10/1/10)</i>
C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS <i>(added 6/3/10)</i>
C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS <i>(added 6/3/10)</i>
C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS <i>(added 6/3/10)</i>
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY <i>(added 6/3/10)</i>
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY <i>(added 6/3/10)</i>
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY <i>(added 6/3/10)</i>
C9270	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG <i>(added 10/1/10)</i>
C9272	INJECTION, DENOSUMAB, 1 MG <i>(added 10/1/10)</i>
C9273	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION <i>(added 10/1/10)</i>
C9274	CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), 1 VIAL

Level II HCPCS Codes – Additions	
Code	Description
C9275	INJECTION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG, PER STUDY DOSE
C9276	INJECTION, CABAZITAXEL, 1 MG
C9277	INJECTION, ALGLUCOSIDASE ALFA (LUMIZYME), 1 MG
C9278	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT
C9279	INJECTION, IBUPROFEN, 100 MG
C9367	SKIN SUBSTITUTE, ENDOFORM DERMAL TEMPLATE, PER SQUARE CENTIMETER (<i>added 7/1/10</i>)
C9800	DERMAL INJECTION PROCEDURE(S) FOR FACIAL LIPODYSTROPHY SYNDROME (LDS) AND PROVISION OF RADIESSE OR SCULPTRA DERMAL FILLER, INCLUDING ALL ITEMS AND SUPPLIES (<i>added 3/23/10</i>)
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANENT TOOTH
D3354	PULPAL REGENERATION (COMPLETION OF REGENERATIVE TREATMENT IN AN IMMATURE PERMANENT TOOTH WITH A NECROTIC PULP); DOES NOT INCLUDE FINAL RESTORATION
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT
D6254	INTERIM PONTIC
D6795	INTERIM RETAINER CROWN
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE
E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES AND ACCESSORIES
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE PHYSICAL THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE OCCUPATIONAL THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE SPEECH-LANGUAGE PATHOLOGY MAINTENANCE PROGRAM, EACH 15 MINUTES

Level II HCPCS Codes – Additions	
Code	Description
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE PLAN OF CARE; EACH 15 MINUTES (THE PATIENT'S UNDERLYING CONDITION OR COMPLICATION REQUIRES AN RN TO ENSURE THAT ESSENTIAL NON-SKILLED CARE ACHIEVES ITS PURPOSE IN THE HOME HEALTH OR HOSPICE SETTING)
G0163	SKILLED SERVICES BY A LICENSED NURSE (LPN OR RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PERSONNEL TO IDENTIFY AND EVALUATE THE PATIENT'S NEED FOR POSSIBLE MODIFICATION OF TREATMENT IN THE HOME HEALTH OR HOSPICE SETTING)
G0164	SKILLED SERVICES OF A LICENSED NURSE (LPN OR RN), IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL DEFECTS (E.G., CMI, COLLAGEN SCAFFOLD, MENAFLEX) <i>(added 5/25/10)</i>
G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (LDS) (E.G., AS A RESULT OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY) <i>(added 3/23/10)</i>
G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING <i>(added 12/8/09)</i>
G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING <i>(added 12/8/09)</i>
G0434	SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA WAIVED TEST OR MODERATE COMPLEXITY TEST, PER PATIENT ENCOUNTER
G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2, SCREENING <i>(added 12/8/09)</i>
G0436	SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INTERMEDIATE, GREATER THAN 3 MINUTES, UP TO 10 MINUTES
G0437	SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INTENSIVE, GREATER THAN 10 MINUTES
G0438	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), INITIAL VISIT
G0439	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), SUBSEQUENT VISIT
G0440	APPLICATION OF TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE OR DERMAL SUBSTITUTE; FOR USE ON LOWER LIMB, INCLUDES THE SITE PREPARATION AND DEBRIDEMENT IF PERFORMED; FIRST 25 SQ CM OR LESS
G0441	APPLICATION OF TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE OR DERMAL SUBSTITUTE; FOR USE ON LOWER LIMB, INCLUDES THE SITE PREPARATION AND DEBRIDEMENT IF PERFORMED; EACH ADDITIONAL 25 SQ CM
G8629	DOCUMENTATION OF ORDER FOR PROPHYLACTIC PARENTERAL ANTIBIOTIC TO BE GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO HOURS) PRIOR TO SURGICAL INCISION (OR START OF PROCEDURE WHEN NO INCISION IS REQUIRED)
G8630	DOCUMENTATION THAT ADMINISTRATION OF PROPHYLACTIC PARENTERAL ANTIBIOTICS WAS INITIATED WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO HOURS) PRIOR TO SURGICAL INCISION (OR START OF PROCEDURE WHEN NO INCISION IS REQUIRED), AS ORDERED
G8631	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ORDERING PROPHYLACTIC PARENTERAL ANTIBIOTICS TO BE GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO HOURS) PRIOR TO SURGICAL INCISION (OR START OF PROCEDURE WHEN NO INCISION IS REQUIRED)

Level II HCPCS Codes – Additions	
Code	Description
G8632	PROPHYLACTIC PARENTERAL ANTIBIOTICS WERE NOT ORDERED TO BE GIVEN OR GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO HOURS) PRIOR TO THE SURGICAL INCISION (OR START OF PROCEDURE WHEN NO INCISION IS REQUIRED), REASON NOT OTHERWISE SPECIFIED)
G8633	PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBED
G8634	CLINICIAN DOCUMENTED PATIENT NOT AN ELIGIBLE CANDIDATE TO RECEIVE PHARMACOLOGIC THERAPY FOR OSTEOPOROSIS
G8635	PHARMACOLOGIC THERAPY FOR OSTEOPOROSIS WAS NOT PRESCRIBED, REASON NOT OTHERWISE SPECIFIED
G8636	INFLUENZA IMMUNIZATION ADMINISTERED OR PREVIOUSLY RECEIVED
G8637	CLINICIAN DOCUMENTED THAT PATIENT IS NOT ELIGIBLE TO RECEIVE THE INFLUENZA IMMUNIZATION
G8638	INFLUENZA IMMUNIZATION NOT ADMINISTERED OR PREVIOUSLY RECEIVED, REASON NOT OTHERWISE SPECIFIED
G8639	INFLUENZA IMMUNIZATION WAS ADMINISTERED OR PREVIOUSLY RECEIVED
G8640	CLINICIAN HAS DOCUMENTED THAT PATIENT IS NOT ELIGIBLE TO RECEIVE THE INFLUENZA IMMUNIZATION
G8641	INFLUENZA IMMUNIZATION WAS NOT ADMINISTERED OR PREVIOUSLY RECEIVED, REASON NOT OTHERWISE SPECIFIED
G8642	THE ELIGIBLE PROFESSIONAL PRACTICES IN A RURAL AREA WITHOUT SUFFICIENT HIGH SPEED INTERNET ACCESS AND REQUESTS A HARDSHIP EXEMPTION FROM THE APPLICATION OF THE PAYMENT ADJUSTMENT UNDER SECTION 1848(A)(5)(A) OF THE SOCIAL SECURITY ACT
G8643	THE ELIGIBLE PROFESSIONAL PRACTICES IN AN AREA WITHOUT SUFFICIENT AVAILABLE PHARMACIES FOR ELECTRONIC PRESCRIBING AND REQUESTS A HARDSHIP EXEMPTION FOR THE APPLICATION OF THE PAYMENT ADJUSTMENT UNDER SECTION 1848(A)(5)(A) OF THE SOCIAL SECURITY ACT
G8644	ELIGIBLE PROFESSIONAL DOES NOT HAVE PRESCRIBING PRIVILEGES
G8645	I INTEND TO REPORT THE ASTHMA MEASURES GROUP
G8646	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE ASTHMA MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT
G8647	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE KNEE SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)
G8648	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE KNEE SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)
G8649	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE KNEE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE
G8650	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE KNEE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED
G8651	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE HIP SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)
G8652	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE HIP SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)

Level II HCPCS Codes – Additions	
Code	Description
G8653	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE HIP NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE
G8654	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE HIP NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED
G8655	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LOWER LEG, FOOT OR ANKLE SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO(>0)
G8656	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LOWER LEG, FOOT OR ANKLE SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)
G8657	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LOWER LEG, FOOT OR ANKLE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE
G8658	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LOWER LEG, FOOT OR ANKLE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED
G8659	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LUMBAR SPINE SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)
G8660	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LUMBAR SPINE SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)
G8661	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LUMBAR SPINE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE
G8662	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LUMBAR SPINE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED
G8663	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE SHOULDER SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)
G8664	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE SHOULDER SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)
G8665	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE SHOULDER NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE
G8666	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE SHOULDER NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED
G8667	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE ELBOW, WRIST OR HAND SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)

Level II HCPCS Codes – Additions	
Code	Description
G8668	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE ELBOW, WRIST OR HAND SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)
G8669	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE ELBOW, WRIST OR HAND NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE
G8670	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE ELBOW, WRIST OR HAND NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED
G8671	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE NECK, CRANIUM, MANDIBLE, THORACIC SPINE, RIBS, OR OTHER GENERAL ORTHOPEDIC IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)
G8672	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE NECK, CRANIUM, MANDIBLE, THORACIC SPINE, RIBS, OR OTHER GENERAL ORTHOPEDIC IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)
G8673	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE NECK, CRANIUM, MANDIBLE, THORACIC SPINE, RIBS, OR OTHER GENERAL ORTHOPEDIC IMPAIRMENT NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE
G8674	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE NECK, CRANIUM, MANDIBLE, THORACIC SPINE, RIBS, OR OTHER GENERAL ORTHOPEDIC IMPAIRMENT NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED
G8675	MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140 MM HG
G8676	MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90 MM HG
G8677	MOST RECENT SYSTOLIC BLOOD PRESSURE < 130 MM HG
G8678	MOST RECENT SYSTOLIC BLOOD PRESSURE 130 TO 139 MM HG
G8679	MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG
G8680	MOST RECENT DIASTOLIC BLOOD PRESSURE 80 - 89 MM HG
G8681	PATIENT HOSPITALIZED WITH PRINCIPAL DIAGNOSIS OF HEART FAILURE DURING THE MEASUREMENT PERIOD
G8682	LEFT VENTRICULAR FUNCTION TESTING PERFORMED DURING THE MEASUREMENT PERIOD
G8683	CLINICIAN DOCUMENTED THAT PATIENT IS NOT AN ELIGIBLE CANDIDATE FOR LEFT VENTRICULAR FUNCTION TESTING DURING THE MEASUREMENT PERIOD
G8684	PATIENT NOT HOSPITALIZED WITH PRINCIPAL DIAGNOSIS OF HEART FAILURE DURING THE MEASUREMENT PERIOD
G8685	LEFT VENTRICULAR FUNCTION TESTING NOT PERFORMED DURING THE MEASUREMENT PERIOD, REASON NOT SPECIFIED
G8686	CURRENTLY A TOBACCO SMOKER OR CURRENT EXPOSURE TO SECONDHAND SMOKE
G8687	CURRENTLY A TOBACCO NON-USER AND NO EXPOSURE TO SECONDHAND SMOKE
G8688	CURRENTLY A SMOKELESS TOBACCO USER (EG, CHEW, SNUFF) AND NO EXPOSURE TO SECONDHAND SMOKE
G8689	TOBACCO USE NOT ASSESSED, REASON NOT OTHERWISE SPECIFIED
G8690	CURRENT TOBACCO SMOKER OR CURRENT EXPOSURE TO SECONDHAND SMOKE

Level II HCPCS Codes – Additions	
Code	Description
G8691	CURRENT TOBACCO NON-USER AND NO EXPOSURE TO SECONDHAND SMOKE
G8692	CURRENT SMOKELESS TOBACCO USER (EG, CHEW, SNUFF) AND NO EXPOSURE TO SECONDHAND SMOKE
G8693	TOBACCO USE NOT ASSESSED, REASON NOT SPECIFIED
G9147	OUTPATIENT INTRAVENOUS INSULIN TREATMENT (OIVIT) EITHER PULSATILE OR CONTINUOUS, BY ANY MEANS, GUIDED BY THE RESULTS OF MEASUREMENTS FOR: RESPIRATORY QUOTIENT; AND/OR, URINE UREA NITROGEN (UUN); AND/OR, ARTERIAL, VENOUS OR CAPILLARY GLUCOSE; AND/OR POTASSIUM CONCENTRATION (added 12/23/09)
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS
J0638	INJECTION, CANAKINUMAB, 1 MG
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG
J1290	INJECTION, ECALLANTIDE, 1 MG
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
J1786	INJECTION, IMIGLUCERASE, 10 UNITS
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG
J3095	INJECTION, TELEVANCIN, 10 MG
J3262	INJECTION, TOCILIZUMAB, 1 MG
J3357	INJECTION, USTEKINUMAB, 1 MG
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS
J7184	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, PER 100 IU VWF:RCO
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG
J7335	CAPSAICIN 8% PATCH, PER 10 SQUARE CENTIMETERS
J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG
J9302	INJECTION, OFATUMUMAB, 10 MG
J9307	INJECTION, PRALATREXATE, 1 MG
J9315	INJECTION, ROMIDEPSIN, 1 MG
J9351	INJECTION, TOPOTECAN, 0.1 MG
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBuckle, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL

Level II HCPCS Codes – Additions	
Code	Description
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY
Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE
Q0479	POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY
Q2026	INJECTION, RADIESSE, 0.1 ML <i>(added 3/23/10)</i>
Q2027	INJECTION, SCULPTRA, 0.1 ML <i>(added 3/23/10)</i>
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (AFLURIA)
Q2036	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLULAVAL)
Q2037	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUVIRIN)
Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE)
Q2039	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (NOT OTHERWISE SPECIFIED)
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER
Q4118	MATRISTEM MICROMATRIX, 1 MG
Q4119	MATRISTEM WOUND MATRIX, PER SQUARE CENTIMETER
Q4120	MATRISTEM BURN MATRIX, PER SQUARE CENTIMETER
Q4121	THERASKIN, PER SQUARE CENTIMETER
Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY
S0148	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG
S0169	CALCITROL, 0.25 MICROGRAM
T1505	ELECTRONIC MEDICATION COMPLIANCE MANAGEMENT DEVICE, INCLUDES ALL COMPONENTS AND ACCESSORIES, NOT OTHERWISE CLASSIFIED

CPT Codes - Additions

CPT Additions	CPT Additions	CPT Additions	CPT Additions
11045	37223	43333	61783
11046	37224	43334	64566
11047	37225	43335	64568
22551	37226	43336	64569
22552	37227	43337	64570
29914	37228	43338	64611
29915	37229	43753	65778
29916	37230	43754	65779
31295	37231	43755	66174
31296	37232	43756	66175
31297	37233	43757	74176
31634	37234	49327	74177
33620	37235	49412	74178
33621	38900	49418	76881
33622	43283	53860	76882
37220	43327	57156	80104
37221	43328	61781	82930
37222	43332	61782	83861

CPT Additions	CPT Additions	CPT Additions	CPT Additions
84112	92227	99226	0237T
85598	92228	1400F	0238T
86481	93451	3700F	0239T
86902	93452	3720F	0240T
87501	93453	4324F	0241T
87502	93454	4325F	0242T
87503	93455	4326F	0243T
87906	93456	4328F	0244T
88120	93457	4400F	0245T
88121	93458	6080F	0246T
88177	93459	6090F	0247T
88363	93460	0058T	0248T
88749	93461	0059T	0249T
90460	93462	0223T <i>(added 7/1/10)</i>	0250T
90461	93463	0224T <i>(added 7/1/10)</i>	0251T
90654	93464	0225T <i>(added 7/1/10)</i>	0252T
90664 <i>(added 7/1/10)</i>	93563	0226T <i>(added 7/1/10)</i>	0253T
90666 <i>(added 7/1/10)</i>	93564	0227T <i>(added 7/1/10)</i>	0254T
90667 <i>(added 7/1/10)</i>	93565	0228T <i>(added 7/1/10)</i>	0255T
90668 <i>(added 7/1/10)</i>	93566	0229T <i>(added 7/1/10)</i>	0256T
90867	93567	0230T <i>(added 7/1/10)</i>	0257T
90868	93568	0231T <i>(added 7/1/10)</i>	0258T
91013	95800	0232T <i>(added 7/1/10)</i>	0259T
91117	95801	0233T <i>(added 7/1/10)</i>	0260T
92132	96446	0234T	0261T
92133	99224	0235T	
92134	99225	0236T	

DELETIONS

Reminder: These codes are being deleted/discontinued for dates of service January 1, 2011 and after. If any of these codes are billed with a date of service after it has been deleted/discontinued, it will be denied.

Deleted Codes	
Deleted Code	Cross-Reference Code
C9255	J2426
C9256	J7312
C9258	J3095
C9259	J9307
C9260	J9302
C9261	J3357
C9262	Q2025
C9263	J1290
C9264	J3262
C9265	J9315
C9266	J0775
C9267	J7184
C9268	J7335
C9269	J0597
C9271	J3385
C9801	G0436
C9802	G0437
E0220	
E0230	
E0238	
G0430	G0434
G8006	
G8007	
G8008	
G8009	
G8010	
G8011	
G8012	
G8013	
G8014	
G8015	
G8016	
G8017	
G8018	
G8019	
G8020	
G8021	
G8022	
G8023	

Deleted Codes	
Deleted Code	Cross-Reference Code
G8024	
G8025	
G8026	
G8027	
G8028	
G8029	
G8030	
G8031	
G8032	
G8033	
G8034	
G8035	
G8036	
G8037	
G8038	
G8039	
G8040	
G8041	
G8051	
G8052	
G8053	
G8054	
G8055	
G8056	
G8057	
G8058	
G8059	
G8060	
G8061	
G8062	
G8075	
G8076	
G8077	
G8078	
G8079	
G8080	
G8081	
G8082	
G8085	

Deleted Codes	
Deleted Code	Cross-Reference Code
G8093	
G8094	
G8099	
G8100	
G8103	
G8104	
G8106	
G8107	
G8108	
G8109	
G8110	
G8111	
G8112	
G8113	
G8114	
G8115	
G8116	
G8117	
G8129	
G8130	
G8131	
G8152	
G8153	
G8154	
G8155	
G8156	
G8157	
G8159	
G8162	
G8164	
G8165	
G8166	
G8167	
G8170	
G8171	
G8172	
G8182	
G8183	
G8184	
G8185	
G8186	
G8193	
G8196	
G8200	

Deleted Codes	
Deleted Code	Cross-Reference Code
G8204	
G8209	
G8214	
G8217	
G8219	
G8220	
G8221	
G8223	
G8226	
G8231	
G8234	
G8238	
G8240	
G8243	
G8246	
G8248	
G8251	
G8254	
G8257	
G8260	
G8263	
G8266	
G8268	
G8271	
G8274	
G8276	
G8279	
G8282	
G8285	
G8289	
G8293	
G8296	
G8298	
G8299	
G8302	
G8303	
G8304	
G8305	
G8306	
G8307	
G8308	
G8310	
G8314	
G8318	

Deleted Codes	
Deleted Code	Cross-Reference Code
G8322	
G8326	
G8330	
G8334	
G8338	
G8341	
G8345	
G8351	
G8354	
G8357	
G8360	
G8362	
G8365	
G8367	
G8370	
G8371	
G8372	
G8373	
G8374	
G8375	
G8376	
G8377	
G8378	
G8379	
G8380	
G8381	
G8382	
G8383	
G8384	
G8385	
G8386	
G8387	
G8388	
G8389	
G8390	
G8391	
G8402	
G8403	
G8407	
G8408	
G8409	
G8423	
G8424	
G8425	

Deleted Codes	
Deleted Code	Cross-Reference Code
G8426	
G8429	
G8434	
G8435	
G8436	
G8437	
G8438	
G8439	
G8443	
G8445	
G8446	
G8449	
G8453	
G8454	
G8455	
G8456	
G8457	
G8466	
G8467	
G8479	
G8480	
G8481	
G8488	
G8507	
G8518	
G8519	
G8520	
J0128	
J0170	
J0559	
J0560	
J0570	
J0580	
J0704	
J0970	
J1390	
J1470	
J1480	
J1490	
J1500	
J1510	
J1520	
J1530	
J1540	

Deleted Codes	
Deleted Code	Cross-Reference Code
J1550	
J1785	
J1825	
J2321	
J2322	
J9062	
J9080	
J9090	
J9091	
J9092	
J9093	
J9094	
J9095	
J9096	
J9097	
J9110	
J9140	
J9290	
J9291	
J9350	
J9375	
J9380	
K0734	E2622
K0735	E2623
K0736	E2624
K0737	E2625
L3672	
L3673	
Q2025	J8562
Q4109	
S0146	
S0161	
S0196	
11040	
11041	
20000	
33861	
35454	
35456	
35459	
35470	
35473	
35474	
35480	

Deleted Codes	
Deleted Code	Cross-Reference Code
35481	
35482	
35483	
35484	
35485	
35490	
35491	
35492	
35493	
35494	
35495	
39502	
39520	
39530	
39531	
43324	
43326	
43600	
49420	
61795	
64573	
75992	
75993	
75994	
75995	
75996	
76150	
76350	
76880	
82926	
82928	
86903	
89100	
89105	
89130	
89132	
89135	
89136	
89140	
89141	
89225	
89235	
90465	
90466	

Deleted Codes	
Deleted Code	Cross-Reference Code
90467	
90468	
91000	
91011	
91012	
91052	
91055	
91105	
91123	
92135	
93012	
93014	
93230	
93231	
93232	
93233	
93235	
93236	
93237	
93501	
93508	
93510	
93511	
93514	
93524	
93526	
93527	

Deleted Codes	
Deleted Code	Cross-Reference Code
93528	33527
93529	
93539	
93540	
93541	
93542	
93543	
93544	
93545	
93555	
93556	
96445	
0016T	
0017T	
0104T	
0105T	
0130T	
0140T	
0160T	
0161T	
0176T	
0177T	
0187T	
0193T	
0203T	
0204T	

CHANGES**Level II Modifier Codes - Changes**

Level II Modifier Codes - Changes	
Modifier	Description
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, INDIVIDUAL CASE
RA	REPLACEMENT OF A DME, ORTHOTIC OR PROSTHETIC ITEM
RB	REPLACEMENT OF A PART OF A DME, ORTHOTIC OR PROSTHETIC ITEM FURNISHED AS PART OF A REPAIR
V5	VASCULAR CATHETER (ALONE OR WITH ANY OTHER VASCULAR ACCESS)
V6	ARTERIOVENOUS GRAFT (OR OTHER VASCULAR ACCESS NOT INCLUDING A VASCULAR CATHETER)
V7	ARTERIOVENOUS FISTULA ONLY (IN USE WITH TWO NEEDLES)

Level II HCPCS Codes - Changes

Level II HCPCS Codes - Changes	
Code	Code
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, EACH
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE
D0486	ACCESSION OF TRANSEPIHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
D2940	PROTECTIVE RESTORATION
D3351	APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)
D3352	APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED

Level II HCPCS Codes - Changes	
Code	Code
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL
G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0154	DIRECT SKILLED NURSING SERVICES OF A LICENSED NURSE (LPN OR RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0431	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES BY HIGH COMPLEXITY TEST METHOD (E.G., IMMUNOASSAY, ENZYME ASSAY), PER PATIENT ENCOUNTER
G8427	LIST OF CURRENT MEDICATIONS (INCLUDES PRESCRIPTION, OVER-THE-COUNTER, HERBALS, VITAMIN/MINERAL/DIETARY [NUTRITIONAL] SUPPLEMENTS) DOCUMENTED BY THE PROVIDER, INCLUDING DRUG NAME, DOSAGE, FREQUENCY AND ROUTE
G8428	CURRENT MEDICATIONS (INCLUDES PRESCRIPTION, OVER-THE-COUNTER, HERBALS, VITAMIN/MINERAL/DIETARY [NUTRITIONAL] SUPPLEMENTS) WITH DRUG NAME, DOSAGE, FREQUENCY AND ROUTE NOT DOCUMENTED BY THE PROVIDER, REASON NOT SPECIFIED
G8440	DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTION) PRIOR TO INITIATION OF THERAPY OR DOCUMENTATION OF THE ABSENCE OF PAIN AS A RESULT OF ASSESSMENT THROUGH DISCUSSION WITH THE PATIENT INCLUDING THE USE OF A STANDARDIZED TOOL AND A FOLLOW-UP PLAN IS DOCUMENTED
G8441	NO DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTION) PRIOR TO INITIATION OF THERAPY
G8447	PATIENT ENCOUNTER WAS DOCUMENTED USING AN EHR SYSTEM THAT HAS BEEN CERTIFIED BY AN AUTHORIZED TESTING AND CERTIFICATION BODY (ATCB)
G8448	PATIENT ENCOUNTER WAS DOCUMENTED USING A PQRI QUALIFIED EHR OR OTHER ACCEPTABLE SYSTEMS
G8508	DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTION) PRIOR TO INITIATION OF THERAPY OR DOCUMENTATION OF THE ABSENCE OF PAIN AS A RESULT OF ASSESSMENT THROUGH DISCUSSION WITH THE PATIENT INCLUDING THE USE OF A STANDARDIZED TOOL; NO DOCUMENTATION OF A FOLLOW-UP PLAN, PATIENT NOT ELIGIBLE
G8509	DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTION) PRIOR TO INITIATION OF THERAPY OR DOCUMENTATION OF THE ABSENCE OF PAIN AS A RESULT OF ASSESSMENT THROUGH DISCUSSION WITH THE PATIENT INCLUDING THE USE OF A STANDARDIZED TOOL; NO DOCUMENTATION OF A FOLLOW-UP PLAN, REASON NOT SPECIFIED
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS
J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

Level II HCPCS Codes - Changes	
Code	Code
Q0499	BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY
Q4101	APLIGRAF, PER SQUARE CENTIMETER
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMW), PER SQUARE CENTIMETER
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER
Q4110	PRIMATRIX, PER SQUARE CENTIMETER
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER
Q4112	CYMETRA, INJECTABLE, 1CC
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC
Q4115	ALLOSKIN, PER SQUARE CENTIMETER
Q4116	ALLODERM, PER SQUARE CENTIMETER

CPT Codes - Changes

11010	37205	65780	91010	3008F	4340F
11011	37206	66761	93224	3015F	5062F
11012	37207	69801	93225	3038F	5200F
11042	37208	69802	93226	3088F	6070F
11043	43605	75954	93227	3089F	7010F
11044	47480	75960	93228	3090F	0184T
20005	47490	75962	93229	3091F	0191T
20664	49324	75964	93268	3110F	0208T
20930	49419	77003	93270	3111F	0209T
20931	49421	80101	93271	3112F	0210T
22315	49422	82952	93272	3293F	0211T
22851	50250	85597	93922	3294F	0212T
27065	50542	86480	93923	3323F	0213T
27066	55866	87176	93924	3324F	0214T
27067	55876	87901	95857	3328F	0215T
27070	57155	88172	95953	3650F	0216T
27071	64479	88332	95956	4004F	0217T
33411	64480	88334	97597	4047F	0218T
33860	64483	90470	97598	4048F	0219T
33863	64484	90644	0545F	4058F	0220T
33864	64575	90650	1200F	4063F	0221T
34900	64708	90658	1205F	4174F	0222T
35471	64712	90662	2030F	4255F	
35526	64713	90663	2031F	4256F	
35626	64714	90670	2060F	4330F	

SUMMARY OF NON-PAYABLE CODES

Note that the following lists of invalid codes are grouped by the Medicare physician fee schedule status indicators B, I, M, N, or P. Also, note that cross-reference codes are shown in parentheses. Preceding each group of codes is CMS' definition of the indicator.

B = Payment for covered services are always bundled into payment for other services not specified. There will be no relative value units (RVU) or payment amounts for these codes, and no separate payment is ever made. When these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (Example: phone call from a hospital nurse regarding care of a patient.)

15850	92605	99053	99363
20930	92606	99056	99364
20936	93740	99058	99366
22841	93770	99060	99367
36416	94005	99070	99368
38204	94150	99071	99374
90885	96040	99078	99377
90887	96902	99080	99379
90889	97010	99090	99380
92352	97602	99091	A4262
92353	98960	99100	A4263
92354	98961	99116	A4270
92355	98962	99135	A4300
92358	99000	99140	A4550
92371	99001	99288	G0269
92531	99002	99339	Q3031
92532	99024	99340	R0076
92533	99050	99358	
92534	99051	99359	

I = Not valid for Medicare purposes. Medicare uses another code for reporting of, and payment for, these services.

I Codes	I Codes
A0021 (A0030)	A0998
A0080	A4232
A0090	A4264
A0100	A4266
A0110	A4267
A0120	A4268
A0130	A4269
A0140	A4466
A0160	A4566
A0170	A4570
A0180	A4580
A0190	A4590
A0200	A9152
A0210	A9153
A0225	A9180
A0380 (A0425)	A9274
A0390 (A0425)	A9279

I Codes

D0210 (70320)
 D0220 (70300)
 D0230 (70310)
 D0290 (70150)
 D0310 (70390)
 D0320 (70332)
 D0321 (76499)
 D0322
 D0330 (70320)
 D0340 (70350)
 D0350
 D1352
 D3354
 D4210 (41820)
 D4211
 D5913 (21087)
 D5914 (21086)
 D5915 (L8611)
 D5916
 D5919 (21088)
 D5922 (30220)
 D5923 (92330)
 D5924 (62143)
 D5925 (21208)
 D5926 (21087)
 D5927 (21086)
 D5928 (67550)
 D5929 (21088)
 D5931 (21079)
 D5932 (21080)
 D5933 (21080)
 D5934 (21081)
 D5935 (21081)
 D5936 (21079)
 D5937
 D5952 (21084)
 D5953 (21084)
 D5954 (21082)
 D5955 (21083)
 D5958 (21083)
 D5959 (21083)
 D5960 (21084)
 D5982 (21085)
 D5988
 D5992
 D5993
 D5999
 D6010 (21248)
 D6040 (21245)
 D6050 (21244)
 D6055
 D6080
 D6090 (21299)
 D6095 (21299)

I Codes

D6100 (21299)
 D6199 (21299)
 D6254
 D6795
 D7251
 D7285 (20220, 20225, 20240, 20245)
 D7286 (40808)
 D7287
 D7295
 D7310 (41874)
 D7320 (41870)
 D7340 (40840, 40842, 40843, 40844)
 D7350 (40845)
 D7410
 D7411
 D7412
 D7413
 D7414
 D7415
 D7440
 D7441
 D7450
 D7451
 D7460
 D7461
 D7465 (41850)
 D7471 (21031, 21032)
 D7472
 D7473
 D7485
 D7490 (21095)
 D7510 (41800)
 D7520 (40800)
 D7530 (41805, 41828)
 D7540 (20520, 41800, 41806)
 D7550 (20999)
 D7560 (31020)
 D7610
 D7620
 D7630
 D7640
 D7650
 D7660
 D7670
 D7671
 D7680
 D7710 (21346)
 D7720 (21345)
 D7730 (21461, 21462)
 D7740 (21455)
 D7750 (21360, 21365)
 D7760 (21355)
 D7770 (21422)
 D7771

I Codes

D7780 (21433, 21435)
 D7810 (21490)
 D7820 (21480)
 D7830 (00190)
 D7840 (21050)
 D7850 (21060)
 D7852 (21299)
 D7854 (21299)
 D7856 (21299)
 D7858 (21242, 21243)
 D7860
 D7865 (21240)
 D7870 (21060)
 D7872 (29800)
 D7873 (29804)
 D7874 (29804)
 D7875 (29804)
 D7876 (29804)
 D7877 (29804)
 D7880 (21499)
 D7899 (21499)
 D7910 (12011, 12013)
 D7911 (12051, 12052)
 D7912 (13132)
 D7920
 D7941 (21193, 21195, 21196)
 D7943 (21194)
 D7944 (21198, 21206)
 D7945 (21193, 21194, 21195, 21196)
 D7946 (21147)
 D7947 (21145, 21146)
 D7948 (21150)
 D7949
 D7950 (21247)
 D7955 (21299)
 D7960 (40819, 41010, 41115)
 D7970
 D7971 (41821)
 D7972
 D7980 (42330, 42335, 42340)
 D7981 (42408)
 D7982 (42500)
 D7983 (42600)
 D7990 (31605)
 D7991 (21070)
 D7995 (21299)
 D7996 (21299)
 D7999 (21299)
 D9210 (90784)
 D9211 (01995)
 D9212 (64400)
 D9215 (90784)
 D9220
 D9221

I Codes

D9241 (90784)
 D9242 (90784)
 D9310
 D9410
 D9420
 D9430
 D9440 (99050)
 D9450
 D9610
 D9999 (21499)
 G9050
 G9051
 G9052
 G9053
 G9054
 G9055
 G9056
 G9057
 G9058
 G9059
 G9060
 G9061
 G9062
 J1826
 J7306
 J7307
 J8565
 P7001
 Q3026
 0001F
 0005F
 0012F
 0014F
 0015F
 0141T
 0142T
 0143T
 0501F
 0502F
 0503F
 0516F
 0519F
 0525F
 0528F
 0535F
 0545F
 1000F
 1003F
 1004F
 1008F
 1015F
 1018F
 1019F
 1022F

I Codes

1026F
1030F
1034F
1035F
1050F
1055F
1060F
1061F
1065F
1066F
1070F
1071F
1118F
1134F
1135F
1136F
1137F
1150F
1151F
1152F
1153F
1157F
1158F
1159F
1160F
1180F
1200F
1205F
1220F
1400F
2001F
2002F
2004F
2018F
2020F
2029F
2030F
2031F
2044F
2050F
2060F
27215
27216
27217
27218
3006F
3008F
3011F
3015F
3018F
3035F
3037F
3040F
3042F

I Codes

3073F
3088F
3089F
3090F
3091F
3093F
3130F
3132F
3140F
3141F
3142F
3150F
3200F
3230F
3268F
3290F
3291F
3292F
3293F
3294F
3317F
3318F
3324F
3325F
3330F
3331F
3351F
3352F
3353F
3354F
3450F
3451F
3452F
3491F
3497F
3498F
3510F
3513F
3514F
3515F
3550F
3551F
3552F
3555F
3572F
3573F
3650F
3700F
3720F
38207
38208
38209
38210
38211

I Codes

38212
38213
38214
38215
4014F
4016F
4017F
4018F
4019F
4030F
4033F
4035F
4052F
4053F
4054F
4055F
4056F
4058F
4060F
4062F
4063F
4064F
4065F
4066F
4067F
4077F
4133F
4134F
4135F
4136F
4155F
4157F
4163F
4167F
4168F
4169F
4174F
4176F
4178F
4181F
4182F
4185F
4186F
4188F
4189F
4190F
4191F
4210F
4220F
4221F
4230F
4240F
4242F
4260F

I Codes

4261F
4265F
4266F
4268F
4269F
4275F
4279F
4300F
4301F
4305F
4306F
4320F
4324F
4325F
4326F
4328F
4330F
4340F
4400F
5005F
5020F
5060F
5062F
5100F
5200F
6005F
6040F
6070F
6080F
6090F
7020F
76140
80055
80101 (G0431)
80104
90281
90283 (J1561, J1562)
90287 (J0585)
90288 (J1561, J1562)
90291 (J0850)
90384 (J2790)
90386 (J2792)
90389 (J1670)
90399
90470
90658
90723
90738
90748
92630
92633
95120
95125
95130

I Codes

95131
95132
95133
95134
97005
97006
97014
99241
99242
99243
99244
99245
99251
99252
99253
99254
99255

I Codes

99375
99378
99500
99501
99502
99503
99504
99505
99506
99507
99509
99510
99511
99512
99600
99601
99602

M = Measurement Codes, Used for Reporting Purposes Only**M Codes**

G8126
G8127
G8128
G8395
G8396
G8397
G8398
G8399
G8400
G8401
G8404
G8405
G8406
G8410
G8415
G8416
G8417
G8418
G8419
G8420
G8421
G8422
G8427
G8428
G8430
G8431
G8432
G8433
G8440
G8441
G8442
G8447
G8448

M Codes

G8450
G8451
G8452
G8458
G8459
G8460
G8461
G8462
G8463
G8464
G8465
G8468
G8469
G8470
G8471
G8472
G8473
G8474
G8475
G8476
G8477
G8478
G8482
G8483
G8484
G8485
G8486
G8487
G8489
G8490
G8491
G8492
G8493

M Codes

G8494
G8495
G8496
G8497
G8498
G8499
G8500
G8501
G8502
G8506
G8508
G8509
G8510
G8511
G8524
G8525
G8526
G8530
G8531
G8532
G8534
G8535
G8536
G8537
G8538
G8539
G8540
G8541
G8542
G8543
G8544
G8545
G8546

M Codes

G8547
G8548
G8549
G8550
G8551
G8552
G8553
G8556
G8557
G8558
G8559
G8560
G8561
G8562
G8563
G8564
G8565
G8566
G8567
G8568
G8569
G8570
G8571
G8572
G8573
G8574
G8575
G8576
G8577
G8578
G8579
G8580
G8581

M Codes	M Codes	M Codes	M Codes
G8582	G8636	G8690	G9116
G8583	G8637	G8691	G9117
G8584	G8638	G8692	G9123
G8585	G8639	G8693	G9124
G8586	G8640	G9063	G9125
G8587	G8641	G9064	G9126
G8588	G8642	G9065	G9128
G8589	G8643	G9066	G9129
G8590	G8644	G9067	G9130
G8591	G8645	G9068	G9131
G8592	G8646	G9069	G9132
G8593	G8647	G9070	G9133
G8594	G8648	G9071	G9134
G8595	G8649	G9072	G9135
G8596	G8650	G9073	G9136
G8597	G8651	G9074	G9137
G8598	G8652	G9075	G9138
G8599	G8653	G9077	G9139
G8600	G8654	G9078	0500F
G8601	G8655	G9079	0505F
G8602	G8656	G9080	0507F
G8603	G8657	G9083	0509F
G8604	G8658	G9084	0513F
G8605	G8659	G9085	0514F
G8606	G8660	G9086	0517F
G8607	G8661	G9087	0518F
G8608	G8662	G9088	0520F
G8609	G8663	G9089	0521F
G8610	G8664	G9090	0526F
G8611	G8665	G9091	0529F
G8612	G8666	G9092	0540F
G8613	G8667	G9093	0575F
G8614	G8668	G9094	1002F
G8615	G8669	G9095	1005F
G8616	G8670	G9096	1006F
G8617	G8671	G9097	1007F
G8618	G8672	G9098	1036F
G8619	G8673	G9099	1038F
G8620	G8674	G9100	1039F
G8621	G8675	G9101	1040F
G8622	G8676	G9102	1090F
G8623	G8677	G9103	1091F
G8624	G8678	G9104	1100F
G8625	G8679	G9105	1101F
G8626	G8680	G9106	1110F
G8627	G8681	G9107	1111F
G8628	G8682	G9108	1116F
G8629	G8683	G9109	1119F
G8630	G8684	G9110	1121F
G8631	G8685	G9111	1123F
G8632	G8686	G9112	1124F
G8633	G8687	G9113	1125F
G8634	G8688	G9114	1126F
G8635	G8689	G9115	1130F

M Codes	M Codes	M Codes	M Codes
1170F	3155F	3455F	4120F
2000F	3160F	3470F	4124F
2010F	3170F	3471F	4130F
2014F	3210F	3472F	4131F
2019F	3215F	3475F	4132F
2021F	3216F	3476F	4148F
2022F	3218F	3490F	4149F
2024F	3220F	3492F	4150F
2026F	3250F	3493F	4151F
2027F	3260F	3494F	4153F
2028F	3265F	3495F	4158F
2035F	3266F	3496F	4159F
2040F	3269F	3500F	4164F
3014F	3270F	3502F	4165F
3016F	3271F	3503F	4171F
3017F	3272F	3511F	4172F
3020F	3273F	3512F	4175F
3021F	3274F	3570F	4177F
3022F	3278F	4000F	4179F
3023F	3279F	4001F	4180F
3025F	3280F	4002F	4187F
3027F	3281F	4003F	4192F
3028F	3284F	4004F	4193F
3038F	3285F	4005F	4194F
3044F	3288F	4006F	4195F
3045F	3300F	4009F	4196F
3046F	3301F	4011F	4200F
3048F	3315F	4012F	4201F
3049F	3316F	4015F	4245F
3050F	3319F	4025F	4248F
3060F	3320F	4037F	4250F
3061F	3321F	4040F	4255F
3062F	3322F	4041F	4256F
3066F	3323F	4042F	4267F
3072F	3328F	4043F	4270F
3074F	3340F	4044F	4271F
3075F	3341F	4045F	4274F
3077F	3342F	4046F	4276F
3078F	3343F	4047F	4280F
3079F	3344F	4048F	4290F
3080F	3345F	4049F	4293F
3082F	3350F	4050F	5010F
3083F	3370F	4051F	5015F
3084F	3372F	4070F	5050F
3085F	3374F	4073F	6010F
3092F	3376F	4075F	6015F
3095F	3378F	4079F	6020F
3096F	3380F	4084F	6030F
3100F	3382F	4090F	6045F
3110F	3384F	4095F	7010F
3111F	3386F	4100F	7025F
3112F	3388F	4110F	
3120F	3390F	4115F	

N = Non-covered services. These codes are carried on the HCPCS tape as non-covered services.

N Codes	N Codes	N Codes	N Codes
A0888	D0418	D2721	D3347
A4210	D0425 (D0420)	D2722	D3348
A4250	D0470	D2740	D3351
A4252	D0486	D2750	D3352
A4261	D1110	D2751	D3353
A4490	D1120	D2752	D3410
A4495	D1203	D2780	D3421
A4500	D1204	D2781	D3425
A4510	D1206	D2782	D3426
A4520	D1310	D2783	D3430
A4554	D1320	D2790	D3450
A4575	D1330	D2791	D3470
A4627	D1351	D2792	D3910
A4670	D1555	D2794	D3920
A6000	D2140	D2799	D3950
A6413	D2150	D2910	D4230
A6530	D2160	D2915	D4231
A6533	D2161	D2920	D4240
A6534	D2330	D2930	D4241
A6535	D2331	D2931	D4245
A6536	D2332	D2932	D4249
A6537	D2335	D2933	D4261
A6538	D2390	D2934	D4265
A6539	D2391	D2940	D4266
A6540	D2392	D2950	D4267
A6541	D2393	D2951	D4274
A6544	D2394	D2952	D4275
A6549	D2410	D2953	D4276
A9270	D2420	D2954	D4320
A9273	D2430	D2955	D4321
A9275	D2510	D2957	D4341
A9276	D2520	D2960	D4342
A9277	D2530	D2961	D4910
A9278	D2542	D2962	D4920
A9280	D2543	D2971	D4999
A9281	D2544	D2975	D5110
A9282	D2610	D2980	D5120
A9283	D2620	D3110	D5130
A9300	D2630	D3120	D5140
D0120	D2642	D3220	D5211
D0140	D2643	D3221	D5212
D0145	D2644	D3222	D5213
D0160	D2650	D3230	D5214
D0170	D2651	D3240	D5225
D0180	D2652	D3310	D5226
D0273	D2662	D3320	D5281
D0360	D2663	D3330	D5410
D0362	D2664	D3331	D5411
D0363	D2710	D3332	D5421
D0415 (D0410)	D2712	D3333	D5422
D0417	D2720	D3346	D5510

N Codes	N Codes	N Codes	N Codes
D5520	D6072	D6752	D8693
D5610	D6073	D6780	D8999
D5620	D6074	D6781	D9120
D5630	D6075	D6782	D9612
D5640	D6076	D6783	D9910
D5650	D6077	D6790	D9911
D5660	D6078	D6791	D9920
D5670	D6079	D6792	D9941 (21089)
D5671	D6091	D6793	D9942
D5710	D6092	D6794	D9970
D5711	D6093	D6930	D9971
D5720	D6094	D6940	D9972
D5721	D6190	D6950	D9973
D5730	D6194	D6970	D9974
D5731	D6205	D6972	G0122
D5740	D6210	D6973	G0219
D5741	D6211	D6975	G0235
D5750	D6212	D6976	G0252
D5751	D6214	D6977	G0255
D5760	D6240	D6980	G0282
D5761	D6241	D6985	G0295
D5810	D6242	D6999	G0428
D5811	D6245	D7270	G9013
D5820	D6250	D7272	G9014
D5821	D6251	D7280	G9016
D5850	D6252	D7282	G9147
D5851	D6253	D7290	J1055
D5860	D6545	D7292	J3520
D5861	D6548	D7293	J3535
D5862	D6600	D7294	J3570
D5867	D6601	D7311	J7300
D5875	D6602	D7871	J7302
D5899	D6603	D7951	J7303
D5986	D6604	D7953	J7304
D5991	D6605	D7963	J8499
D6012	D6606	D7997	J8515
D6053	D6607	D7998	M0075
D6054	D6608	D8010	M0076
D6056	D6609	D8020	M0100
D6057	D6610	D8030	M0300
D6058	D6611	D8040	M0301
D6059	D6612	D8050	P2031
D6060	D6613	D8060	Q0144
D6061	D6614	D8070	V2025
D6062	D6615	D8080	V2702
D6063	D6624	D8090	V2787
D6064	D6634	D8210	V2788
D6065	D6710	D8220	V5008
D6066	D6720	D8660	V5010
D6067	D6721	D8670	V5011
D6068	D6722	D8680	V5014
D6069	D6740	D8690	V5020
D6070	D6750	D8691	V5030
D6071	D6751	D8692	V5040

N Codes	N Codes	N Codes	N Codes
V5050	V5264	78609	97814
V5060	V5265	80050	98943
V5070	V5266	86910	98966
V5080	V5267	86911	98967
V5090	V5268	88000	98968
V5095	V5269	88005	98969
V5100	V5270	88007	99026
V5110	V5271	88012	99027
V5120	V5272	88014	99075
V5130	V5273	88016	99172
V5140	V5274	88020	99173
V5150	V5275	88025	99174
V5160	V5298	88027	99381
V5170	V5336	88028	99382
V5180	V5362	88029	99383
V5190	V5363	88036	99384
V5200	V5364	88037	99385
V5210	0085T	88040	99386
V5220	0188T	88045	99387
V5230	0189T	88099	99391
V5240	11975	90875	99392
V5241	11977	90876	99393
V5242	22526	90882	99394
V5243	22527	92015	99395
V5244	37216	92310	99396
V5245	43775	92314	99397
V5246	43842	92340	99401
V5247	48160	92341	99402
V5248	55970	92342	99403
V5249	55980	92370	99404
V5250	58300	92551	99408
V5251	61640	92559	99409
V5252	61641	92560	99411
V5253	61642	92590	99412
V5254	65760	92591	99420
V5255	65765	92592	99429
V5256	65767	92593	99441
V5257	65771	92594	99442
V5258	69090	92595	99443
V5259	69710	93668	99444
V5260	74263	96155	99450
V5261	76390	97810	
V5262	78350	97811	
V5263	78351	97813	

P = Bundled/excluded codes. There are no RVUs and no payment amounts for these services. No separate payment is made for them under the fee schedule.

- If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident. (*Example:* an elastic bandage furnished by a physician incident to a physician service)
- If the item or service is covered as other than incident to a physician service, it is excluded from the fee schedule (*example:* colostomy supplies) and would be paid under the other payment provision of the Act.

A4211	A4358	A5112	A6229
A4212	A4361	A5113	A6230
A4220	A4362	A5114	A6234
A4253	A4364	A5121	A6235
A4256	A4367	A5122	A6236
A4258	A4397	A5126	A6237
A4259	A4398	A5131	A6238
A4265	A4399	A6154	A6239
A4301	A4400	A6196	A6240
A4305	A4402	A6197	A6241
A4306	A4404	A6198	A6242
A4310	A4455	A6199	A6243
A4311	A4465	A6203	A6244
A4312	A4470	A6204	A6245
A4313	A4480	A6205	A6246
A4314	A4556	A6206	A6247
A4315	A4557	A6207	A6248
A4316	A4558	A6208	A6250
A4320	A4649	A6209	A6251
A4322	A5051	A6210	A6252
A4326	A5052	A6211	A6253
A4327	A5053	A6212	A6254
A4328	A5054	A6213	A6255
A4330	A5055	A6214	A6256
A4335	A5061	A6215	A6257
A4338	A5062	A6216	A6258
A4340	A5063	A6217	A6259
A4344	A5071	A6218	A6260
A4346	A5072	A6219	A6261
A4351	A5073	A6220	A6262
A4352	A5081	A6221	A6266
A4354	A5082	A6222	A6402
A4355	A5093	A6223	A6403
A4356	A5102	A6224	A6404
A4357	A5105	A6228	V2520

IMPORTANT HCPCS CHANGES EFFECTIVE JANUARY 1, 2011

In addition to coding changes, calendar year 2011 will bring numerous other changes in coverage and payment. Watch our website for details:

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