

Special Edition

2007 HCPCS UPDATE

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This **Special Edition** of your monthly Medicare Part B newsletter, the *Communiqué*:

- Announces year 2007 changes in the Healthcare Common Procedure Coding System (HCPCS), and
- Offers resources for obtaining complete files of codes.

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2007 HCPCS UPDATE

The 2007 Healthcare Common Procedure Coding System (HCPCS) changes are effective for dates of service beginning January 1, 2007. Claims containing discontinued codes no longer have a three-month grace period. Claims received after January 1, 2007, must be submitted with the new code or the service will be denied.

Level I

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 2007 CPT is available for a fee from:

AMA Order Department
P.O. Box 930876
Atlanta, GA 31193-0876
Telephone (800) 621-8335

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Level II

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. (i.e., 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
Telephone (202) 512-1800

To obtain a computer tape or 3½" diskette, contact:

U. S. Department of Commerce
National Technical Information Service
5285 Port Royal Road
Springfield, VA 22161
Telephone (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	
Modifier	Description
JA	ADMINISTERED INTRAVENOUSLY
JB	ADMINISTERED SUBCUTANEOUSLY
M2	MEDICARE SECONDARY PAYER (MSP)

Level II HCPCS Codes—Additions

Level II HCPCS Codes – Additions	
Code	Description
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH
A4559	COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH
A4601	LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT
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
A9279	MONITORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHERWISE CLASSIFIED
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER
D0273	BITEWINGS - THREE FILMS
D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE
D0362	CONE BEAM - TWO-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES
D0363	CONE BEAM - THREE-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES
D0486	ACCESSION OF BRUSH BIOPSY SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARRIES RISK PATIENTS
D1555	REMOVAL OF FIXED SPACE MAINTAINER
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH PER QUADRANT
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT

Level II HCPCS Codes – Additions	
Code	Description
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE
D7292	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE SCREW RETAINED PLATE REQUIRING SURGICAL FLAP
D7293	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP
D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL FLAP
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS
D9120	FIXED PARTIAL DENTURE SECTIONING
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND 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
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

Level II HCPCS Codes – Additions	
Code	Description
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
G0380	LEVEL 1 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL: (THE DEPARTMENT OR FACILITY 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 THIS SECTION 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 3 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL: (THE DEPARTMENT OR FACILITY 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 THIS SECTION 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

Level II HCPCS Codes – Additions	
Code	Description
G0382	LEVEL 3 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL: (THE DEPARTMENT OR FACILITY 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 THIS SECTION 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)
G0383	LEVEL 4 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL: (THE DEPARTMENT OR FACILITY 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 THIS SECTION 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 VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL: (THE DEPARTMENT OR FACILITY 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 THIS SECTION 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., GUAIAEC), FECES, FOR SINGLE DETERMINATION FOR COLORECTAL NEOPLASM (I.E., PATIENT WAS PROVIDED THREE CARDS OR SINGLE TRIPLE CARD FOR CONSECUTIVE COLLECTION)

Level II HCPCS Codes – Additions	
Code	Description
G8085	END-STAGE RENAL DISEASE PATIENT REQUIRING HEMODIALYSIS VASCULAR ACCESS WAS NOT AN ELIGIBLE CANDIDATE FOR AUTOGENOUS AV FISTULA <i>(Added effective 1/1/06)</i>
G8191	CLINICIAN DOCUMENTED TO HAVE GIVEN 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)
G8192	CLINICIAN DOCUMENTED TO HAVE GIVEN THE PROPHYLACTIC ANTIBIOTIC WITHIN ONE HOUR (IF VANCOMYCIN, TWO HOURS) PRIOR TO THE SURGICAL INCISION (OR START OF PROCEDURE WHEN NO INCISION IS REQUIRED)
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
G8194	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR PROPHYLACTIC ANTIBIOTIC
G8195	CLINICIAN DOCUMENTED TO HAVE GIVEN THE PROPHYLACTIC ANTIBIOTIC WITHIN ONE HOUR (IF VANCOMYCIN, TWO HOURS) PRIOR TO THE SURGICAL INCISION (OR START OF PROCEDURE WHEN NO INCISION IS REQUIRED)
G8196	CLINICIAN DID NOT DOCUMENT A PROPHYLACTIC ANTIBIOTIC WAS ADMINISTERED WITHIN ONE HOUR (IF VANCOMYCIN, TWO HOURS) PRIOR TO SURGICAL INCISION (OR START OF PROCEDURE WHEN NO INCISION IS REQUIRED)
G8197	PATIENT DOCUMENTED TO HAVE 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)
G8198	PATIENT DOCUMENTED TO HAVE ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS
G8199	CLINICIAN DOCUMENTED TO HAVE GIVEN CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS
G8200	ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS NOT DOCUMENTED
G8201	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS
G8202	CLINICIAN DOCUMENTED AN ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS WITHIN 24 HOURS OF SURGICAL END TIME
G8203	CLINICIAN DOCUMENTED THAT PROPHYLACTIC ANTIBIOTICS WERE DISCONTINUED 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
G8205	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR PROPHYLACTIC ANTIBIOTIC DISCONTINUATION WITHIN 24 HOURS OF SURGICAL END TIME
G8206	CLINICIAN DOCUMENTED THAT PROPHYLACTIC ANTIBIOTIC WAS GIVEN
G8207	CLINICIAN DOCUMENTED AN ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS WITHIN 48 HOURS OF SURGICAL END TIME
G8208	CLINICIAN DOCUMENTED THAT PROPHYLACTIC ANTIBIOTICS WERE DISCONTINUED WITHIN 48 HOURS OF SURGICAL END TIME
G8209	CLINICIAN DID NOT DOCUMENT AN ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS WITHIN 48 HOURS OF SURGICAL END TIME
G8210	CLINICIAN DOCUMENTED PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR DISCONTINUATION OF PROPHYLACTIC ANTIBIOTIC DISCONTINUATION WITHIN 48 HOURS OF SURGICAL END TIME
G8211	CLINICIAN DOCUMENTED THAT PROPHYLACTIC ANTIBIOTIC WAS GIVEN

Level II HCPCS Codes – Additions	
Code	Description
G8212	CLINICIAN DOCUMENTED 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
G8213	CLINICIAN DOCUMENTED TO HAVE GIVEN VTE PROPHYLAXIS WITHIN 24 HRS PRIOR TO INCISION TIME OR 24 HOURS AFTER SURGERY 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
G8215	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS TO BE GIVEN WITHIN 24 HOURS PRIOR TO INCISION TIME OR 24 HOURS AFTER SURGERY END TIME
G8216	PATIENT DOCUMENTED TO HAVE RECEIVED DVT PROPHYLAXIS BY END OF HOSPITAL DAY TWO
G8217	PATIENT NOT DOCUMENTED TO HAVE RECEIVED DVT PROPHYLAXIS BY END OF HOSPITAL DAY 2
G8218	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR DVT PROPHYLAXIS BY END OF HOSPITAL DAY 2, INCLUDING PHYSICIAN DOCUMENTATION THAT PATIENT IS AMBULATORY
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
G8222	PATIENT DOCUMENTED TO HAVE BEEN PRESCRIBED ANTIPLATELET THERAPY AT DISCHARGE
G8223	PATIENT NOT DOCUMENTED TO HAVE RECEIVED PRESCRIPTION FOR ANTIPLATELET THERAPY AT DISCHARGE
G8224	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTIPLATELET THERAPY AT DISCHARGE, INCLUDING IDENTIFICATION FROM MEDICAL RECORD THAT PATIENT IS ON ANTICOAGULATION THERAPY
G8225	PATIENT DOCUMENTED TO HAVE BEEN PRESCRIBED AN ANTICOAGULANT AT DISCHARGE
G8226	PATIENT NOT DOCUMENTED TO HAVE RECEIVED PRESCRIPTION FOR ANTICOAGULANT THERAPY AT DISCHARGE
G8227	PATIENT NOT DOCUMENTED TO HAVE PERMANENT, PERSISTENT, OR PAROXYSMAL ATRIAL FIBRILLATION
G8228	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTICOAGULANT THERAPY AT DISCHARGE
G8229	PATIENT DOCUMENTED TO HAVE BEEN ADMINISTERED OR CONSIDERED FOR T-PA
G8230	PATIENT NOT ELIGIBLE FOR T-PA ADMINISTRATION, ISCHEMIC STROKE SYMPTOM ONSET OF MORE THAN 3 HOURS
G8231	PATIENT NOT DOCUMENTED TO HAVE RECEIVED T-PA OR NOT DOCUMENTED TO HAVE BEEN CONSIDERED A CANDIDATE FOR T-PA ADMINISTRATION
G8232	PATIENT DOCUMENTED TO HAVE RECEIVED DYSPHAGIA SCREENING PRIOR TO TAKING ANY FOODS, FLUIDS OR MEDICATION BY MOUTH
G8234	PATIENT NOT DOCUMENTED TO HAVE RECEIVED DYSPHAGIA SCREENING
G8235	PATIENT NOT RECEIVING OR INELIGIBLE TO RECEIVE FOOD, FLUIDS OR MEDICATION BY MOUTH, OR DOCUMENTATION OF NPO (NOTHING BY MOUTH) ORDER

Level II HCPCS Codes – Additions	
Code	Description
G8236	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR DYSPHAGIA SCREENING PRIOR TO TAKING ANY FOODS, FLUIDS OR MEDICATION BY MOUTH
G8237	PATIENT DOCUMENTED TO HAVE RECEIVED ORDER FOR REHABILITATION SERVICES OR DOCUMENTATION OF CONSIDERATION FOR REHABILITATION SERVICES
G8238	PATIENT NOT DOCUMENTED TO HAVE RECEIVED ORDER FOR OR CONSIDERATION FOR REHABILITATION SERVICES
G8239	INTERNAL CAROTID STENOSIS PATIENT BELOW 30%, REFERENCE TO MEASUREMENTS OF DISTAL INTERNAL CAROTID DIAMETER AS THE DENOMINATOR FOR STENOSIS MEASUREMENT NOT NECESSARY
G8240	INTERNAL CAROTID STENOSIS PATIENT IN THE 30-99% RANGE, AND NO DOCUMENTATION OF REFERENCE TO MEASUREMENTS OF DISTAL INTERNAL CAROTID DIAMETER AS THE DENOMINATOR FOR STENOSIS MEASUREMENT
G8241	CLINICIAN DOCUMENTED THAT PATIENT WHOSE FINAL REPORT OF THE CAROTID IMAGING STUDY PERFORMED (NECK MRA, NECK CTA, NECK DUPLEX ULTRASOUND, CAROTID ANGIOGRAM), WITH CHARACTERIZATION OF AN INTERNAL CAROTID STENOSIS IN THE 30-99% RANGE, WAS NOT AN ELIGIBLE CANDIDATE FOR REFERENCE TO MEASUREMENTS OF DISTAL INTERNAL CAROTID DIAMETER AS THE DENOMINATOR FOR STENOSIS MEASUREMENT
G8242	PATIENT DOCUMENTED TO HAVE RECEIVED CT OR MRI WITH PRESENCE OR ABSENCE OF HEMORRHAGE, MASS LESION AND ACUTE INFARCTION DOCUMENTED IN THE FINAL REPORT
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
G8245	CLINICIAN DOCUMENTED PRESENCE OR ABSENCE ALARM SYMPTOMS
G8246	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR MEDICAL HISTORY REVIEW WITH ASSESSMENT OF NEW OR CHANGING MOLES
G8247	PATIENT WITH ALARM SYMPTOM(S) DOCUMENTED TO HAVE HAD UPPER ENDOSCOPY PERFORMED OR REFERRAL FOR UPPER ENDOSCOPY
G8248	PATIENT WITH AT LEAST ONE ALARM SYMPTOM NOT DOCUMENTED TO HAVE HAD UPPER ENDOSCOPY OR REFERRAL FOR UPPER ENDOSCOPY
G8249	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR UPPER ENDOSCOPY
G8250	PATIENT WITH SUSPICION OF BARRETT'S ESOPHAGUS IN ENDOSCOPY REPORT AND DOCUMENTED TO HAVE RECEIVED AN ESOPHAGEAL BIOPSY
G8251	PATIENT NOT DOCUMENTED TO HAVE RECEIVED AN ESOPHAGEAL BIOPSY WHEN SUSPICION OF BARRETT'S ESOPHAGUS IS INDICATED IN THE ENDOSCOPY REPORT
G8252	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ESOPHAGEAL BIOPSY
G8253	PATIENT DOCUMENTED TO HAVE RECEIVED AN ORDER FOR A BARIUM SWALLOW TEST
G8254	PATIENT WITH NO DOCUMENTATION ORDER FOR BARIUM SWALLOW TEST
G8255	CLINICIAN DOCUMENTATION THAT PATIENT WAS AN ELIGIBLE CANDIDATE FOR BARIUM SWALLOW TEST
G8256	CLINICIAN DOCUMENTED RECONCILIATION OF DISCHARGE MEDICATIONS WITH CURRENT MEDICATION LIST IN MEDICAL RECORD
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
G8259	PATIENT DOCUMENTED TO HAVE SURROGATE DECISION MAKER OR ADVANCE CARE PLAN IN MEDICAL RECORD

Level II HCPCS Codes – Additions	
Code	Description
G8260	PATIENT NOT DOCUMENTED TO HAVE SURROGATE DECISION MAKER OR ADVANCE CARE PLAN IN MEDICAL RECORD
G8261	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR SURROGATE DECISION MAKER OR ADVANCE CARE PLAN
G8262	PATIENT DOCUMENTED TO HAVE BEEN ASSESSED FOR PRESENCE OR ABSENCE OF URINARY INCONTINENCE
G8263	PATIENT NOT DOCUMENTED TO HAVE BEEN ASSESSED FOR PRESENCE OR ABSENCE OF URINARY INCONTINENCE
G8264	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR AN ASSESSMENT OF THE PRESENCE OR ABSENCE OF URINARY INCONTINENCE
G8265	PATIENT DOCUMENTED TO HAVE RECEIVED CHARACTERIZATION OF URINARY INCONTINENCE
G8266	PATIENT NOT DOCUMENTED TO HAVE RECEIVED CHARACTERIZATION OF URINARY INCONTINENCE
G8267	PATIENT DOCUMENTED TO HAVE RECEIVED A PLAN OF CARE FOR URINARY INCONTINENCE
G8268	PATIENT NOT DOCUMENTED TO HAVE RECEIVED PLAN OF CARE FOR URINARY INCONTINENCE
G8269	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME TO DEVELOP PLAN OF CARE FOR URINARY INCONTINENCE
G8270	PATIENT DOCUMENTED TO HAVE RECEIVED SCREENING FOR FALL RISK (2 OR MORE FALLS IN THE PAST YEAR OR ANY FALL WITH INJURY IN THE PAST YEAR)
G8271	PATIENT WITH NO DOCUMENTATION OF SCREENING FOR FALL RISKS (2 OR MORE FALLS IN THE PAST YEAR OR ANY FALL WITH INJURY IN THE PAST YEAR)
G8272	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FALL RISK SCREENING
G8273	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME TO SCREEN FOR FALL RISK
G8274	CLINICIAN HAS NOT DOCUMENTED PRESENCE OR ABSENCE OF ALARM SYMPTOMS
G8275	PATIENT DOCUMENTED TO HAVE MEDICAL HISTORY TAKEN WHICH INCLUDED ASSESSMENT OF NEW OR CHANGING MOLES
G8276	PATIENT NOT DOCUMENTED TO HAVE RECEIVED MEDICAL HISTORY WITH ASSESSMENT OF NEW OR CHANGING MOLES
G8277	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR MEDICAL HISTORY REVIEW WITH ASSESSMENT OF NEW OR CHANGING MOLES
G8278	PATIENT DOCUMENTED TO HAVE RECEIVED COMPLETE PHYSICAL SKIN EXAM
G8279	PATIENT NOT DOCUMENTED TO HAVE RECEIVED A COMPLETE PHYSICAL SKIN EXAM
G8280	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR COMPLETE PHYSICAL SKIN EXAM DURING THE REPORTING YEAR
G8281	PATIENT DOCUMENTED TO HAVE RECEIVED COUNSELING TO PERFORM A SELF-EXAMINATION
G8282	PATIENT NOT DOCUMENTED TO HAVE RECEIVED COUNSELING TO PERFORM A SELF-EXAMINATION
G8283	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR COUNSELING TO PERFORM SELF-EXAMINATION
G8284	PATIENT DOCUMENTED TO HAVE RECEIVED A PRESCRIPTION FOR PHARMACOLOGIC THERAPY FOR OSTEOPOROSIS
G8285	PATIENT NOT DOCUMENTED TO HAVE RECEIVED PHARMACOLOGIC THERAPY
G8286	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR PHARMACOLOGIC THERAPY

Level II HCPCS Codes – Additions	
Code	Description
G8287	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME FOR THE PHARMACOLOGIC THERAPY MEASURE
G8288	PATIENT DOCUMENTED TO HAVE RECEIVED CALCIUM AND VITAMIN D OR COUNSELING ON BOTH CALCIUM AND VITAMIN D USE, AND EXERCISE
G8289	PATIENT WITH NO DOCUMENTATION OF CALCIUM AND VITAMIN D USE OR COUNSELING REGARDING BOTH CALCIUM AND VITAMIN D USE, OR EXERCISE
G8290	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR CALCIUM AND VITAMIN D, AND EXERCISE DURING THE REPORTING YEAR
G8291	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME FOR THE CALCIUM, VITAMIN D, AND EXERCISE MEASURE
G8292	COPD PATIENT WITH SPIROMETRY RESULTS DOCUMENTED
G8293	COPD PATIENT WITHOUT SPIROMETRY RESULTS DOCUMENTED
G8294	COPD PATIENT WAS NOT ELIGIBLE FOR SPIROMETRY RESULTS
G8295	COPD PATIENT DOCUMENTED TO HAVE RECEIVED INHALED BRONCHODILATOR THERAPY
G8296	COPD PATIENT NOT DOCUMENTED TO HAVE INHALED BRONCHODILATOR THERAPY PRESCRIBED
G8297	COPD PATIENT WAS NOT ELIGIBLE FOR INHALED BRONCHODILATOR THERAPY
G8298	PATIENT DOCUMENTED TO HAVE RECEIVED OPTIC NERVE HEAD EVALUATION
G8299	PATIENT NOT DOCUMENTED TO HAVE RECEIVED OPTIC NERVE HEAD EVALUATION
G8300	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR OPTIC NERVE HEAD EVALUATION DURING THE REPORTING YEAR
G8301	CLINICIAN HAS NOT PROVIDED CARE FOR THE PRIMARY OPEN-ANGLE GLAUCOMA PATIENT FOR THE REQUIRED TIME FOR OPTIC NERVE HEAD EVALUATION MEASURE
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
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
G8309	PATIENT DOCUMENTED TO HAVE BEEN PRESCRIBED/RECOMMENDED ANTIOXIDANT VITAMIN OR MINERAL SUPPLEMENT
G8310	PATIENT NOT DOCUMENTED TO HAVE BEEN PRESCRIBED/RECOMMENDED AT LEAST ONE ANTIOXIDANT VITAMIN OR MINERAL SUPPLEMENT DURING THE REPORTING YEAR
G8311	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTIOXIDANT VITAMIN OR MINERAL SUPPLEMENT DURING THE REPORTING YEAR
G8312	CLINICIAN HAS NOT PROVIDED CARE FOR THE AGE-RELATED MACULAR DEGENERATION PATIENT FOR THE REQUIRED TIME FOR ANTIOXIDANT SUPPLEMENT PRESCRIPTION/RECOMMENDED MEASURE

Level II HCPCS Codes – Additions	
Code	Description
G8313	PATIENT DOCUMENTED TO HAVE RECEIVED MACULAR EXAM, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR THICKENING OR HEMORRHAGE AND THE LEVEL OF MACULAR DEGENERATION SEVERITY
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
G8315	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR MACULAR EXAMINATION DURING THE REPORTING YEAR
G8316	CLINICIAN HAS NOT PROVIDED CARE FOR THE AGE-RELATED MACULAR DEGENERATION PATIENT FOR THE REQUIRED TIME FOR MACULAR EXAMINATION MEASUREMENT
G8317	PATIENT DOCUMENTED TO HAVE VISUAL FUNCTIONAL STATUS ASSESSED
G8318	PATIENT DOCUMENTED NOT TO HAVE VISUAL FUNCTIONAL STATUS ASSESSED
G8319	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ASSESSMENT OF VISUAL FUNCTIONAL STATUS
G8320	CLINICIAN HAS NOT PROVIDED CARE FOR THE CATARACT PATIENT FOR THE REQUIRED TIME FOR ASSESSMENT OF VISUAL FUNCTIONAL STATUS MEASUREMENT
G8321	PATIENT DOCUMENTED TO HAVE HAD PRE-SURGICAL AXIAL LENGTH, CORNEAL POWER MEASUREMENT AND METHOD OF INTRAOCULAR LENS POWER CALCULATION
G8322	PATIENT NOT DOCUMENTED TO HAVE HAD PRE-SURGICAL AXIAL LENGTH, CORNEAL POWER MEASUREMENT AND METHOD OF INTRAOCULAR LENS POWER CALCULATION
G8323	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR PRE-SURGICAL AXIAL LENGTH, CORNEAL POWER MEASUREMENT AND METHOD OF INTRAOCULAR LENS POWER CALCULATION
G8324	CLINICIAN HAS NOT PROVIDED CARE FOR THE CATARACT PATIENT FOR THE REQUIRED TIME FOR PRE-SURGICAL MEASUREMENT AND INTRAOCULAR LENS POWER CALCULATION MEASURE
G8325	PATIENT DOCUMENTED TO HAVE RECEIVED FUNDUS EVALUATION WITHIN SIX MONTHS PRIOR TO CATARACT SURGERY
G8326	PATIENT NOT DOCUMENTED TO HAVE RECEIVED FUNDUS EVALUATION WITHIN SIX MONTHS PRIOR TO CATARACT SURGERY
G8327	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR PRE-SURGICAL FUNDUS EVALUATION
G8328	CLINICIAN HAS NOT PROVIDED CARE FOR THE CATARACT PATIENT FOR THE REQUIRED TIME FOR FUNDUS EVALUATION MEASUREMENT
G8329	PATIENT DOCUMENTED TO HAVE RECEIVED DILATED MACULAR OR FUNDUS EXAM WITH LEVEL OF SEVERITY OF RETINOPATHY AND THE PRESENCE OR ABSENCE OF MACULAR EDEMA DOCUMENTED
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
G8331	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR DILATED MACULAR OR FUNDUS EXAM DURING THE REPORTING YEAR
G8332	CLINICIAN HAS NOT PROVIDED CARE FOR THE DIABETIC RETINOPATHY PATIENT FOR THE REQUIRED TIME FOR MACULAR EDEMA AND RETINOPATHY MEASUREMENT
G8333	PATIENT DOCUMENTED TO HAVE HAD FINDINGS OF MACULAR OR FUNDUS EXAM COMMUNICATED TO THE PHYSICIAN MANAGING THE DIABETES CARE
G8334	DOCUMENTATION OF FINDINGS OF MACULAR OR FUNDUS EXAM NOT COMMUNICATED TO THE PHYSICIAN MANAGING THE PATIENT'S ONGOING DIABETES CARE

Level II HCPCS Codes – Additions	
Code	Description
G8335	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR THE FINDINGS OF THEIR MACULAR OR FUNDUS EXAM BEING COMMUNICATED TO THE PHYSICIAN MANAGING THEIR DIABETES CARE DURING THE REPORTING YEAR
G8336	CLINICIAN HAS NOT PROVIDED CARE FOR THE DIABETIC RETINOPATHY PATIENT FOR THE REQUIRED TIME FOR PHYSICIAN COMMUNICATION MEASUREMENT
G8337	CLINICIAN 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
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
G8339	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR COMMUNICATION WITH THE PHYSICIAN MANAGING THE PATIENT'S ONGOING CARE THAT A FRACTURE OCCURRED AND THAT THE PATIENT WAS OR SHOULD BE TESTED OR TREATED FOR OSTEOPOROSIS
G8340	PATIENT DOCUMENTED TO HAVE HAD CENTRAL DEXA PERFORMED AND RESULTS DOCUMENTED OR CENTRAL DEXA ORDERED OR PHARMACOLOGIC THERAPY PRESCRIBED
G8341	PATIENT NOT DOCUMENTED TO HAVE HAD CENTRAL DEXA MEASUREMENT OR PHARMACOLOGIC THERAPY
G8342	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR CENTRAL DEXA MEASUREMENT OR PRESCRIBING PHARMACOLOGIC
G8343	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME FOR CENTRAL DEXA MEASUREMENT OR PHARMACOLOGICAL THERAPY MEASURE
G8344	PATIENT DOCUMENTED TO HAVE HAD CENTRAL DEXA ORDERED OR PERFORMED AND RESULTS DOCUMENTED OR PHARMACOLOGICAL THERAPY PRESCRIBED
G8345	PATIENT NOT DOCUMENTED TO HAVE HAD CENTRAL DEXA MEASUREMENT ORDERED OR PERFORMED OR PHARMACOLOGIC THERAPY
G8346	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR CENTRAL DEXA MEASUREMENT OR PHARMACOLOGIC THERAPY
G8347	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME FOR CENTRAL DEXA MEASUREMENT OR PHARMACOLOGICAL THERAPY MEASURE
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-ORCHIECTOMY); 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)

Level II HCPCS Codes – Additions	
Code	Description
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)
G9138	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)
G9139	ONCOLOGY; DISEASE STATUS; CHRONIC MYELOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND/OR BCR-ABL POSITIVE; EXTENT OF DISEASE UNKNOWN, STAGING IN PROGRESS, NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)
J0129	INJECTION, ABATACEPT, 10 MG
J0348	INJECTION, ANADULAFUNGIN, 1 MG
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
J0594	INJECTION, BUSULFAN, 1 MG
J0894	INJECTION, DECITABINE, 1 MG
J1324	INJECTION, ENFUVIRTIDE, 1 MG
J1458	INJECTION, GALSULFASE, 1 MG
J1562	INJECTION, IMMUNE GLOBULIN, SUBCUTANEOUS, 100 MG
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG
J2170	INJECTION, MECASERMIN, 1 MG
J2248	INJECTION, MICAFAUNGIN SODIUM, 1 MG
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG
J3243	INJECTION, TIGECYCLINE, 1 MG
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU VWF:RCO
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT
J7319	HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR INJECTION, PER INJECTION
J7345	DERMAL (SUBSTITUTE) TISSUE OF NON-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
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG
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
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
J7634	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

Level II HCPCS Codes – Additions	
Code	Description
J7647	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED 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
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
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
J7685	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
J8650	NABILONE, ORAL, 1 MG
J9261	INJECTION, NELARABINE, 50 MG
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT) <i>(Added effective 7/1/06)</i>
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH <i>(Added effective 7/1/06)</i>
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH <i>(Added effective 7/1/06)</i>
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH <i>(Added effective 7/1/06)</i>
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH <i>(Added effective 7/1/06)</i>
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 <i>(Added effective 10/1/06)</i>
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS <i>(Added effective 10/1/06)</i>
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS <i>(Added effective 10/1/06)</i>
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED <i>(Added effective 10/1/06)</i>
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>

Level II HCPCS Codes – Additions	
Code	Description
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS <i>(Added effective 10/1/06)</i>
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS <i>(Added effective 10/1/06)</i>
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE <i>(Added effective 10/1/06)</i>
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE <i>(Added effective 10/1/06)</i>
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS <i>(Added effective 10/1/06)</i>
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE <i>(Added effective 10/1/06)</i>
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>

Level II HCPCS Codes – Additions	
Code	Description
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS <i>(Added effective 10/1/06)</i>
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS <i>(Added effective 10/1/06)</i>
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE <i>(Added effective 10/1/06)</i>
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE <i>(Added effective 10/1/06)</i>
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS <i>(Added effective 10/1/06)</i>
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS <i>(Added effective 10/1/06)</i>
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE <i>(Added effective 10/1/06)</i>
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS <i>(Added effective 10/1/06)</i>
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>

Level II HCPCS Codes – Additions	
Code	Description
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS <i>(Added effective 10/1/06)</i>
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS <i>(Added effective 10/1/06)</i>
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS <i>(Added effective 10/1/06)</i>
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS <i>(Added effective 10/1/06)</i>
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS <i>(Added effective 10/1/06)</i>
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED <i>(Added effective 10/1/06)</i>
K0899	POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA <i>(Added effective 10/1/06)</i>
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; 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
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)
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT
L6639	UPPER EXTREMITY ADDITION, HEAVY DUTY FEATURE, ANY ELBOW
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

Level II HCPCS Codes – Additions	
Code	Description
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
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
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)
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)

CPT Codes—Additions

15002	35305	77001	92025	1022F	3066F
15003	35306	77002	92640	1026F	3072F
15004	35537	77003	94002	1030F	3073F
15005	35538	77011	94003	1034F	3074F
15731	35539	77012	94004	1035F	3075F
15830	35540	77013	94005	1036F	3076F
15847	35637	77014	94610	1038F	3077F
17311	35638	77021	94644	1039F	3078F
17312	35883	77022	94645	1040F	3079F
17313	35884	77031	94774	1050F	3080F
17314	37210	77032	94775	1055F	3082F
17315	43647	77051	94776	2010F	3083F
19105	43648	77052	94777	2014F	3084F
19300	43881	77053	95012	2018F	3085F
19301	43882	77054	96020	2019F	3088F
19302	44157	77055	96040	2020F	3089F
19303	44158	77056	96904	2021F	3090F
19304	47719	77057	99363	2022F	3091F
19305	48105	77058	99364	2024F	3092F
19306	48548	77059	0012F	2026F	3093F
19307	49324	77071	00625	2027F	3095F
22526	49325	77072	00626	2028F	3096F
22527	49326	77073	0155T	2029F	4005F
22857	49402	77074	0156T	2030F	4007F
22862	49435	77075	0157T	2031F	4019F
22865	49436	77076	0158T	3006F	4025F
25109	54865	77077	0159T	3011F	4030F
25606	55875	77078	0160T	3014F	4033F
25607	55876	77079	0161T	3017F	4035F
25608	56442	77080	0162T	3020F	4037F
25609	57296	77081	0163T	3021F	4040F
27325	57558	77082	0164T	3022F	4045F
27326	58541	77083	0165T	3023F	4050F
28055	58542	77084	0166T	3025F	4051F
32998	58543	77371	0167T	3027F	4052F
33202	58544	77372	0168T	3028F	4053F
33203	58548	77373	0169T	3035F	4054F
33254	58957	77435	0170T	3037F	4055F
33255	58958	82107	0171T	3040F	4056F
33256	64910	83698	0172T	3042F	4058F
33265	64911	83913	0173T	3044F	4060F
33266	67346	86788	0174T	3045F	4062F
33675	70554	86789	0175T	3046F	4064F
33676	70555	87305	0176T	3047F	4065F
33677	72291	87498	0177T	3048F	4066F
33724	72292	87640	0505F	3049F	4067F
33726	76776	87641	0507F	3050F	5005F
35302	76813	87653	1015F	3060F	5010F
35303	76814	87808	1018F	3061F	5015F
35304	76998	91111	1019F	3062F	6005F

DELETIONS

Reminder: There is no longer a grace period for any deleted code. The new code must be used beginning January 1, 2007.

Deleted Codes	
Deleted Code	Cross-Reference Code
A0800	
A4348	
A4359	
A4462	
A4632	
A9549	
D1201	
D1205	D1202
D6971	
E0164	
E0166	
E0180	
E0701	
E0977	
E0997	
E0998	
E0999	
E2320	
G0107	82270
G0243	
G9076	
G9081	
G9082	
G9118	
G9119	
G9120	
G9121	
G9122	
G9127	
J2912	
J7188	
J7317	
J7320	
J7350	
K0090	
K0091	
K0092	
K0093	
K0094	
K0095	
K0096	
K0097	
K0099	
L0100	
L0110	
L3902	

Deleted Codes	
Deleted Code	Cross-Reference Code
L3914	L3908
L6700	
L6705	
L6710	
L6715	
L6720	
L6725	
L6730	
L6735	
L6740	
L6745	
L6750	
L6755	
L6765	
L6770	
L6775	
L6780	
L6790	
L6795	
L6800	
L6806	
L6807	
L6808	
L6809	
L6825	
L6830	
L6835	
L6840	
L6845	
L6850	
L6855	
L6860	
L6865	
L6867	
L6868	
L6870	
L6872	
L6873	
L6875	
L6880	
L7010	
L7015	
L7020	
L7025	
L7030	L7008
L7035	L7009

Deleted Codes	
Deleted Code	Cross-Reference Code
Q3019	
Q3020	
15000	
15001	
15831	15830
17304	17311-17315
17305	17311-17315
17306	17311-17315
17307	17311-17315
17310	17311-17315
19140	19300-19307
19160	19300-19307
19162	19300-19307
19180	19300-19307
19182	19300-19307
19200	19300-19307
19220	19300-19307
19240	19300-19307
21300	
25611	25606
25620	25607-25609
26504	26390
27315	27325
27320	27326
28030	28055
31700	
31708	
31710	
33200	
33201	
33245	
33246	
33253	33254-33256
35381	35302-35306
35507	35506
35541	35537-35538
35546	35539-35540
35641	35637-35638
44152	44799
44153	44799
47716	47719
48005	48105
48180	48548
49085	49402
54152	54150
54820	54865

Deleted Codes	
Deleted Code	Cross-Reference Code
55859	55875
56720	56442
57820	57558
67350	67346
75998	77001
76003	77002
76005	77003
76006	77071
76012	72291-72292
76013	72291-72292
76020	77072
76040	77073
76061	77074
76062	77075
76065	77076
76066	77077
76070	77078
76071	77079
76075	77080
76076	77081
76077	77082
76078	77083
76082	77051

Deleted Codes	
Deleted Code	Cross-Reference Code
76083	77052
76086	77053
76088	77054
76090	77055
76091	77056
76092	77057
76093	77058
76094	77059
76095	77031
76096	77032
76355	77011
76360	76365 or 77012
76362	77013
76370	77014
76393	77021
76394	77022
76400	77084
76778	76775-76776
76986	76998
78704	78707-78709
78715	78701-78709
78760	78761
91060	

Deleted Codes	
Deleted Code	Cross-Reference Code
92573	92700
94656	94002-94005
94657	94002-94005
95078	
0003T	
0008T	
0018T	
0021T	
0044T	96904
0045T	96904
0082T	77373-77435
0083T	77373-77435
0091T	
0094T	22865
0097T	22862
0120T	19105
01995	
1001F	1034F-1036F
2003F	
3000F	
3002F	

CHANGES

Level II Modifier Codes—Changes

Level II Modifier Codes – Changes	
Modifier	Description
FB	ITEM PROVIDED WITHOUT COST TO PROVIDER, SUPPLIER OR PRACTITIONER, OR CREDIT RECEIVED FOR REPLACED DEVICE (EXAMPLES, BUT NOT LIMITED TO COVERED UNDER WARRANTY, REPLACED DUE TO DEFECT, FREE SAMPLES)
GS	DOSAGE OF EPO OR DARBEPOETIN ALFA HAS BEEN REDUCED AND MAINTAINED IN RESPONSE TO HEMATOCRIT OR HEMOGLOBIN LEVEL

Level II HCPCS Codes—Changes

Level II HCPCS Codes – Changes	
Code	Description
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER OZ
A5105	URINARY SUSPENSORY; WITH OR WITHOUT LEG BAG, WITH OR WITHOUT TUBE, EACH
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT
D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH
D6970	POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER, INDIRECTLY FABRICATED
D6976	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN
E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS
E0165	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS
E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION

Level II HCPCS Codes – Changes	
Code	Description
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH
E2209	ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA)
G0332	SERVICES FOR INTRAVENOUS INFUSION OF IMMUNOGLOBULIN PRIOR TO ADMINISTRATION (THIS SERVICE IS TO BE BILLED IN CONJUNCTION WITH ADMINISTRATION OF IMMUNOGLOBULIN)
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)
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)
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)
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)
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)
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)
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)
G9108	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)
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)
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)
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)
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

Level II HCPCS Codes – Changes	
Code	Description
J7627	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
J7633	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 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
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
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY
L5995	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, OTHER THAN FOOT OR KNEE, (FOR PATIENT WEIGHT GREATER THAN 300 LBS)
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
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR
P9011	BLOOD, SPLIT UNIT
Q4080	ILOPROST, INHALATION SOLUTION, ADMINISTERED THROUGH DME, UP TO 20 MICROGRAMS

CPT Codes—Changes

17000	51720	76645	88107	96415
17004	52204	76700	89060	96423
17110	54150	76770	90655	99251
19120	54160	76856	90657	99252
19361	54161	76880	90658	99253
25600	58950	76940	90669	99254
26170	61107	78700	90700	99255
26180	61210	78707	90702	0062T
33681	64590	78708	90714	0090T
35301	64595	78709	90715	0093T
35501	70540	78710	90718	0096T
35506	71275	78730	90732	0141T
35509	76506	78761	90761	0142T
35601	76536	87088	90766	0143T
44211	76604	88106	94620	

SUMMARY OF INVALID 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's 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.)

A4262	36540	93740	99060	99371
A4263	38204	93770	99070	99372
A4270	78890	94005	99071	99373
A4300	78891	94150	99078	99374
A4550	90885	96040	99080	99377
G0269	90887	96902	99090	99379
Q3031	90889	97010	99091	99380
Q9958	91123	97602	99100	
Q9959	92352	98960	99116	
Q9960	92353	98961	99135	
Q9961	92354	98962	99140	
Q9962	92355	99000	99288	
Q9963	92358	99001	99339	
Q9964	92371	99002	99340	
R0076	92531	99024	99358	
15850	92532	99050	99359	
20930	92533	99051	99361	
20936	92534	99053	99362	
22841	92605	99056	99363	
36416	92606	99058	99364	

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

A0021 (A0030)	A4232	D0322	D5929 (21088)
A0080	A4266	D0330 (70320)	D5931 (21079)
A0090	A4267	D0340 (70350)	D5932 (21080)
A0100	A4268	D0350	D5933 (21080)
A0110	A4269	D4210 (41820)	D5934 (21081)
A0120	A4570	D4211	D5935 (21081)
A0130	A4580	D5913 (21087)	D5936 (21079)
A0140	A4590	D5914 (21086)	D5937
A0160	A9152	D5915 (L8611)	D5952 (21084)
A0170	A9153	D5916	D5953 (21082)
A0180	A9180	D5919 (21088)	D5954 (21082)
A0190	D0210 (70320)	D5922 (30220)	D5955 (21083)
A0200	D0220 (70300)	D5923 (92330)	D5958 (21083)
A0210	D0230 (70310)	D5924 (62143)	D5959 (21083)
A0225	D0290 (70150)	D5925 (21208)	D5960 (21084)
A0380 (A0425)	D0310 (70390)	D5926 (21087)	D5982 (21085)
A0390 (A0425)	D0320 (70332)	D5927 (21086)	D5988
A0998	D0321 (76499)	D5928 (67550)	D5999

D6010 (21248)	D7671	D7972	90386 (J2792)
D6040 (21245)	D7680	D7980 (42330, 42335, 42340)	90389 (J1670)
D6050 (21244)	D7710 (21346)	D7981 (42408)	90399
D6055	D7720 (21345)	D7982 (42500)	90723
D6080	D7730 (21461-21462)	D7983 (42600)	90748
D6090 (21299)	D7740 (21455)	D7990 (31605)	90918
D6095 (21299)	D7750 (21360, 21365)	D7991 (21070)	90919
D6100 (21299)	D7760 (21355)	D7995 (21299)	90920
D6199 (21299)	D7770 (21422)	D7996 (21299)	90921
D7285 (20220, 20225, 20240, 20245)	D7771	D7999 (21299)	90922
D7286 (40808)	D7780 (21433, 21435)	D9210	90923
D7287	D7810 (21490)	D9211 (01995)	90924
D7310 (41874)	D7820 (21480)	D9212 (64400)	90925
D7320 (41870)	D7830 (00190)	D9215 (90784)	92630
D7340 (40840, 40843, 40844)	D7840 (21050)	D9220	92633
D7350 (40845)	D7850 (21060)	D9221	95120
D7410	D7852 (21299)	D9241 (90784)	95125
D7411	D7854 (21299)	D9242 (90784)	95130
D7412	D7856 (21299)	D9310	95131
D7413	D7858 (21242-21243)	D9410	95132
D7414	D7860	D9420	95133
D7415	D7865 (21240)	D9430	95134
D7440	D7870 (21060)	D9440 (99050)	97005
D7441	D7872 (29800)	D9450	97006
D7450	D7873 (29804)	D9610 (90788)	97014
D7451	D7874 (29804)	D9999 (21499)	99375
D7460	D7875 (29804)	J1825	99378
D7461	D7876 (29804)	J7306	99500
D7465 (41850)	D7877 (29804)	J8565	99501
D7471 (21031-21032)	D7880 (21499)	P7001	99502
D7472	D7899 (21499)	Q3026	99503
D7473	D7910 (12011, 12013)	38207	99504
D7485	D7911 (12051, 12052)	38208	99505
D7490 (21095)	D7912 (13132)	38209	99506
D7510 (41800)	D7920	38210	99507
D7520 (40800)	D7941(21193, 21195, 21196)	38211	99509
D7530 (41805, 41828)	D7943 (21194)	38212	99510
D7540 (20520, 41800, 41806)	D7944 (21198, 21206)	38213	99511
D7550 (20999)	D7945 (21193-21196)	38214	99512
D7560 (31020)	D7946 (21147)	38215	99600
D7610	D7947 (21145-21146)	76140	99601
D7620	D7948 (21150)	80055	99602
D7630	D7949	90281	0141T
D7640	D7950 (21247)	90283 (J1561-J1562)	0142T
D7650	D7955 (21299)	90287 (J0585)	0143T
D7660	D7960 (40819, 41010, 41115)	90288 (J1561-J1562)	
D7670	D7970	90291 (J0850)	
	D7971 (41821)	90379 (J1565)	
		90384 (J2790)	

M = Measurement Codes, Used for Reporting Purposes Only

0001F	2029F	3092F	G8007	G8062	G8164	G8225	G8273	G8319	G9083	G9135
0005F	2030F	3093F	G8008	G8075	G8165	G8226	G8274	G8320	G9084	G9136
0012F	2031F	3095F	G8009	G8076	G8166	G8227	G8275	G8321	G9085	G9137
0500F	3006F	3096F	G8010	G8077	G8167	G8228	G8276	G8322	G9086	G9138
0501F	3011F	4000F	G8011	G8078	G8170	G8229	G8277	G8323	G9087	G9139
0502F	3014F	4001F	G8012	G8079	G8171	G8230	G8278	G8324	G9088	
0503F	3017F	4002F	G8013	G8080	G8172	G8231	G8279	G8325	G9089	
0505F	3020F	4003F	G8014	G8081	G8182	G8232	G8280	G8326	G9090	
0507F	3021F	4005F	G8015	G8082	G8183	G8234	G8281	G8327	G9091	
1000F	3022F	4006F	G8016	G8085	G8184	G8235	G8282	G8328	G9092	
1002F	3023F	4007F	G8017	G8093	G8185	G8236	G8283	G8329	G9093	
1003F	3025F	4009F	G8018	G8094	G8186	G8237	G8284	G8330	G9094	
1004F	3027F	4011F	G8019	G8099	G8191	G8238	G8285	G8331	G9095	
1005F	3028F	4012F	G8020	G8100	G8192	G8239	G8286	G8332	G9096	
1006F	3035F	4014F	G8021	G8103	G8193	G8240	G8287	G8333	G9097	
1007F	3037F	4015F	G8022	G8104	G8194	G8241	G8288	G8334	G9098	
1008F	3040F	4016F	G8023	G8106	G8195	G8242	G8289	G8335	G9099	
1015F	3042F	4017F	G8024	G8107	G8196	G8243	G8290	G8336	G9100	
1018F	3044F	4018F	G8025	G8108	G8197	G8245	G8291	G8337	G9101	
1019F	3045F	4019F	G8026	G8109	G8198	G8246	G8292	G8338	G9102	
1022F	3046F	4025F	G8027	G8110	G8199	G8247	G8293	G8339	G9103	
1026F	3047F	4030F	G8028	G8111	G8200	G8248	G8294	G8340	G9104	
1030F	3048F	4033F	G8029	G8112	G8201	G8249	G8295	G8341	G9105	
1034F	3049F	4035F	G8030	G8113	G8202	G8250	G8296	G8342	G9106	
1035F	3050F	4037F	G8031	G8114	G8203	G8251	G8297	G8343	G9107	
1036F	3060F	4040F	G8032	G8115	G8204	G8252	G8298	G8344	G9108	
1038F	3061F	4045F	G8033	G8116	G8205	G8253	G8299	G8345	G9109	
1039F	3062F	4050F	G8034	G8117	G8206	G8254	G8300	G8346	G9110	
1040F	3066F	4051F	G8035	G8126	G8207	G8255	G8301	G8347	G9111	
1050F	3072F	4052F	G8036	G8127	G8208	G8256	G8302	G9063	G9112	
1055F	3073F	4053F	G8037	G8128	G8209	G8257	G8303	G9064	G9113	
2000F	3074F	4054F	G8038	G8129	G8210	G8258	G8304	G9065	G9114	
2001F	3075F	4055F	G8039	G8130	G8211	G8259	G8305	G9066	G9115	
2002F	3076F	4056F	G8040	G8131	G8212	G8260	G8306	G9067	G9116	
2004F	3077F	4058F	G8041	G8152	G8213	G8261	G8307	G9068	G9117	
2010F	3078F	4060F	G8051	G8153	G8214	G8262	G8308	G9069	G9123	
2014F	3079F	4062F	G8052	G8154	G8215	G8263	G8309	G9070	G9124	
2018F	3080F	4064F	G8053	G8155	G8216	G8264	G8310	G9071	G9125	
2019F	3082F	4065F	G8054	G8156	G8217	G8265	G8311	G9072	G9126	
2020F	3083F	4066F	G8055	G8157	G8218	G8266	G8312	G9073	G9128	
2021F	3084F	4067F	G8056	G8158	G8219	G8267	G8313	G9074	G9129	
2022F	3085F	5005F	G8057	G8159	G8220	G8268	G8314	G9075	G9130	
2024F	3088F	5010F	G8058	G8160	G8221	G8269	G8315	G9077	G9131	
2026F	3089F	5015F	G8059	G8161	G8222	G8270	G8316	G9078	G9132	
2027F	3090F	6005F	G8060	G8162	G8223	G8271	G8317	G9079	G9133	
2028F	3091F	G8006	G8061	G8163	G8224	G8272	G8318	G9080	G9134	

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

A0888	D1310	D2791	D3950	D5741
A4210	D1320	D2792	D4230	D5750
A4250	D1330	D2794	D4231	D5751
A4261	D1351	D2799	D4240	D5760
A4490	D1555	D2910	D4241	D5761
A4495	D2140	D2915	D4245	D5810
A4500	D2150	D2920	D4249	D5811
A4510	D2160	D2930	D4261	D5820
A4520	D2161	D2931	D4265	D5821
A4554	D2330	D2932	D4266	D5850
A4575	D2331	D2933	D4267	D5851
A4627	D2332	D2934	D4274	D5860
A4670	D2335	D2940	D4275	D5861
A6000	D2390	D2950	D4276	D5862
A6530	D2391	D2951	D4320	D5867
A6533	D2392	D2952	D4321	D5875
A6534	D2393	D2953	D4341	D5899
A6535	D2394	D2954	D4342	D5986
A6536	D2410	D2955	D4910	D6012
A6537	D2420	D2957	D4920	D6053
A6538	D2430	D2960	D4999	D6054
A6539	D2510	D2961	D5110	D6056
A6540	D2520	D2962	D5120	D6057
A6541	D2530	D2971	D5130	D6058
A6542	D2542	D2975	D5140	D6059
A6543	D2543	D2980	D5211	D6060
A6544	D2544	D3110	D5212	D6061
A6549	D2610	D3120	D5213	D6062
A9270	D2620	D3220	D5214	D6063
A9275	D2630	D3221	D5225	D6064
A9280	D2642	D3230	D5226	D6065
A9281	D2643	D3240	D5281	D6066
A9282	D2644	D3310	D5410	D6067
A9300	D2650	D3320	D5411	D6068
D0120	D2651	D3330	D5421	D6069
D0140	D2652	D3331	D5422	D6070
D0145	D2662	D3332	D5510	D6071
D0160	D2663	D3333	D5520	D6072
D0170	D2664	D3346	D5610	D6073
D0180	D2710	D3347	D5620	D6074
D0273	D2712	D3348	D5630	D6075
D0360	D2720	D3351	D5640	D6076
D0362	D2721	D3352	D5650	D6077
D0363	D2722	D3353	D5660	D6078
D0415	D2740	D3410	D5670	D6079
D0425	D2750	D3421	D5671	D6091
D0470	D2751	D3425	D5710	D6092
D0486	D2752	D3426	D5711	D6093
D1110	D2780	D3430	D5720	D6094
D1120	D2781	D3450	D5721	D6190
D1203	D2782	D3470	D5730	D6194
D1204	D2783	D3910	D5731	D6205
D1206	D2790	D3920	D5740	D6210

D6211	D6976	G0255	V5060	V5298
D6212	D6977	G0282	V5070	V5336
D6214	D6980	G0295	V5080	V5362
D6240	D6985	G9013	V5090	V5363
D6241	D6999	G9014	V5095	V5364
D6242	D7270	G9016	V5100	11975
D6245	D7272	J1055	V5110	11977
D6250	D7280	J3520	V5120	37216
D6251	D7282	J3535	V5130	43842
D6252	D7290	J3570	V5140	48160
D6253	D7292	J7300	V5150	55970
D6545	D7293	J7302	V5160	55980
D6548	D7294	J7303	V5170	58300
D6600	D7311	J7304	V5180	61630
D6601	D7871	J8499	V5190	61635
D6602	D7951	J8515	V5200	61640
D6603	D7953	M0075	V5210	61641
D6604	D7963	M0076	V5220	61642
D6605	D7997	M0100	V5230	65760
D6606	D7998	M0300	V5240	65765
D6607	D8010	M0301	V5241	65767
D6608	D8020	P2031	V5242	65771
D6609	D8030	Q0144	V5243	69090
D6610	D8040	T4521	V5244	69710
D6611	D8050	T4522	V5245	72159
D6612	D8060	T4523	V5246	73225
D6613	D8070	T4524	V5247	75556
D6614	D8080	T4525	V5248	76390
D6615	D8090	T4526	V5249	78350
D6624	D8210	T4527	V5250	78351
D6634	D8220	T4528	V5251	80050
D6710	D8660	T4529	V5252	86910
D6720	D8670	T4530	V5253	86911
D6721	D8680	T4531	V5254	88000
D6722	D8690	T4532	V5255	88005
D6740	D8691	T4533	V5256	88007
D6750	D8692	T4534	V5257	88012
D6751	D8693	T4535	V5258	88014
D6752	D8999	T4536	V5259	88016
D6780	D9120	T4537	V5260	88020
D6781	D9612	T4538	V5261	88025
D6782	D9910	T4539	V5262	88027
D6783	D9911	T4540	V5263	88028
D6790	D9920	T4543	V5264	88029
D6791	D9941	V2025	V5265	88036
D6792	D9942	V2702	V5266	88037
D6793	D9970	V2788	V5267	88040
D6794	D9971	V5008	V5268	88045
D6930	D9972	V5010	V5269	88099
D6940	D9973	V5011	V5270	90669
D6950	D9974	V5014	V5271	90875
D6970	G0122	V5020	V5272	90876
D6972	G0219	V5030	V5273	90882
D6973	G0235	V5040	V5274	92015
D6975	G0252	V5050	V5275	92310

92314	92593	98943	99386	99403
92340	92594	99026	99387	99404
92341	92595	99027	99391	99411
92342	93668	99075	99392	99412
92370	93760	99172	99393	99420
92551	93762	99173	99394	99429
92559	96155	99381	99395	99450
92560	97810	99382	99396	0066T
92590	97811	99383	99397	0074T
92591	97813	99384	99401	
92592	97814	99385	99402	

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

IMPORTANT HCPCS CHANGES EFFECTIVE JANUARY 1, 2007

In addition to coding changes, year 2007 will bring numerous other changes in coverage and payment.

Watch our Website for details:

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For additional information on the content of this newsletter, please contact a customer service representative at the telephone numbers/addresses listed below.

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