

Special Edition

2008 HCPCS UPDATE

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

- Announces year 2008 changes in the Healthcare Common Procedure Coding System (HCPCS), and
- Offers resources for obtaining complete files of codes.

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2008 HCPCS UPDATE

The 2008 Healthcare Common Procedure Coding System (HCPCS) changes are effective for dates of service beginning January 1, 2008, unless otherwise indicated.

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 2008 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
EA	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA DUE TO ANTI-CANCER CHEMOTHERAPY
EB	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA DUE TO ANTI-CANCER RADIOTHERAPY
EC	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA NOT DUE TO ANTI-CANCER RADIOTHERAPY OR ANTI-CANCER CHEMOTHERAPY
ED	HEMATOCRIT LEVEL HAS EXCEEDED 39% (OR HEMOGLOBIN LEVEL HAS EXCEEDED 13.0 G/DL) FOR 3 OR MORE CONSECUTIVE BILLING CYCLES IMMEDIATELY PRIOR TO AND INCLUDING THE CURRENT CYCLE
EE	HEMATOCRIT LEVEL HAS NOT EXCEEDED 39% (OR HEMOGLOBIN LEVEL HAS NOT EXCEEDED 13.0 G/DL) FOR 3 OR MORE CONSECUTIVE BILLING CYCLES IMMEDIATELY PRIOR TO AND INCLUDING THE CURRENT CYCLE
FC	PARTIAL CREDIT RECEIVED FOR REPLACED DEVICE
GD	UNITS OF SERVICE EXCEEDS MEDICALLY UNLIKELY EDIT VALUE AND REPRESENTS REASONABLE AND NECESSARY SERVICES
KG	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 1 <i>(added 07/01/07)</i>
KK	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 2 <i>(added 07/01/07)</i>
KL	DMEPOS ITEM DELIVERED VIA MAIL <i>(added 07/01/07)</i>
KT	BENEFICIARY RESIDES IN A COMPETITIVE BIDDING AREA AND TRAVELS TO A NON-COMPETITIVE BIDDING AREA AND RECEIVES ITEM FROM A NON-CONTRACT SUPPLIER <i>(added 07/01/07)</i>
KU	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 3 <i>(added 07/01/07)</i>
KV	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM THAT IS FURNISHED AS PART OF A PROFESSIONAL SERVICE
KW	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 4
KY	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 5
Q0	INVESTIGATIONAL CLINICAL SERVICE PROVIDED IN A CLINICAL RESEARCH STUDY THAT IS IN AN APPROVED CLINICAL RESEARCH STUDY
Q1	ROUTINE CLINICAL SERVICE PROVIDED IN A CLINICAL RESEARCH STUDY THAT IS IN AN APPROVED CLINICAL RESEARCH STUDY
8P	PERFORMANCE MEASURE REPORTING MODIFIER - ACTION NOT PERFORMED, REASON NOT OTHERWISE SPECIFIED <i>(added 07/01/07)</i>

Level II HCPCS Codes—Additions

Level II HCPCS Codes – Additions	
Code	Description
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA
A6413	ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH

Level II HCPCS Codes – Additions	
Code	Description
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR
A9155	ARTIFICIAL SALIVA, 30 ML
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES
A9276	SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM
A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH
A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE
A9509	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE
A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE
A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS
E0856	CERVICAL TRACTION DEVICE, CERVICAL COLLAR WITH INFLATABLE AIR BLADDER
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH

Level II HCPCS Codes – Additions	
Code	Description
G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND BRIEF INTERVENTION 15 TO 30 MINUTES
G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND INTERVENTION, GREATER THAN 30 MINUTES
G8351	PATIENT NOT DOCUMENTED TO HAVE HAD ECG
G8354	PATIENT NOT DOCUMENTED TO HAVE RECEIVED OR TAKEN ASPIRIN 24 HOURS BEFORE EMERGENCY DEPARTMENT ARRIVAL OR DURING EMERGENCY DEPARTMENT STAY
G8357	PATIENT NOT DOCUMENTED TO HAVE HAD ECG
G8360	PATIENT NOT DOCUMENTED TO HAVE VITAL SIGNS RECORDED AND REVIEWED
G8362	PATIENT NOT DOCUMENTED TO HAVE OXYGEN SATURATION ASSESSED
G8365	PATIENT NOT DOCUMENTED TO HAVE MENTAL STATUS ASSESSED
G8367	PATIENT NOT DOCUMENTED TO HAVE APPROPRIATE EMPIRIC ANTIBIOTIC PRESCRIBED
G8370	ASTHMA PATIENTS WITH NUMERIC FREQUENCY OF SYMPTOMS OR PATIENT COMPLETION OF AN ASTHMA ASSESSMENT TOOL/SURVEY/QUESTIONNAIRE NOT DOCUMENTED <i>(added 07/01/07)</i>
G8371	CHEMOTHERAPY DOCUMENTED AS NOT RECEIVED OR PRESCRIBED FOR STAGE III COLON CANCER PATIENTS <i>(added 07/01/07)</i>
G8372	CHEMOTHERAPY DOCUMENTED AS RECEIVED OR PRESCRIBED FOR STAGE III COLON CANCER PATIENTS <i>(added 07/01/07)</i>
G8373	CHEMOTHERAPY PLAN DOCUMENTED PRIOR TO CHEMOTHERAPY ADMINISTRATION <i>(added 07/01/07)</i>
G8374	CHEMOTHERAPY PLAN NOT DOCUMENTED PRIOR TO CHEMOTHERAPY ADMINISTRATION <i>(added 07/01/07)</i>
G8375	CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) PATIENT WITH NO DOCUMENTATION OF BASELINE FLOW CYTOMETRY PERFORMED <i>(added 07/01/07)</i>
G8376	CLINICIAN DOCUMENTATION THAT BREAST CANCER PATIENT WAS NOT ELIGIBLE FOR TAMOXIFEN OR AROMATASE INHIBITOR THERAPY MEASURE <i>(added 07/01/07)</i>
G8377	CLINICIAN DOCUMENTATION THAT COLON CANCER PATIENT IS NOT ELIGIBLE FOR CHEMOTHERAPY MEASURE <i>(added 07/01/07)</i>
G8378	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR RADIATION THERAPY MEASURE <i>(added 07/01/07)</i>
G8379	DOCUMENTATION OF RADIATION THERAPY RECOMMENDED WITHIN 12 MONTHS OF FIRST OFFICE VISIT <i>(added 07/01/07)</i>
G8380	FOR PATIENTS WITH ER OR PR POSITIVE, STAGE IC-III BREAST CANCER, CLINICIAN DID NOT DOCUMENT THAT THE PATIENT RECEIVED OR WAS PRESCRIBED TAMOXIFEN OR AROMATASE INHIBITOR <i>(added 07/01/07)</i>
G8381	FOR PATIENTS WITH ER OR PR POSITIVE, STAGE IC-III BREAST CANCER, CLINICIAN DOCUMENTED OR PRESCRIBED THAT THE PATIENT IS RECEIVING TAMOXIFEN OR AROMATASE INHIBITOR <i>(added 07/01/07)</i>
G8382	MULTIPLE MYELOMA PATIENTS WITH NO DOCUMENTATION OF PRESCRIBED OR RECEIVED INTRAVENOUS BISPHOSPHONATE THERAPY <i>(added 07/01/07)</i>
G8383	NO DOCUMENTATION OF RADIATION THERAPY RECOMMENDED WITHIN 12 MONTHS OF FIRST OFFICE VISIT <i>(added 07/01/07)</i>
G8384	BASELINE CYTOGENETIC TESTING NOT PERFORMED IN PATIENTS WITH MYELODYSPLASTIC SYNDROME (MDS) OR ACUTE LEUKEMIAS <i>(added 07/01/07)</i>
G8385	DIABETIC PATIENTS WITH NO DOCUMENTATION OF HEMOGLOBIN A1C LEVEL (WITHIN THE LAST 12 MONTHS) <i>(added 07/01/07)</i>

Level II HCPCS Codes – Additions	
Code	Description
G8386	DIABETIC PATIENTS WITH NO DOCUMENTATION OF LOW-DENSITY LIPOPROTEIN (WITHIN THE LAST 12 MONTHS) <i>(added 07/01/07)</i>
G8387	END-STAGE RENAL DISEASE PATIENT WITH A HEMATOCRIT OR HEMOGLOBIN NOT DOCUMENTED <i>(added 07/01/07)</i>
G8388	END-STAGE RENAL DISEASE PATIENT WITH URR OR KT/V VALUE NOT DOCUMENTED, BUT OTHERWISE ELIGIBLE FOR MEASURE <i>(added 07/01/07)</i>
G8389	MYELODYSPLASTIC SYNDROME (MDS) PATIENTS WITH NO DOCUMENTATION OF IRON STORES PRIOR TO RECEIVING ERYTHROPOIETIN THERAPY <i>(added 07/01/07)</i>
G8390	DIABETIC PATIENTS WITH NO DOCUMENTATION OF BLOOD PRESSURE MEASUREMENT (WITHIN THE LAST 12 MONTHS) <i>(added 07/01/07)</i>
G8391	PATIENTS WITH PERSISTENT ASTHMA, NO DOCUMENTATION OF PREFERRED LONG TERM CONTROL MEDICATION OR ACCEPTABLE ALTERNATIVE TREATMENT PRESCRIBED <i>(added 07/01/07)</i>
G8395	LEFT VENTRICULAR EJECTION FRACTION (LVEF) $\geq 40\%$ OR DOCUMENTATION AS NORMAL OR MILDLY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION
G8396	LEFT VENTRICULAR EJECTION FRACTION (LVEF) NOT PERFORMED OR DOCUMENTED
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR EDEMA AND LEVEL OF SEVERITY OF RETINOPATHY
G8398	DILATED MACULAR OR FUNDUS EXAM NOT PERFORMED
G8399	PATIENT WITH CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS DOCUMENTED OR ORDERED OR PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBED)
G8400	PATIENT WITH CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS NOT DOCUMENTED OR NOT ORDERED OR PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS NOT PRESCRIBED
G8401	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR SCREENING OR THERAPY FOR OSTEOPOROSIS FOR WOMEN MEASURE
G8402	TOBACCO (SMOKE) USE CESSATION INTERVENTION, COUNSELING
G8403	TOBACCO (SMOKE) USE CESSATION INTERVENTION NOT COUNSELED
G8404	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED AND DOCUMENTED
G8405	LOWER EXTREMITY NEUROLOGICAL EXAM NOT PERFORMED
G8406	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR LOWER EXTREMITY NEUROLOGICAL EXAM MEASURE
G8407	ABI MEASURED AND DOCUMENTED
G8408	ABI MEASUREMENT WAS NOT OBTAINED
G8409	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ABI MEASUREMENT MEASURE
G8410	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED
G8415	FOOTWEAR EVALUATION WAS NOT PERFORMED
G8416	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FOOTWEAR EVALUATION MEASURE
G8417	BMI ≥ 30 WAS CALCULATED AND A FOLLOW-UP PLAN WAS DOCUMENTED IN THE MEDICAL RECORD
G8418	BMI < 22 WAS CALCULATED AND A FOLLOW-UP PLAN WAS DOCUMENTED IN THE MEDICAL RECORD
G8419	BMI ≥ 30 OR < 22 WAS CALCULATED, BUT NO FOLLOW-UP PLAN WAS DOCUMENTED IN THE MEDICAL RECORD
G8420	BMI < 30 AND ≥ 22 WAS CALCULATED AND DOCUMENTED

Level II HCPCS Codes – Additions	
Code	Description
G8421	BMI NOT CALCULATED
G8422	PATIENT NOT ELIGIBLE FOR BMI CALCULATION
G8423	DOCUMENTED THAT PATIENT WAS SCREENED AND EITHER INFLUENZA VACCINATION STATUS IS CURRENT OR PATIENT WAS COUNSELED
G8424	INFLUENZA VACCINE STATUS WAS NOT SCREENED
G8425	INFLUENZA VACCINE STATUS SCREENED, PATIENT NOT CURRENT AND COUNSELING WAS NOT PROVIDED
G8426	DOCUMENTED THAT PATIENT WAS NOT APPROPRIATE FOR SCREENING AND/OR COUNSELING ABOUT THE INFLUENZA VACCINE (E.G., ALLERGY TO EGGS)
G8427	WRITTEN PROVIDER DOCUMENTATION WAS OBTAINED CONFIRMING THAT CURRENT MEDICATIONS WITH DOSAGES (INCLUDES PRESCRIPTION, OVER-THE-COUNTER, HERBALS, VITAMIN/MINERAL/DIETARY (NUTRITIONAL) SUPPLEMENTS) WERE VERIFIED WITH THE PATIENT OR AUTHORIZED REPRESENTATIVE OR PATIENT ASSESSED AND IS NOT CURRENTLY ON ANY MEDICATIONS
G8428	CURRENT MEDICATIONS WITH DOSAGES (INCLUDES PRESCRIPTION, OVER-THE-COUNTER, HERBALS, VITAMIN/MINERAL/DIETARY (NUTRITIONAL) SUPPLEMENTS) WERE DOCUMENTED WITHOUT DOCUMENTED PATIENT VERIFICATION
G8429	INCOMPLETE OR NO DOCUMENTATION THAT PATIENT'S CURRENT MEDICATIONS WITH DOSAGES (INCLUDES PRESCRIPTION, OVER-THE-COUNTER, HERBALS, VITAMIN/MINERAL/DIETARY (NUTRITIONAL) SUPPLEMENTS) WERE ASSESSED
G8430	DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR MEDICATION ASSESSMENT
G8431	DOCUMENTATION OF CLINICAL DEPRESSION SCREENING USING A STANDARDIZED TOOL
G8432	NO DOCUMENTATION OF CLINICAL DEPRESSION SCREENING USING A STANDARDIZED TOOL
G8433	PATIENT NOT ELIGIBLE/NOT APPROPRIATE FOR CLINICAL DEPRESSION SCREENING
G8434	DOCUMENTATION OF COGNITIVE IMPAIRMENT SCREENING USING A STANDARDIZED TOOL
G8435	NO DOCUMENTATION OF COGNITIVE IMPAIRMENT SCREENING USING A STANDARDIZED TOOL
G8436	PATIENT NOT ELIGIBLE/NOT APPROPRIATE FOR COGNITIVE IMPAIRMENT SCREENING
G8437	DOCUMENTATION OF CLINICIAN AND PATIENT INVOLVEMENT WITH THE DEVELOPMENT OF A TREATMENT PLAN/PLAN OF CARE INCLUDING SIGNATURE BY THE PRACTITIONER AND EITHER A CO-SIGNATURE BY THE PATIENT OR DOCUMENTED VERBAL AGREEMENT OBTAINED FROM THE PATIENT OR, WHEN NECESSARY, AN AUTHORIZED REPRESENTATIVE
G8438	NO DOCUMENTATION OF CLINICIAN AND PATIENT INVOLVEMENT WITH THE DEVELOPMENT OF A TREATMENT PLAN/PLAN OF CARE INCLUDING SIGNATURE BY THE PRACTITIONER AND EITHER A CO-SIGNATURE BY THE PATIENT OR DOCUMENTED VERBAL AGREEMENT OBTAINED FROM THE PATIENT OR, WHEN NECESSARY, AN AUTHORIZED REPRESENTATIVE
G8439	DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR CO-DEVELOPING A TREATMENT PLAN/PLAN OF CARE INCLUDING SIGNATURE BY THE PRACTITIONER AND EITHER A CO-SIGNATURE BY THE PATIENT OR DOCUMENTED VERBAL AGREEMENT OBTAINED FROM THE PATIENT OR, WHEN NECESSARY, AN AUTHORIZED REPRESENTATIVE
G8440	DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTION) PRIOR TO INITIATION OF TREATMENT OR DOCUMENTATION OF THE ABSENCE OF PAIN AS A RESULT OF ASSESSMENT

Level II HCPCS Codes – Additions	
Code	Description
G8441	NO DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTION) PRIOR TO INITIATION OF TREATMENT
G8442	DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR PAIN ASSESSMENT
G8443	ALL PRESCRIPTIONS CREATED DURING THE ENCOUNTER WERE GENERATED USING A QUALIFIED E-PRESCRIBING SYSTEM
G8445	NO PRESCRIPTIONS WERE GENERATED DURING THE ENCOUNTER, PROVIDER DOES HAVE ACCESS TO A QUALIFIED E-PRESCRIBING SYSTEM
G8446	SOME OR ALL PRESCRIPTIONS GENERATED DURING THE ENCOUNTER WERE HANDWRITTEN OR PHONED IN DUE TO ONE OF THE FOLLOWING: REQUIRED BY STATE LAW, PATIENT REQUEST, OR QUALIFIED E-PRESCRIBING SYSTEM BEING TEMPORARILY INOPERABLE
G8447	PATIENT ENCOUNTER WAS DOCUMENTED USING A CCHIT CERTIFIED EMR
G8448	PATIENT ENCOUNTER WAS DOCUMENTED USING A NON-CCHIT CERTIFIED EMR; TO QUALIFY, THE SYSTEM MUST BE CAPABLE OF ALL OF THE FOLLOWING: GENERATING A MEDICATION LIST, GENERATING A PROBLEM LIST, ENTERING LABORATORY TESTS AS DISCRETE SEARCHABLE DATA ELEMENTS
G8449	PATIENT ENCOUNTER WAS NOT DOCUMENTED USING AN EMR DUE TO SYSTEM REASONS SUCH AS, THE SYSTEM BEING INOPERABLE AT THE TIME OF THE VISIT; USE OF THIS CODE IMPLIES THAT AN EMR IS IN PLACE AND GENERALLY AVAILABLE
G8450	BETA-BLOCKER THERAPY PRESCRIBED FOR PATIENTS WITH LEFT VENTRICULAR EJECTION FRACTION (LVEF) <40% OR DOCUMENTATION AS MODERATELY OR SEVERELY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION
G8451	CLINICIAN DOCUMENTED PATIENT WITH LEFT VENTRICULAR EJECTION FRACTION (LVEF) <40% OR DOCUMENTATION AS MODERATELY OR SEVERELY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION WAS NOT ELIGIBLE CANDIDATE FOR BETA-BLOCKER THERAPY
G8452	BETA-BLOCKER THERAPY NOT PRESCRIBED FOR PATIENTS WITH LEFT VENTRICULAR EJECTION FRACTION (LVEF) <40% OR DOCUMENTATION AS MODERATELY OR SEVERELY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION
G8453	TOBACCO USE CESSATION INTERVENTION, COUNSELING
G8454	TOBACCO USE CESSATION INTERVENTION NOT COUNSELED, REASON NOT SPECIFIED
G8455	CURRENT TOBACCO SMOKER
G8456	CURRENT SMOKELESS TOBACCO USER
G8457	TOBACCO NON-USER
G8458	CLINICIAN DOCUMENTED THAT PATIENT IS NOT AN ELIGIBLE CANDIDATE FOR GENOTYPE TESTING; PATIENT NOT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C
G8459	CLINICIAN DOCUMENTED THAT PATIENT IS RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C
G8460	CLINICIAN DOCUMENTED THAT PATIENT IS NOT AN ELIGIBLE CANDIDATE FOR QUANTITATIVE RNA TESTING AT WEEK 12; PATIENT NOT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C
G8461	PATIENT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C
G8462	CLINICIAN DOCUMENTED THAT PATIENT IS NOT AN ELIGIBLE CANDIDATE FOR COUNSELING REGARDING CONTRACEPTION PRIOR TO ANTIVIRAL TREATMENT; PATIENT NOT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C
G8463	PATIENT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C DOCUMENTED
G8464	CLINICIAN DOCUMENTED THAT PROSTATE CANCER PATIENT IS NOT AN ELIGIBLE CANDIDATE FOR ADJUVANT HORMONAL THERAPY; LOW OR INTERMEDIATE RISK OF RECURRENCE OR RISK OF RECURRENCE NOT DETERMINED

Level II HCPCS Codes – Additions	
Code	Description
G8465	HIGH RISK OF RECURRENCE OF PROSTATE CANCER
G8466	CLINICIAN DOCUMENTED THAT PATIENT IS NOT AN ELIGIBLE CANDIDATE FOR SUICIDE RISK ASSESSMENT; MAJOR DEPRESSIVE DISORDER, IN REMISSION
G8467	DOCUMENTATION OF NEW DIAGNOSIS OF INITIAL OR RECURRENT EPISODE OF MAJOR DEPRESSIVE DISORDER
G8468	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY PRESCRIBED FOR PATIENTS WITH A LEFT VENTRICULAR EJECTION FRACTION (LVEF) <40% OR DOCUMENTATION OF MODERATELY OR SEVERELY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION
G8469	CLINICIAN DOCUMENTED THAT PATIENT WITH A LEFT VENTRICULAR EJECTION FRACTION (LVEF) <40% OR DOCUMENTATION OF MODERATELY OR SEVERELY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION WAS NOT AN ELIGIBLE CANDIDATE FOR ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY
G8470	PATIENT WITH LEFT VENTRICULAR EJECTION FRACTION (LVEF) >=40% OR DOCUMENTATION AS NORMAL OR MILDLY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION
G8471	LEFT VENTRICULAR EJECTION FRACTION (LVEF) WAS NOT PERFORMED OR DOCUMENTED
G8472	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY NOT PRESCRIBED FOR PATIENTS WITH A LEFT VENTRICULAR EJECTION FRACTION (LVEF) <40% OR DOCUMENTATION OF MODERATELY OR SEVERELY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION, REASON NOT SPECIFIED
G8473	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY PRESCRIBED
G8474	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY NOT PRESCRIBED FOR REASONS DOCUMENTED BY THE CLINICIAN
G8475	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY NOT PRESCRIBED, REASON NOT SPECIFIED
G8476	MOST RECENT BLOOD PRESSURE HAS A SYSTOLIC MEASUREMENT OF <130 MM/HG AND A DIASTOLIC MEASUREMENT OF <80 MM/HG
G8477	MOST RECENT BLOOD PRESSURE HAS A SYSTOLIC MEASUREMENT OF >=130 MM/HG AND/OR A DIASTOLIC MEASUREMENT OF >=80 MM/HG
G8478	BLOOD PRESSURE MEASUREMENT NOT PERFORMED OR DOCUMENTED, REASON NOT SPECIFIED
G8479	CLINICIAN PRESCRIBED ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY
G8480	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY
G8481	CLINICIAN DID NOT PRESCRIBE ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY, REASON NOT SPECIFIED
G8482	INFLUENZA IMMUNIZATION WAS ORDERED OR ADMINISTERED
G8483	INFLUENZA IMMUNIZATION WAS NOT ORDERED OR ADMINISTERED FOR REASONS DOCUMENTED BY CLINICIAN
G8484	INFLUENZA IMMUNIZATION WAS NOT ORDERED OR ADMINISTERED, REASON NOT SPECIFIED

Level II HCPCS Codes – Additions	
Code	Description
G9140	FRONTIER EXTENDED STAY CLINIC DEMONSTRATION; FOR A PATIENT STAY IN A CLINIC APPROVED FOR THE CMS DEMONSTRATION PROJECT; THE FOLLOWING MEASURES SHOULD BE PRESENT: THE STAY MUST BE EQUAL TO OR GREATER THAN 4 HOURS; WEATHER OR OTHER CONDITIONS MUST PREVENT TRANSFER OR THE CASE FALLS INTO A CATEGORY OF MONITORING AND OBSERVATION CASES THAT ARE PERMITTED BY THE RULES OF THE DEMONSTRATION; THERE IS A MAXIMUM FRONTIER EXTENDED STAY CLINIC (FESC) VISIT OF 48 HOURS, EXCEPT IN THE CASE WHEN WEATHER OR OTHER CONDITIONS PREVENT TRANSFER; PAYMENT IS MADE ON EACH PERIOD UP TO 4 HOURS, AFTER THE FIRST 4 HOURS (added 10/01/07)
J0220	INJECTION, AGLUCOSIDASE ALFA, 10 MG
J0400	INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG
J1300	INJECTION, ECULIZUMAB, 10 MG
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500 MG
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML
J1743	INJECTION, IDURSULFASE, 1 MG
J2323	INJECTION, NATALIZUMAB, 1 MG
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU
J2778	INJECTION, RANIBIZUMAB, 0.1 MG
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU
J3488	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7322	HYALURONAN OR DERIVATIVE, SYNVISCO, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7347	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER
J7348	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (TISSUEMEND), PER SQUARE CENTIMETER
J7349	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER

Level II HCPCS Codes – Additions	
Code	Description
J7602	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)
J7603	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)
J7604	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS
J7632	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
J7676	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG
J9303	INJECTION, PANITUMUMAB, 10 MG
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G. STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L7611	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC
L7612	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC
L7613	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC
L7614	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC
L7621	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED
L7622	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML
V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS

CPT Codes—Additions

01935	49465	96125
01936	50385	98966
20555	50386	98967
20985	50593	98968
20986	51100	98969
20987	51101	99174
21073	51102	99366
22206	52649	99367
22207	55920	99368
22208	57285	99406
24357	57423	99407
24358	58570	99408
24359	58571	99409
27267	58572	99441
27268	58573	99442
27269	60300	99443
27416	67041	99444
27726	67042	99477
27767	67043	99605
27768	67113	99606
27769	67229	99607
28446	68816	0014F
29828	75557	0015F
29904	75558	0509F
29905	75559	0513F
29906	75560	0514F
29907	75561	0516F
32421	75562	0517F
32422	75563	0518F
32550	75564	0519F
32551	80047	0520F
32560	82610	0521F
33257	83993	1060F (added 07/01/07)
33258	84704	1061F (added 07/01/07)
33259	86356	1065F (added 07/01/07)
33864	86486	1066F (added 07/01/07)
34806	87500	1070F (added 07/01/07)
35523	87809	1071F (added 07/01/07)
36591	88381	1090F (added 07/01/07)
36592	89322	1091F (added 07/01/07)
36593	89331	1100F (added 07/01/07)
41019	90284	1101F (added 07/01/07)
49203	90661	1110F (added 07/01/07)
49204	90662	1111F (added 07/01/07)
49205	90663	1116F (added 07/01/07)
49440	90769	1118F
49441	90770	1119F
49442	90771	1121F
49446	90776	1123F
49450	93982	1124F
49451	95980	1125F
49452	95981	1126F
49460	95982	1127F

1128F		3307F		4158F	<i>(added 07/01/07)</i>
2035F	<i>(added 07/01/07)</i>	3308F		4159F	<i>(added 07/01/07)</i>
3100F	<i>(added 07/01/07)</i>	3309F		4163F	
3110F	<i>(added 07/01/07)</i>	3310F		4164F	
3111F	<i>(added 07/01/07)</i>	3311F		4165F	
3112F	<i>(added 07/01/07)</i>	3312F		4167F	
3120F	<i>(added 07/01/07)</i>	3313F		4168F	
3130F	<i>(added 07/01/07)</i>	3314F		4169F	
3132F	<i>(added 07/01/07)</i>	3315F		4171F	
3140F	<i>(added 07/01/07)</i>	3316F		4172F	
3141F	<i>(added 07/01/07)</i>	3317F		4174F	
3142F	<i>(added 07/01/07)</i>	3318F		4175F	
3150F	<i>(added 07/01/07)</i>	3319F		4176F	
3155F	<i>(added 07/01/07)</i>	3320F		4177F	
3160F	<i>(added 07/01/07)</i>	3325F		4178F	
3170F	<i>(added 07/01/07)</i>	4041F	<i>(added 07/01/07)</i>	4179F	
3200F	<i>(added 07/01/07)</i>	4042F	<i>(added 07/01/07)</i>	4180F	
3210F	<i>(added 07/01/07)</i>	4043F	<i>(added 07/01/07)</i>	4181F	
3215F	<i>(added 07/01/07)</i>	4044F	<i>(added 07/01/07)</i>	4182F	
3216F	<i>(added 07/01/07)</i>	4046F	<i>(added 07/01/07)</i>	4185F	
3218F	<i>(added 07/01/07)</i>	4047F	<i>(added 07/01/07)</i>	4186F	
3220F	<i>(added 07/01/07)</i>	4048F	<i>(added 07/01/07)</i>	4187F	
3230F	<i>(added 07/01/07)</i>	4049F	<i>(added 07/01/07)</i>	4188F	
3260F	<i>(added 07/01/07)</i>	4070F	<i>(added 07/01/07)</i>	4189F	
3265F		4073F	<i>(added 07/01/07)</i>	4190F	
3266F		4075F	<i>(added 07/01/07)</i>	4191F	
3268F		4077F	<i>(added 07/01/07)</i>	4200F	
3269F		4079F	<i>(added 07/01/07)</i>	4201F	
3270F		4084F	<i>(added 07/01/07)</i>	4210F	
3271F		4090F	<i>(added 07/01/07)</i>	4220F	
3272F		4095F	<i>(added 07/01/07)</i>	4221F	
3273F		4100F	<i>(added 07/01/07)</i>	4230F	
3274F		4110F	<i>(added 07/01/07)</i>	5020F	
3278F		4115F	<i>(added 07/01/07)</i>	5050F	
3279F		4120F	<i>(added 07/01/07)</i>	6010F	<i>(added 07/01/07)</i>
3280F		4124F	<i>(added 07/01/07)</i>	6015F	<i>(added 07/01/07)</i>
3281F		4130F	<i>(added 07/01/07)</i>	6020F	<i>(added 07/01/07)</i>
3284F		4131F	<i>(added 07/01/07)</i>	6030F	
3285F		4132F	<i>(added 07/01/07)</i>	7010F	
3288F		4133F	<i>(added 07/01/07)</i>	0178T	<i>(added 07/01/07)</i>
3290F		4134F	<i>(added 07/01/07)</i>	0179T	<i>(added 07/01/07)</i>
3291F		4135F	<i>(added 07/01/07)</i>	0180T	<i>(added 07/01/07)</i>
3292F		4136F	<i>(added 07/01/07)</i>	0181T	<i>(added 07/01/07)</i>
3292F		4150F	<i>(added 07/01/07)</i>	0182T	<i>(added 07/01/07)</i>
3300F		4151F	<i>(added 07/01/07)</i>	0183T	
3301F		4152F	<i>(added 07/01/07)</i>	0184T	
3302F		4153F	<i>(added 07/01/07)</i>	0185T	
3303F		4154F	<i>(added 07/01/07)</i>	0186T	
3304F		4155F	<i>(added 07/01/07)</i>	0187T	
3305F		4156F	<i>(added 07/01/07)</i>		
3306F		4157F	<i>(added 07/01/07)</i>		

DELETIONS

Reminder: These codes are being deleted/discontinued for dates of service January 1, 2008 and after. Codes G8158 through G8368, 0024T and 0133T are being deleted/discontinued for dates of service July 1, 2007 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
A9565	
B4086	
E2618	
G0265	
G0266	
G0267	
G0298	33240
G0299	33240
G0375	
G0376	
G8158	
G8160	
G8161	
G8163	
G8191	
G8192	
G8194	
G8195	
G8197	
G8198	
G8199	
G8201	
G8202	
G8203	
G8205	
G8206	
G8207	
G8208	
G8210	
G8211	
G8212	
G8213	
G8215	
G8216	
G8218	
G8222	
G8224	
G8225	
G8227	

Deleted Codes	
Deleted Code	Cross-Reference Code
G8228	
G8229	
G8230	
G8232	
G8235	
G8236	
G8237	
G8239	
G8241	
G8242	
G8245	
G8247	
G8249	
G8250	
G8252	
G8253	
G8255	
G8256	
G8258	
G8259	
G8261	
G8262	
G8264	
G8265	
G8267	
G8269	
G8270	
G8272	
G8273	
G8275	
G8277	
G8278	
G8280	
G8281	
G8283	
G8284	
G8286	
G8287	
G8288	

Deleted Codes	
Deleted Code	Cross-Reference Code
G8290	
G8291	
G8292	
G8294	
G8295	
G8297	
G8300	
G8301	
G8309	
G8311	
G8312	
G8313	
G8315	
G8316	
G8317	
G8319	
G8320	
G8321	
G8323	
G8324	
G8325	
G8327	
G8328	
G8329	
G8331	
G8332	
G8333	
G8335	
G8336	
G8337	
G8339	
G8340	
G8342	
G8343	
G8344	
G8346	
G8347	
G8348	
G8349	

Deleted Codes	
Deleted Code	Cross-Reference Code
G8350	
G8352	
G8353	
G8355	
G8356	
G8358	
G8359	
G8361	
G8363	
G8364	
G8366	
G8368	
J1567	
J7319	
J7345	
J7611	
J7612	
J7613	
J7614	
K0553	A7027
K0554	A7028
K0555	A7029
L0960	
L1855	L1846
L1858	L1846
L1870	L1846
L1880	L1846
L3800	L3808
L3805	L3808
L3810	
L3815	
L3820	
L3825	
L3830	
L3835	
L3840	
L3845	
L3850	
L3855	
L3860	
L3907	L3808
L3910	L3931
L3916	L3931
L3918	L3929
L3920	L3929
L3922	L3929
L3924	L3931
L3926	L3931

Deleted Codes	
Deleted Code	Cross-Reference Code
L3928	L3929
L3930	L3931
L3932	L3925
L3934	L3925
L3936	L3931
L3938	L3931
L3940	L3931
L3942	L3929
L3944	L3929
L3946	L3929
L3948	L3925
L3950	L3931
L3952	L3931
L3954	L3923
L3985	L3764
L3986	L3763
Q4079	J2323
Q4083	J7321
Q4084	J7322
Q4085	J7323
Q4086	J7324
Q4087	J1568
Q4088	J1569
Q4089	J2791
Q4090	J1571
Q4091	J1572
Q4092	J1561
Q4093	J7602
Q4094	J7603
Q4095	J3488
Q9945	
Q9946	
Q9947	
Q9948	
Q9949	
Q9950	
Q9952	
01905	
24350	
24351	
24352	
24354	
24356	
32000	
32002	

Deleted Codes	
Deleted Code	Cross-Reference Code
32005	
32019	
32020	
36540	
36550	
43750	
47719	
49200	
49201	
51000	
51005	
51010	
52510	
60001	
67038	
74350	
75552	
75553	
75554	
75555	
75556	
78615	
86586	
99361	
99362	
99371	
99372	
99373	
1080F	
3047F	
3076F	
4007F	
0024T	
0054T	
0055T	
0056T	
0065T	
0074T	
0115T	
0116T	
0117T	
0133T	
0135T	
0153T	
0154T	

CHANGES**Level II Modifier Codes—Changes**

Level II Modifier Codes – Changes	
Modifier	Description
FB	ITEM PROVIDED WITHOUT COST TO PROVIDER, SUPPLIER OR PRACTITIONER, OR FULL CREDIT RECEIVED FOR REPLACED DEVICE (EXAMPLES, BUT NOT LIMITED TO, COVERED UNDER WARRANTY, REPLACED DUE TO DEFECT, FREE SAMPLES)
GK	REASONABLE AND NECESSARY ITEM/SERVICE ASSOCIATED WITH A GA OR GZ MODIFIER
GL	MEDICALLY UNNECESSARY UPGRADE PROVIDED INSTEAD OF NON-UPGRADED ITEM, NO CHARGE, NO ADVANCE BENEFICIARY NOTICE (ABN)
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT

Level II HCPCS Codes—Changes

Level II HCPCS Codes – Changes	
Code	Code
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH
A9516	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURIES
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)
E0705	TRANSFER DEVICE, ANY TYPE, EACH
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES
E1841	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE

Level II HCPCS Codes – Changes	
Code	Code
G0380	LEVEL 1 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)
G0381	LEVEL 2 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)
G0382	LEVEL 3 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)
G0383	LEVEL 4 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)

Level II HCPCS Codes – Changes	
Code	Code
G0384	LEVEL 5 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG
J3487	INJECTION, ZOLEDRONIC ACID (ZOMETA), 1 MG
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO
J7608	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
J7631	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
J7639	DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L7360	SIX VOLT BATTERY, EACH
L7362	BATTERY CHARGER, SIX VOLT, EACH
L7364	TWELVE VOLT BATTERY, EACH
L7366	BATTERY CHARGER, TWELVE VOLT, EACH
Q4080	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS

CPT Codes—Changes

01931	25526	28645	78600	90634
11008	25545	28675	78601	90636
17110	25574	29855	78605	90645
20660	25575	29856	78606	90646
20690	25628	29866	78607	90647
20692	26615	33517	78811	90648
20900	26650	33518	78812	90649
20902	26665	33519	78813	90655
20910	26685	33521	78814	90656
20912	26715	33522	78815	90657
20920	26735	33523	78816	90658
20922	26746	35600	80048	90660
20924	26765	36660	82272	90665
20926	26785	38792	83898	90675
20930	27248	43760	83900	90676
20931	27511	43761	83901	90680
20936	27513	43770	83908	90690
20937	27514	43771	86885	90691
20938	27519	43772	86886	90692
22840	27535	43773	88380	90693
22841	27540	43774	89320	90698
22842	27556	43848	89321	90700
22843	27557	44300	90281	90701
22844	27558	49568	90283	90702
22845	27766	51797	90287	90703
22846	27784	57284	90288	90704
22847	27792	57500	90291	90705
22848	27808	61210	90296	90706
22851	27810	62284	90371	90707
23515	27814	64834	90375	90708
23615	27822	64835	90376	90710
23616	27823	64836	90378	90712
23630	27826	67227	90379	90713
23670	27827	67228	90384	90714
23680	27828	70496	90385	90715
24545	27829	70498	90386	90716
24546	27832	71275	90389	90717
24575	28415	72191	90393	90718
24579	28420	73206	90396	90719
24635	28445	73706	90399	90720
24665	28465	74175	90476	90721
24666	28485	75635	90477	90723
24670	28505	75984	90581	90725
24675	28525	76506	90585	90727
24685	28555	77371	90586	90732
25515	28585	77372	90632	90733
25525	28615	77432	90633	90734

90735	93532	99305	2031F	3092F
90736	93533	99306	3014F	3093F
90740	93541	99307	3017F	3095F
90743	93542	99308	3044F	4000F
90744	93543	99309	3045F	4001F
90746	93619	99310	3060F	4009F
90747	93620	99318	3061F	4037F
90748	93624	0505F	3062F	4040F
90749	93640	0507F	3066F	4045F
90760	93641	1040F	3072F	4051F
92135	93642	1050F	3073F	0068T
93501	93650	1055F	3074F	0069T
93505	93651	2000F	3075F	0070T
93508	93652	2010F	3077F	0087T
93510	93660	2014F	3078F	0145T
93511	95004	2019F	3079F	0146T
93514	95024	2020F	3082F	0147T
93524	95027	2021F	3083F	0148T
93526	96101	2022F	3084F	0149T
93527	96118	2024F	3085F	0150T
93528	99148	2026F	3088F	0151T
93529	99149	2027F	3089F	90669
93530	99296	2029F	3090F	
93531	99304	2030F	3091F	

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'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	90885	93740	99051	99339
A4263	90887	93770	99053	99340
A4270	90889	94005	99056	99358
A4300	91123	94150	99058	99359
A4550	92352	96040	99060	99363
G0269	92353	96902	99070	99364
Q3031	92354	97010	99071	99366
R0076	92355	97602	99078	99367
15850	92358	98960	99080	99368
20930	92371	98961	99090	99374
20936	92531	98962	99091	99377
22841	92532	99000	99100	99379
36416	92533	99001	99116	99380
38204	92534	99002	99135	
78890	92605	99024	99140	
78891	92606	99050	99288	

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

There are currently no G status codes in use.

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

A0021 (A0030)	A4232	D0321 (76499)	D5928 (67550)
A0080	A4266	D0322	D5929 (21088)
A0090	A4267	D0330 (70320)	D5931 (21079)
A0100	A4268	D0340 (70350)	D5932 (21080)
A0110	A4269	D0350	D5933 (21080)
A0120	A4570	D4210 (41820)	D5934 (21081)
A0130	A4580	D4211	D5935 (21081)
A0140	A4590	D5913 (21087)	D5936 (21079)
A0160	A9152	D5914 (21086)	D5937
A0170	A9153	D5915 (L8611)	D5952 (21084)
A0180	A9180	D5916	D5953 (21084)
A0190	A9279	D5919 (21088)	D5954 (21082)
A0200	D0210 (70320)	D5922 (30220)	D5955 (21083)
A0210	D0220 (70300)	D5923 (92330)	D5958 (21083)
A0225	D0230 (70310)	D5924 (62143)	D5959 (21083)
A0380 (A0425)	D0290 (70150)	D5925 (21208)	D5960 (21084)
A0390 (A0425)	D0310 (70390)	D5926 (21087)	D5982 (21085)
A0998	D0320 (70332)	D5927 (21086)	D5988

D5999	D7650	D7946 (21147)	J1825
D6010 (21248)	D7660	D7947	J7306
D6040 (21245)	D7670	(21145,21146)	J8565
D6050 (21244)	D7671	D7948 (21150)	P7001
D6055	D7680	D7949	Q3026
D6080	D7710 (21346)	D7950 (21247)	38207
D6090 (21299)	D7720 (21345)	D7955 (21299)	38208
D6095 (21299)	D7730	D7960	38209
D6100 (21299)	(21461,21462)	(40819,41010,41115)	38210
D6199 (21299)	D7740 (21455)	D7970	38211
D7285	D7750	D7971 (41821)	38212
(20220,20225,20240, 20245)	(21360,21365)	D7972	38213
D7286 (40808)	D7760 (21355)	D7980	38214
D7287	D7770 (21422)	(42330,42335,42340)	38215
D7310 (41874)	D7771	D7981 (42408)	76140
D7320 (41870)	D7780	D7982 (42500)	80055
D7340	(21433,21435)	D7983 (42600)	90281
(40840,40842,40843 ,40844)	D7810 (21490)	D7990 (31605)	90283 (J1561,J1562)
D7350 (40845)	D7820 (21480)	D7991 (21070)	90287 (J0585)
D7410	D7830 (00190)	D7995 (21299)	90288 (J1561,J1562)
D7411	D7840 (21050)	D7996 (21299)	90291 (J0850)
D7412	D7850 (21060)	D7999 (21299)	90379 (J1565)
D7413	D7852 (21299)	D9210 (90784)	90384 (J2790)
D7414	D7854 (21299)	D9211 (01995)	90386 (J2792)
D7415	D7856 (21299)	D9212 (64400)	90389 (J1670)
D7440	D7858	D9215 (90784)	90399
D7441	(21242,21243)	D9220	90723
D7450	D7860	D9221	90748
D7451	D7865 (21240)	D9241 (90784)	90918
D7460	D7870 (21060)	D9242 (90784)	90919
D7461	D7872 (29800)	D9310	90920
D7465 (41850)	D7873 (29804)	D9410	90921
D7471	D7874 (29804)	D9420	90922
(21031,21032)	D7875 (29804)	D9430	90923
D7472	D7876 (29804)	D9440 (99050)	90924
D7473	D7877 (29804)	D9450	90925
D7485	D7880 (21499)	D9610	92630
D7490 (21095)	D7899 (21499)	D9999 (21499)	92633
D7510 (41800)	D7910	G9050	95120
D7520 (40800)	(12011,12013)	G9051	95125
D7530	D7911	G9052	95130
(41805,41828)	(12051,12052)	G9053	95131
D7540	D7912 (13132)	G9054	95132
(20520,41800,41806)	D7920	G9055	95133
D7550 (20999)	D7941	G9056	95134
D7560 (31020)	(21193,21195,21196)	G9057	97005
D7610	D7943 (21194)	G9058	97006
D7620	D7944	G9059	97014
D7630	(21198,21206)	G9060	99375
D7640	D7945	G9061	99378
	(21193,21194,21195, 21196)	G9062	99500

99501	99506	99512	0142T
99502	99507	99600	0143T
99503	99509	99601	
99504	99510	99602	
99505	99511	0141T	

M = Measurement Codes, Used for Reporting Purposes Only

G8006	G8057	G8155	G8266	G8374	G8423	G8466
G8007	G8058	G8156	G8268	G8375	G8424	G8467
G8008	G8059	G8157	G8271	G8376	G8425	G8468
G8009	G8060	G8159	G8274	G8377	G8426	G8469
G8010	G8061	G8162	G8276	G8378	G8427	G8470
G8011	G8062	G8164	G8279	G8379	G8428	G8471
G8012	G8075	G8165	G8282	G8380	G8429	G8472
G8013	G8076	G8166	G8285	G8381	G8430	G8473
G8014	G8077	G8167	G8289	G8382	G8431	G8474
G8015	G8078	G8170	G8293	G8383	G8432	G8475
G8016	G8079	G8171	G8296	G8384	G8433	G8476
G8017	G8080	G8172	G8298	G8385	G8434	G8477
G8018	G8081	G8182	G8299	G8386	G8435	G8478
G8019	G8082	G8183	G8302	G8387	G8436	G8479
G8020	G8085	G8184	G8303	G8388	G8437	G8480
G8021	G8093	G8185	G8304	G8389	G8438	G8481
G8022	G8094	G8186	G8305	G8390	G8439	G8482
G8023	G8099	G8193	G8306	G8391	G8440	G8483
G8024	G8100	G8196	G8307	G8395	G8441	G8484
G8025	G8103	G8200	G8308	G8396	G8442	G9063
G8026	G8104	G8204	G8310	G8397	G8443	G9064
G8027	G8106	G8209	G8314	G8398	G8445	G9065
G8028	G8107	G8214	G8318	G8399	G8446	G9066
G8029	G8108	G8217	G8322	G8400	G8447	G9067
G8030	G8109	G8219	G8326	G8401	G8448	G9068
G8031	G8110	G8220	G8330	G8402	G8449	G9069
G8032	G8111	G8221	G8334	G8403	G8450	G9070
G8033	G8112	G8223	G8338	G8404	G8451	G9071
G8034	G8113	G8226	G8341	G8405	G8452	G9072
G8035	G8114	G8231	G8345	G8406	G8453	G9073
G8036	G8115	G8234	G8345	G8407	G8454	G9074
G8037	G8116	G8238	G8351	G8408	G8455	G9075
G8038	G8117	G8240	G8354	G8409	G8456	G9077
G8039	G8126	G8243	G8357	G8410	G8457	G9078
G8040	G8127	G8246	G8360	G8415	G8458	G9079
G8041	G8128	G8248	G8362	G8416	G8459	G9080
G8051	G8129	G8251	G8365	G8417	G8460	G9083
G8052	G8130	G8254	G8367	G8418	G8461	G9084
G8053	G8131	G8257	G8370	G8419	G8462	G9085
G8054	G8152	G8260	G8371	G8420	G8463	G9086
G8055	G8153	G8263	G8372	G8421	G8464	G9087
G8056	G8154	G8266	G8373	G8422	G8465	G9088

G9089	0501F	1121F	3072F	3274F	4033F	4153F
G9090	0502F	1123F	3073F	3278F	4035F	4154F
G9091	0503F	1124F	3074F	3279F	4037F	4155F
G9092	0505F	1125F	3075F	3280F	4040F	4156F
G9093	0507F	1126F	3077F	3281F	4041F	4157F
G9094	0509F	1127F	3078F	3284F	4042F	4158F
G9095	0513F	1128F	3079F	3285F	4043F	4159F
G9096	0514F	2000F	3080F	3288F	4044F	4163F
G9097	0516F	2001F	3082F	3290F	4045F	4164F
G9098	0517F	2002F	3083F	3291F	4046F	4165F
G9099	0518F	2004F	3084F	3292F	4047F	4167F
G9100	0519F	2010F	3085F	3300F	4048F	4168F
G9101	0520F	2014F	3088F	3301F	4049F	4169F
G9102	0521F	2018F	3089F	3302F	4050F	4171F
G9103	1000F	2019F	3090F	3303F	4051F	4172F
G9104	1002F	2020F	3091F	3304F	4052F	4174F
G9105	1003F	2021F	3092F	3305F	4053F	4175F
G9106	1004F	2022F	3093F	3306F	4054F	4176F
G9107	1005F	2024F	3095F	3307F	4055F	4177F
G9108	1006F	2026F	3096F	3308F	4056F	4178F
G9109	1007F	2027F	3100F	3309F	4058F	4179F
G9110	1008F	2028F	3110F	3310F	4060F	4180F
G9111	1015F	2029F	3111F	3311F	4062F	4181F
G9112	1018F	2030F	3112F	3312F	4064F	4182F
G9113	1019F	2031F	3120F	3313F	4065F	4185F
G9114	1022F	2035F	3130F	3314F	4066F	4186F
G9115	1026F	3006F	3132F	3315F	4067F	4187F
G9116	1030F	3011F	3140F	3316F	4070F	4188F
G9117	1034F	3014F	3141F	3317F	4073F	4189F
G9123	1035F	3017F	3142F	3318F	4075F	4190F
G9124	1036F	3020F	3150F	3319F	4077F	4191F
G9125	1038F	3021F	3155F	3320F	4079F	4200F
G9126	1039F	3022F	3160F	3325F	4084F	4201F
G9128	1040F	3023F	3170F	4000F	4090F	4210F
G9129	1050F	3025F	3200F	4001F	4095F	4220F
G9130	1055F	3027F	3210F	4002F	4100F	4221F
G9131	1060F	3028F	3215F	4003F	4110F	4230F
G9132	1061F	3035F	3216F	4005F	4115F	5005F
G9133	1065F	3037F	3218F	4006F	4120F	5010F
G9134	1066F	3040F	3220F	4009F	4124F	5015F
G9135	1070F	3042F	3230F	4011F	4130F	5020F
G9136	1071F	3044F	3260F	4012F	4131F	5050F
G9137	1090F	3045F	3265F	4014F	4132F	6005F
G9138	1091F	3046F	3266F	4015F	4133F	6010F
G9139	1100F	3048F	3268F	4016F	4134F	6015F
0001F	1101F	3049F	3269F	4017F	4135F	6020F
0005F	1110F	3050F	3270F	4018F	4136F	6030F
0012F	1111F	3060F	3271F	4019F	4150F	7010F
0014F	1116F	3061F	3272F	4025F	4151F	
0015F	1118F	3062F	3273F	4030F	4152F	
0500F	1119F	3066F				

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

A0888	D0360	D2651	D3220	D5120
A4210	D0362	D2652	D3221	D5130
A4250	D0363	D2662	D3230	D5140
A4252	D0415	D2663	D3240	D5211
A4261	(D0410)	D2664	D3310	D5212
A4490	D0425	D2710	D3320	D5213
A4495	(D0420)	D2712	D3330	D5214
A4500	D0470	D2720	D3331	D5225
A4510	D0486	D2721	D3332	D5226
A4520	D1110	D2722	D3333	D5281
A4554	D1120	D2740	D3346	D5410
A4575	D1203	D2750	D3347	D5411
A4627	D1204	D2751	D3348	D5421
A4670	D1206	D2752	D3351	D5422
A6000	D1310	D2780	D3352	D5510
A6413	D1320	D2781	D3353	D5520
A6530	D1330	D2782	D3410	D5610
A6533	D1351	D2783	D3421	D5620
A6534	D1555	D2790	D3425	D5630
A6535	D2140	D2791	D3426	D5640
A6536	D2150	D2792	D3430	D5650
A6537	D2160	D2794	D3450	D5660
A6538	D2161	D2799	D3470	D5670
A6539	D2330	D2910	D3910	D5671
A6540	D2331	D2915	D3920	D5710
A6541	D2332	D2920	D3950	D5711
A6542	D2335	D2930	D4230	D5720
A6543	D2390	D2931	D4231	D5721
A6544	D2391	D2932	D4240	D5730
A6549	D2392	D2933	D4241	D5731
A9270	D2393	D2934	D4245	D5740
A9275	D2394	D2940	D4249	D5741
A9276	D2410	D2950	D4261	D5750
A9277	D2420	D2951	D4265	D5751
A9278	D2430	D2952	D4266	D5760
A9280	D2510	D2953	D4267	D5761
A9281	D2520	D2954	D4274	D5810
A9282	D2530	D2955	D4275	D5811
A9283	D2542	D2957	D4276	D5820
A9300	D2544	D2960	D4320	D5821
D0120	D2610	D2961	D4321	D5850
D0140	D2620	D2962	D4341	D5851
D0145	D2630	D2971	D4342	D5860
D0160	D2642	D2975	D4910	D5861
D0170	D2643	D2980	D4920	D5862
D0180	D2644	D3110	D4999	D5867
D0273	D2650	D3120	D5110	D5875

D5899	D6548	D7272	G0255	V5010
D5986	D6600	D7280	G0282	V5011
D6012	D6601	D7282	G0295	V5014
D6053	D6602	D7290	G9013	V5020
D6054	D6603	D7292	G9014	V5030
D6056	D6604	D7293	G9016	V5040
D6057	D6605	D7294	J1055	V5050
D6058	D6606	D7311	J3520	V5060
D6059	D6607	D7871	J3535	V5070
D6060	D6608	D7951	J3570	V5080
D6061	D6609	D7953	J7300	V5090
D6062	D6610	D7963	J7302	V5095
D6063	D6611	D7997	J7303	V5100
D6064	D6612	D7998	J7304	V5110
D6065	D6613	D8010	J8499	V5120
D6066	D6614	D8020	J8515	V5130
D6067	D6615	D8030	M0075	V5140
D6068	D6624	D8040	M0076	V5150
D6069	D6634	D8050	M0100	V5160
D6070	D6710	D8060	M0300	V5170
D6071	D6720	D8070	M0301	V5180
D6072	D6721	D8080	P2031	V5190
D6073	D6722	D8090	Q0144	V5200
D6074	D6740	D8210	T4521	V5210
D6075	D6750	D8220	T4522	V5220
D6076	D6751	D8660	T4523	V5230
D6077	D6752	D8670	T4524	V5240
D6078	D6780	D8680	T4525	V5241
D6079	D6781	D8690	T4526	V5242
D6091	D6782	D8691	T4527	V5243
D6092	D6783	D8692	T4528	V5244
D6093	D6790	D8693	T4529	V5245
D6094	D6791	D8999	T4530	V5246
D6190	D6792	D9120	T4531	V5247
D6194	D6793	D9612	T4532	V5248
D6205	D6794	D9910	T4533	V5249
D6210	D6930	D9911	T4534	V5250
D6211	D6940	D9920	T4535	V5251
D6212	D6950	D9941	T4536	V5252
D6214	D6970	(21089)	T4537	V5253
D6240	D6972	D9942	T4538	V5254
D6241	D6973	D9970	T4539	V5255
D6242	D6975	D9971	T4540	V5256
D6245	D6976	D9972	T4543	V5257
D6250	D6977	D9973	V2025	V5258
D6251	D6980	D9974	V2702	V5259
D6252	D6985	G0122	V2787	V5260
D6253	D6999	G0219	V2788	V5261
D6545	D7270	G0235	V5008	V5262
		G0252		

V5263	61630	88012	92591	99384
V5264	61635	88014	92592	99385
V5265	61640	88016	92593	99386
V5266	61641	88020	92594	99387
V5267	61642	88025	92595	99391
V5268	65760	88027	93668	99392
V5269	65765	88028	93760	99393
V5270	65767	88029	93762	99394
V5271	65771	88036	96155	99395
V5272	69090	88037	97810	99396
V5273	69710	88040	97811	99397
V5274	72159	88045	97813	99401
V5275	73225	88099	97814	99402
V5298	75558	90875	98943	99403
V5336	75560	90876	98966	99404
V5362	75562	90882	98967	99408
V5363	75564	92015	98968	99409
V5364	76390	92310	98969	99411
0066T	78350	92314	99026	99412
11975	78351	92340	99027	99420
11977	78609	92341	99075	99429
37216	80050	92342	99172	99441
43842	86910	92370	99173	99442
48160	86911	92551	99174	99443
55970	88000	92559	99381	99444
55980	88005	92560	99382	99450
58300	88007	92590	99383	

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	A4311	A4335	A4361	A4470
A4212	A4312	A4338	A4362	A4480
A4220	A4313	A4340	A4364	A4556
A4253	A4314	A4344	A4367	A4557
A4256	A4315	A4346	A4397	A4558
A4258	A4316	A4351	A4398	A4649
A4259	A4320	A4352	A4399	A5051
A4265	A4322	A4354	A4400	A5052
A4301	A4326	A4355	A4402	A5053
A4305	A4327	A4356	A4404	A5054
A4306	A4328	A4357	A4455	A5055
A4310	A4330	A4358	A4465	A5061

A5062	A5131	A6213	A6235	A6252
A5063	A6154	A6214	A6236	A6253
A5071	A6196	A6215	A6237	A6254
A5072	A6197	A6216	A6238	A6255
A5073	A6198	A6217	A6239	A6256
A5081	A6199	A6218	A6240	A6257
A5082	A6203	A6219	A6241	A6258
A5093	A6204	A6220	A6242	A6259
A5102	A6205	A6221	A6243	A6260
A5105	A6206	A6222	A6244	A6261
A5112	A6207	A6223	A6245	A6262
A5113	A6208	A6224	A6246	A6266
A5114	A6209	A6228	A6247	A6402
A5121	A6210	A6229	A6248	A6403
A5122	A6211	A6230	A6250	A6404
A5126	A6212	A6234	A6251	V2520

IMPORTANT HCPCS CHANGES EFFECTIVE JANUARY 1, 2008

In addition to coding changes, year 2008 will bring numerous other changes in coverage and payment.

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