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# Program Memorandum Intermediaries

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Department of Health and  
Human Services (DHHS)  
Centers For Medicare & Medicaid  
Services (CMS)

Transmittal A-01-94

Date: AUGUST 1, 2001

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## CHANGE REQUEST 1689

**SUBJECT: Implementation of Fee Schedule for Additional Part B Services Furnished by a Skilled Nursing Facility (SNF) or Another Entity Under Arrangements with the SNF**

Program Memoranda (PM) A-00-88 and A-01-45 contained initial information about fee schedule payment for SNF Part B services. This PM provides additional information and instructions about implementation of the fee schedule for radiology services, other diagnostic services, and other services for which fees exist on the Medicare Physician Fee Schedule Database (MPFSDB) for implementation January 1, 2002.

### A. Fee Schedule Payment for Part B Services

1. April 1, 2001 Changes: Effective April 1, 2001, fee schedule payment was implemented for bill types 22x and 23x for the following services:

- Clinical Diagnostic Laboratory Services, for which 23x was paid on the fee schedule, and 22x was paid on a cost basis;
- DMEPOS (prosthetic and orthotic devices, supplies, surgical dressings, etc), which have historically been paid on cost to the limited extent these services/items were payable in a SNF; and
- Therapy services, which have been paid on a fee schedule basis, using the MPFSDB since 01/01/1999.

2. January 1, 2002 Changes: Effective April 1, 2001, radiology, other diagnostic, and other services included in the MPFSDB, will be paid under a fee schedule when rendered to patients of a SNF for claims received on or after January 1, 2002. Do not search history for claims to adjust. However, for any claims or adjustment requests received on or after January 1, 2002, apply the fee schedule. Payment is the lower of billed charges or the fee schedule amount. In either case, any applicable deductible and coinsurance amounts are subtracted from the payment amount prior to payment. Coinsurance is calculated on the Medicare payment amount after the subtraction of any applicable deductible amount.

A zipped file containing a complete list of HCPCS codes identifying which SNF services are paid via fee schedule and which are not, is attached to the electronic copy of this PM as Attachment B.

## B. Services Not Paid Through a Fee Schedule

Fee schedules have not yet been developed for the services listed below. Payment is not made via fee schedule for the following services:

- Some medical supplies;
- Dialysis supplies and equipment;
- Therapeutic shoes;
- Blood products;
- Transfusion medicine;
- Drugs; and
- Ambulance.

**NOTE: The ambulance fee schedule is currently scheduled for implementation January 1, 2001.**

## C. Intermediary Actions for Implementation of SNF Fee Schedule Payment

1. Identification of HCPCS Codes for SNF Services Paid Via Fee Schedule: Fiscal intermediaries (FIs) should use the attached files to determine which HCPCS codes are payable to SNFs under a fee schedule. When you unzip the files, you will find the following Excel 97 file:

File "snf\_fee.xls" contains a worksheet. The worksheet includes the HCPCS level 1 (CPT) and level 2 codes that SNFs may bill under Types of Bill (TOBs) 22X or 23X if the SNF provides or arranges for the service. It also includes an indicator of whether payment for billable codes is by fee schedule or by other methods.

A "readme.doc" file is also included in the zipped file explaining the data in the file. The codes in the Excel file include the updated codes issued through June 30, 2001. The file does not include the fee amounts.

FI standard system maintainers are to use this file to define the appropriate payment mechanism for each code a SNF may bill, and in developing edits to reject any claims from SNFs for which SNFs can not be paid.

2. Add Fees to System:

- There are no changes in the therapy fee schedule.
- Review the "SNFs can bill worksheets" to assure that your SS has fees loaded for services that your SNFs bill for which fee schedules exist.
- Obtain fees for clinical diagnostic laboratory services, therapies, and DMEPOS items identified as payable in the Excel file from the current laboratory, DMEPOS, or therapy fee schedules.

**NOTE:** These are not new functions since FIs are already administering these fee schedules. The change is that FIs will now apply the fee schedules to both 22x and 23x TOBs.

- Intermediaries are to download fees for radiology services, other diagnostic services, and other services paid on the MPFSDB from the SNF extract file that has been placed on the CMS mainframe. This file is called the "SNF Extract from the MPFSDB" because at this time it is only to be used to pay Part B bills from SNFs. The SS maintainers should allow for future expansion to other TOBs. The record layout for this file is shown below.

**TABLE 1: RECORD LAYOUT FOR SNF EXTRACT FROM THE MPFSDB FEE SCHEDULE FOR RADIOLOGY SERVICES, OTHER DIAGNOSTIC SERVICES, AND OTHER SERVICES PRICED ON THE MPFS**

**DATA SET NAME:**

**MU10.@BF12390.MFS2001.SNF.V1121.FI**

**RECORD LENGTH: 60 RECORD FORMAT: FB**

**BLOCK SIZE: 6000**

**CHARACTER CODE: EBCDIC**

**SORT SEQUENCE: Carrier, Locality HCPCS Code, Modifier**

Data Element	Location	Picture	Value
1--HCPCS	1-5	X(05)	
2--Modifier	6-7	X(02)	
3--Filler	8-9	X(02)	
4--Non-Facility Fee	10-16	9(05)V99	
5--Filler	17-17	X(01)	
6--PCTC Indicator	18-18	X(01)	0 =Physician Service Codes 1 =Diagnostic Tests for Radiology Services 2 =Professional Component Only Codes 3 =Technical Component Only Codes 4 =Global Test Only Codes 5 =Incident To Codes 6 =Laboratory Physician Interpretation Codes 7 =Physical Therapy Service, for which payment may not be made 8 =Physician Interpretation Codes 9 =Not Applicable
7--Filler	19-23	X(05)	
8--Filler	24-30	X(07)	
9--Carrier Number	31-35	X(05)	
10--Locality	36-37	X(02)	Identical to other Physician Fee Schedule Abstract Files (i.e., Therapy/Hospice)
11--Filler	38-40	X(03)	
12--Filler	41-41	X(01)	
13--Filler	42-42	X(01)	
14--Filler	43-60	X(18)	

Note that the SNF fee schedule amount is based on the "non-facility rate" which is the fee that physicians may receive if performing the service in the physician's office. The data set name to use to pull down the test file is: **MU10.@BF12390.MFS2001.SNF.V0415.FI.TEST**. We encourage standard system maintainers to test with this file as soon as possible.

3. Add Edits for HCPCS Codes: In PM A-98-18, dated April 1998, intermediaries were told to instruct SNFs to begin reporting HCPCS codes for bill types 22X and 23X effective January 1, 1999. SNFs are to bill all Part B services with a HCPCS code if one exists. Intermediaries are now instructed to edit to assure that HCPCS codes are reported with the revenue codes identified in Attachment A. As HCPCS codes are developed for more services, we will expand the list of revenue codes to be edited.

For bill types 22X and 23X, return to the provider as incomplete, any claims with the revenue codes in Attachment A if not billed with a HCPCS code. Denial appeal rights are not applicable, and the provider may not charge the beneficiary for services reported incorrectly. The provider may correct and resubmit the claim with appropriate HCPCS coding and a new filing date.

4. Assign MSN and Remittance Codes: Bill type 22X and 23X claims filed using HCPCS codes that are not on the attached worksheets must be denied indicating "SNFs may not bill."

Use MSN Message 17.11: "This item or service cannot be paid as billed."

For remittance advice, use claim adjustment reason code 'B6': "This *payment is adjusted* when performed/*billed* by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty" as revised February 2001 (changes in Italics).

Appeal rights are not applicable, as services billed by the wrong provider type are not covered for Medicare.

Group code 'CO' (Contractual Obligation) is appropriate.

For remittance remark line level code use code N95' - This provider type may not bill this service.

5. Make Payment to SNFs Using Fee Schedule Rules: Fee schedule payment is applicable to SNF bills for radiology, other diagnostic, and other services priced on the MPFSDB with 'from' dates of service equal to or later than April 1, 2001, received on or after January 1, 2002. It is applicable to bills for other included services effective April 1, 2001.

- Establish the approved amount as the lower of billed charges for the HCPCS code or the fee schedule amount.
- Calculate deductible and coinsurance for fee schedule payments based on the approved amount (not billed charges). Continue to calculate deductible and coinsurance for SNF services paid based on reasonable cost using billed charges. Deductible and coinsurance have not and do not apply to:
  - Clinical diagnostic lab services; or
  - Pneumococcal pneumonia vaccine (PPV), influenza virus vaccines, or the administration of either.
  - For mammography screening services the deductible is waived, but coinsurance does apply and should be calculated based on the payment amount.
  - Fee schedule amounts for SNFs are based on the SNF's location within carrier locality where the current fee schedule is based on locality and based on Statewide amounts where the current fee schedule is Statewide. (Lab and DMEPOS are Statewide, and the others are locality based.)
  - Review Section II D of PM A-00-88 for special rules for set up services for portable X ray equipment, specimen collection, and travel allowances for lab and radiology.
  - Review Section III of PM A-00-88 for a description of acceptable TOBs, frequency of billing, and late charges.

6. Revised SNF Manual: The SNF manual has been revised and contains detailed instructions on fee schedule billing procedures. The manual has been distributed to providers according to your established procedures.

*The SNF Manual also contains instructions on consolidated billing system edits that have not yet gone into effect. These instructions were retained because we still intend to install these edits at a future date.*

Note that SNFs are still subject to the consolidated billing requirements whether or not the edits designed to identify duplicate billing have been installed. When duplicate payments are identified, they are subject to recovery.

7. Provider Help File: Information similar to the Excel files described above is on the CMS Software Control website as a help file for provider access. Separate instructions about that file will be released shortly.

8. Notification to Providers: Intermediaries are to inform SNFs of the coverage clarifications and fee schedule effective dates and fee amounts with their next regular provider update. This material should be incorporated into each FI's provider training material.

**The effective date of this PM is services on and after April 1, 2001.**

**The implementation date of this PM is January 1, 2002.**

**These instructions should be implemented within your current budget.**

**This PM may be discarded after January 1, 2002.**

**The contact person for operational issues related to this PM is Cindy Murphy at 410-786-5733. The contact person for policy issues related to this PM is Sheila Lambowitz at 410-786-7605.**

Attachments

**Attachment A - Revenue Codes Requiring HCPCS Codes on Bill Types 22X and 23X**

**27X Medical/Surgical Supplies. (Also see 62X)**

- 271 Nonsterile Supply
- 272 Sterile Supply
- 273 Take Home Supplies
- 274 Prosthetic/Orthotic Devices
- 279 Other Supplies/Devices

**30X Laboratory**

- 301 Chemistry
- 302 Immunology
- 305 Hematology
- 306 Bacteriology & Microbiology
- 307 Urology
- 309 Other Laboratory

**32X Radiology - Diagnostic**

- 321 Angiocardiology
- 322 Arthrography
- 323 Arteriography
- 324 Chest X-Ray
- 329 Other

**33X Radiology - Therapeutic**

- 330 Radiology - Therapeutic, General Classification
- 332 Chemotherapy - Oral
- 333 Radiation Therapy
- 339 Other

**34X Nuclear Medicine**

- 340 General Classification (NUC MED)
- 341 Diagnostic
- 342 Therapeutic
- 349 Other

**40X Other Imaging Services**

- 400 General Classification
- 401 Diagnostic Mammography
- 402 Ultrasound
- 403 Screening Mammography
- 404 Positron Emission Tomography
- 409 Other Imaging Services

**41X Respiratory Services**

- 410 General Classification
- 412 Inhalation Services
- 413 Hyperbaric Oxygen Therapy
- 419 Other Respiratory Services

<b>42X</b>	<b>Physical Therapy</b>
420	General Classification
421	Visit Charge
422	Hourly Charge
423	Group Rate
424	Evaluation or Re-evaluation
429	Other Physical Therapy
<b>43X</b>	<b>Occupational Therapy</b>
430	General Classification
431	Visit Charge
432	Hourly Charge
433	Group Rate
434	Evaluation or Re-evaluation
439	Other Occupational Therapy (may include restorative therapy)
<b>44X</b>	<b>Speech-Language Pathology</b>
440	General Classification
441	Visit Charge
442	Hourly Charge
443	Group Rate
444	Evaluation or Re-evaluation
449	Other Speech-Language Pathology
<b>46X</b>	<b>Pulmonary Function</b>
460	General Classification
469	Other Pulmonary Function
<b>47X</b>	<b>Audiology</b>
470	General Classification
471	Diagnostic
472	Treatment
479	Other Audiology
<b>48X</b>	<b>Cardiology</b>
480	General Classification
481	Cardiac Cath Lab
482	Stress Test
483	Echocardiology
489	Other Cardiology
<b>54X</b>	<b>Ambulance</b>
540	General Classification
542	Medical Transport
548	Telephone Transmission EKG
549	Other Ambulance
<b>62X</b>	<b>Medical/Surgical Supplies - Extension of 27X</b>

621 Supplies Incident to Radiology  
622 Supplies Incident to Other Diagnostic Services  
623 Surgical Dressings

**63X Drugs Requiring Specific Identification**  
634 Erythroepoetin (EPO) less than 10,000 units  
635 Erythroepoetin (EPO) 10,000 or more units  
636 Drugs Requiring Detailed Coding (HCPCS)  
637 Self-administrable Drugs

**73X EKG/ECG (Electrocardiogram)**  
730 General Classification  
731 Holter Monitor  
732 Telemetry  
739 Other EKG/ECG

**74X EEG (Electroencephalogram)**  
740 General Classification  
749 Other EEG

**75X Gastro-Intestinal Services**  
750 General Classification  
759 Other Gastro-Intestinal

**77X Preventative Care Services**  
771 Vaccine Administration

**92X Other Diagnostic Services**  
920 General Classification  
921 Peripheral Vascular Lab  
922 Electromyelogram  
923 Pap Smear  
924 Allergy test  
925 Pregnancy test  
929 Other Diagnostic Service



**To download Attachment B as a Microsoft Excel file,  
click [here](#).**

# What the File Contains

Updated July 13, 2001

File snf\_fee.xls is a list of all HCPCS codes (level 1 and level 2) with data added to describe the code's status with respect to consolidated billing and the SNF fee schedule. File and column data are described below.

Look in column H for rows identified as 'Fee'. The file has been sorted on this column, with a secondary sort on HCPCS code (ascending order).

- ? Rows 1- 219 include the header row and services that the SNFs are still paid under cost based reimbursement.
- ? Rows 220 - 2896 identify codes paid to SNFs under a fee schedule, where payment is consistent with coverage rules. Intermediaries should provide for having fee amounts available for these codes.
- ? Rows 2897 - 2968 identify codes paid under fees schedule criteria with respect to deductible and coinsurance if applicable, but for which the carrier must determine the fee amount, including services for which payment is decided by individual consideration. Use your usual procedures for obtaining these fee amounts.
- ? Rows 2960 and above are codes that the SNF may not bill under Part B.

The “Comments” column indicates whether or not the SNF is required to bill the service or whether it may be billed by either the SNF or by another provider /supplier that may have actually rendered the service.

You may want to do other sorts for analysis, e.g., included in PPS bill (column C), whether SNFs must bill the modifier (column G) for edits, or just HCPCS code order (column A). Standard Excel sort procedures apply. These are:

- Click in the upper left corner to select the entire worksheet
- Click 'data'
- Click 'sort'
- Identify the sort order in the pop up box menu
- Click OK

NOTE: Non-exempt CLIA laboratory services must be billed by the rendering provider. That may be a SNF if the SNF has a certified lab. The “Part B Price Method” column indicates payment is based on “Fee”. If the SNF does not have a certified lab, the non-exempt CLIA services must be billed by the rendering certified lab.

## File Column Headers

**HCPCS Code** - The HCPCS numeric or alphanumeric code.

**HCPCS Description** - The approved short description for numeric codes and the long description for alpha-numeric codes.

**Included in Part A PPS Bill** - A YES indicates that the service is included in the PPS rate. A NO indicates that it is not. Services provided to a Part A resident are included in the SNF PPS rate. They may not be billed separately by the SNF or by any other provider or supplier. This would be duplicate billing.

The remainder of the table data relates to Part B billing.

If the service is not paid under PPS, because Part A payment could not be made (e.g., the beneficiary not entitled to A, benefits exhausted, non covered level of care, etc;) Part B payment may be possible.

Also, preventive services provided to SNF inpatients are covered under Part B and not under Part A, and they may be billed separately. These are identified.

**Coverage Status Manual Reference** - shows where the service is discussed in HCFA manuals. The SNF manual reference refers to the transmittal to be issued in April or May 2001.

**TC/PC Indicator** - This is an indicator that HCFA uses to inform carriers and intermediaries about the characteristics of the services described by the code with respect to whether the service is a physician component or a technical component, or whether a modifier is required on the code to describe the component.

A number of HCPCS codes may include a service such as a test and related equipment that is considered a non physician service or technical component, and may also include a physician service such as interpretation of the test. In general, claims for physician services are processed by the carrier, and technical component is processed by the intermediary. Other HCPCS codes are for physician component or for the technical component.

Following are the PC/TC codes that HCFA uses and the related processing guidelines for intermediaries.

SNFs may only bill for covered SNF services with TC/PC codes with indicators of 3,5,7,9 and may bill for TC/PC indicator 1 with modifier TC.

### **Code Values for PC/TC Indicator**

**0 - Physician Service Code:** Codes with a 0 indicator are not considered to have a separately identifiable professional or technical components. They are not billed with a TC or 26 modifier. Intermediaries reject the service and notify the SNF to request the physician to bill the carrier. Physicians submit these services to the carrier for processing and reimbursement.

**1 - Diagnostic Tests or Radiology Services:** An indicator of 1 signifies a global code that when billed without a modifier includes both the PC and TC. A SNF can bill only for the TC component and must use the TC modifier (e.g., G0030TC). If a global code is submitted, e.g., G0030 with no modifier, FIs reject the service and notify the SNF to

resubmit only the TC. If modifier 26 is submitted, FIs reject the service and notify the SNF that the 26 must be billed by the physician to the carrier.

**2 - Professional Component Only Codes:** Codes with an indicator of 2 signify services that only have a PC. Intermediaries reject these services and notify the SNF that the service must be billed to the carrier.

**3 - Technical Component Only Codes:** Codes with an indicator of 3 signify services that have only a TC. Intermediaries pay these without a modifier.

**4 - Global Test Only Codes:** Codes with an indicator of 4 signify services that include both the PC and TC. The 26 and TC modifiers are not applicable. However, there are associated codes that describe only the technical and professional components of the service. FIs reject the service and notify the SNF to resubmit the service using the code that represents the TC only.

**5 - Incident To Codes:** These codes are not considered physician services in the SNF setting. The SNF bills these codes to the intermediary without a TC modifier.

**6 - Laboratory Physician Interpretation Codes:** These codes are for physician services to interpret lab tests. Intermediaries do not pay for these services. They reject the service and notify the SNF that the services must be billed to the carrier. Considered a billable physician service and may be paid by the carrier to the physician.

**7 - Therapy Services:** These services are only billable by the SNF to the intermediary. The TC modifier is not needed. Note that other modifiers may be required under the therapy fee schedule. These are not described here.

**8 - Physician Interpretation Codes:** An indicator of 8 signifies codes that represent the professional component of a clinical lab code for which separate payment may be made. It only applies to codes 88141, 85060, and P3001-26. A TC indicator is not applicable. Intermediaries do not pay for these services. They reject the service and notify the SNF that the services must be billed to the carrier. Carriers reimburse the physician for these codes when submitted.

**9 - Concept of a Professional/Technical Component Does Not Apply:** An indicator of 9 signifies a code that is not considered to be a physician service. Intermediaries pay for these services.

**Modifier Required** - Interprets the PC/TC indicator and tells the SNF whether it must bill a modifier to describe that the service is technical component. If a PC/TC modifier is required on a SNF claim it will always be TC. There may be a few other modifiers applicable to the claim to show unusual services for the code or to better describe the service. These are not described here. Consult the SNF manual or guidelines from your intermediary for these.

**Price Method** - This column describes the Part B price method for SNF claims. Possibilities are fee schedule, reasonable cost, reasonable charge. In some cases IC is shown to indicate that individual carriers develop fees. Ask the carrier for the fee. Charges for reasonable cost items

should be listed as Medicare charges on the SNF cost report. Other items are considered final payment and are not listed as Medicare charges. Note that this column applies to SNFs only.

**Pricing Indicator (alphanumeric file only)** - The pricing code from HCFA systems that identifies the pricing methodology under Part B

**00** Service not separately priced by Part B (e.g., services not covered, bundled, used by Part A only, etc.)

**Physician fee schedule and non-physician practitioners:**

**11** Price established using national relative value units (RVU's)

**12** Price established using national anesthesia base units

**13** Price established by Carriers (e.g., not otherwise classified, individual determination, Carrier discretion)

**Clinical Lab Fee Schedule:**

**21** Price subject to national limitation amount

**22** Price established by Carriers (e.g., gap-fills, Carrier established panels)

**31** Frequently serviced Durable Medical Equipment (DME) (Price subject to floors and ceilings)

**32** Inexpensive and routinely purchased DME (Price subject to floors and ceilings)

**33** Oxygen and oxygen equipment (Price subject to floors and ceilings)

**34** DME supplies (Price subject to floors and ceilings)

**35** Surgical dressings (Price subject to floors and ceilings)

**36** Capped rental DME (Price subject to floors and ceilings)

**37** Ostomy, tracheostomy, and urological supplies (Price subject to floors and ceilings)

**38** Orthotics, prosthetics, prosthetic devices and vision services (Price subject to floors and ceilings)

**45** Customized DME items

**46** Carrier priced (E.G., not otherwise classified, individual determination, Carrier discretion, gap-filled amounts)

**Other**

**51** Drugs

**52** Reasonable charge

**54** Vaccinations

**57** Other Carrier priced

**99** Value not established

**Comments** - There might be something else that you need to know about this code. It will be included here. An example would be that the physician must bill the carrier for the service, or the service is a preventive service covered under Part B, and the SNF or other provider or supplier that furnished the service may be billed separately under Part B. SNFs bill the intermediary. The statement "Category is DME. SNF cannot bill for this service unless it is approved as a DME Supplier" means the SNF cannot bill the service under Types of Bills (TOBs) 22X or 23X. If the SNF chooses to bill for DME services, it would have to establish a separate supplier number as a DME supplier and bill under supplier billing rules.

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
86850	RBC ANTIBODY SCREEN	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86860	RBC ANTIBODY ELUTION	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86870	RBC ANTIBODY IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86880	COOMBS TEST	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86885	COOMBS TEST	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86886	COOMBS TEST	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86890	AUTOLOGOUS BLOOD PROCESS	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86891	AUTOLOGOUS BLOOD, OP SALVAGE	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86900	BLOOD TYPING, ABO	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86901	BLOOD TYPING, RH (D)	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86903	BLOOD TYPING, ANTIGEN SCREEN	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86904	BLOOD TYPING, PATIENT SERUM	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86905	BLOOD TYPING, RBC ANTIGENS	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86906	BLOOD TYPING, RH PHENOTYPE	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86915	BONE MARROW/STEM CELL PREP	Yes	CIM 35-30 SNF 541	9	NA	Cost		Rendering provider bills
86920	COMPATIBILITY TEST	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86921	COMPATIBILITY TEST	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86922	COMPATIBILITY TEST	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86927	PLASMA, FRESH FROZEN	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86930	FROZEN BLOOD PREP	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86931	FROZEN BLOOD THAW	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86932	FROZEN BLOOD FREEZE/THAW	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86945	BLOOD PRODUCT/IRRADIATION	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86950	LEUKACYTE TRANSFUSION	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86965	POOLING BLOOD PLATELETS	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86970	RBC PRETREATMENT	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86971	RBC PRETREATMENT	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86972	RBC PRETREATMENT	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86975	RBC PRETREATMENT, SERUM	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86976	RBC PRETREATMENT, SERUM	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86977	RBC PRETREATMENT, SERUM	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86978	RBC PRETREATMENT, SERUM	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
86985	SPLIT BLOOD OR PRODUCTS	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89250	FERTILIZATION OF OOCYTE	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89251	CULTURE OOCYTE W/EMBRYOS	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89252	ASSIST OOCYTE FERTILIZATION	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89253	EMBRYO HATCHING	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89254	OOCYTE IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89255	PREPARE EMBRYO FOR TRANSFER	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89256	PREPARE CRYOPRESERVED EMBRYO	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89257	SPERM IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89258	CRYOPRESERVATION, EMBRYO	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89259	CRYOPRESERVATION, SPERM	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89260	SPERM ISOLATION, SIMPLE	Yes	SNF 260.1 SNF 541	9 1	NA	Cost		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
89261	SPERM ISOLATION, COMPLEX	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
89264	IDENTIFY SPERM TISSUE	Yes	SNF 260.1 SNF 541	9	NA	Cost		Rendering provider bills
90296	DIPHThERIA ANTITOXIN	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90371	HEP B IG, IM	No	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90375	RABIES IG, IM/SC	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90376	RABIES IG, HEAT TREATED	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90378	RSV IG, IM, 50MG	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90379	RSV IG, IV	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90384	RH IG, FULL-DOSE, IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90385	RH IG, MINIDOSE, IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90389	TETANUS IG, IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90393	VACCINA IG, IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90396	VARICELLA-ZOSTER IG, IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90476	ADENOVIRUS VACCINE, TYPE 4	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90477	ADENOVIRUS VACCINE, TYPE 7	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90581	ANTHRAX VACCINE, SC	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90585	BCG VACCINE, PERCUT	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90586	BCG VACCINE, INTRAVESICAL	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90632	HEP A VACCINE, ADULT IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90633	HEP A VACC, PED/ADOL, 2 DOSE	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90634	HEP A VACC, PED/ADOL, 3 DOSE	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90636	HEP A/HEP B VACC, ADULT IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90645	HIB VACCINE, HBOC, IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90646	HIB VACCINE, PRP-D, IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90647	HIB VACCINE, PRP-OMP, IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90648	HIB VACCINE, PRP-T, IM	Yes	MCM 2049.4, MCM 2320	9 2	NA	Cost		Review manual references for special billing instructions

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
90657	FLU VACCINE, 6-35 MO, IM	No	MCM 2049.4, MCM 2320 SNF 536	9	NA	Cost		SNFs bill for this service
90658	FLU VACCINE, 3 YRS, IM	No	MCM 2049.4, MCM 2320 SNF 536	9	NA	Cost		SNFs bill for this service
90659	FLU VACCINE, WHOLE, IM	No	MCM 2049.4, MCM 2320 SNF 536	9	NA	Cost		SNFs bill for this service
90660	FLU VACCINE, NASAL	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Rendering provider may bill or SNF may bill under arrangements
90665	LYME DISEASE VACCINE, IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90669	PNEUMOCOCCAL VACC, PED<5	Yes	Non-covered by Medicare	9	NA	Cost		Review manual references for special billing instructions
90675	RABIES VACCINE, IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90676	RABIES VACCINE, ID	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90680	ROTOVIRUS VACCINE, ORAL	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90690	TYPHOID VACCINE, ORAL	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90691	TYPHOID VACCINE, IM	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90692	TYPHOID VACCINE, H-P, SC/ID	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90693	TYPHOID VACCINE, AKD, SC	Yes	MCM 2049.4, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90700	DTAP VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90701	DTP VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90702	DT VACCINE < 7, IM	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90703	TETANUS VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90704	MUMPS VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90705	MEASLES VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90706	RUBELLA VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90707	MMR VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90708	MEASLES-RUBELLA VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90709	RUBELLA & MUMPS VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90710	MMRV VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90712	ORAL POLIOVIRUS VACCINE	Yes	MCM 2050.5, MCM 2320	9 <sub>3</sub>	NA	Cost		Review manual references for special billing instructions



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
90713	POLIOVIRUS, IPV, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90716	CHICKEN POX VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90717	YELLOW FEVER VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90718	TD VACCINE > 7, IM	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90719	DIPHThERIA VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90720	DTP/HIB VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90721	DTAP/HIB VACCINE, IM	Yes	MCM 2049.4B	9	NA	Cost		Review manual references for special billing instructions
90723	DTAP-HEP B-IPV VACCINE, IM	No		9	NA	Cost		Review manual references for special billing instructions
90725	CHOLERA VACCINE, INJECTABLE	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90727	PLAGUE VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90732	PNEUMOCOCCAL VACC, ADULT/ILL	No	MCM 2050.5, MCM 2320 SNF 536	9	NA	Cost		Review manual references for special billing instructions
90733	MENINGOCOCCAL VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90735	ENCEPHALITIS VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90740	HEPB VACC, ILL PAT 3 DOSE IM	No	MCM 2050.2, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90743	HEP B VACC, ADOL, 2 DOSE, IM	No	MCM 2050, MCM 2055, MCM 2320	9	NA	Cost		Review manual references for special billing instructions
90744	HEPB VACC PED/ADOL 3 DOSE IM	No	MCM 2050, MCM 2055, MCM 2320 SNF 536	9	NA	Cost		Review manual references for special billing instructions
90746	HEP B VACCINE, ADULT, IM	No	MCM 2050, MCM 2055, MCM 2320 SNF 536	9	NA	Cost		Review manual references for special billing instructions
90747	HEPB VACC, ILL PAT 4 DOSE IM	No	MCM 2050.2, MCM 2320 SNF 536	9	NA	Cost		Review manual references for special billing instructions
90748	HEP B/HIB VACCINE, IM	No	SNF 536	9	NA	Cost		Review manual references for special billing instructions
90749	VACCINE TOXOID	Yes	MCM 2050.2, MCM 2320	5	NA	Cost		Review manual references for special billing instructions
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	Yes	SNF 535	9	NA	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A4565	SLINGS	Yes	MIM 3110	9	NA	Cost	52	SNFs bill for this service
A4572	RIB BELT	Yes	MIM 3110	9	NA	Cost	52	SNFs bill for this service
A4641	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, NOT OTHERWISE CLASSIFIED	Yes	MCM 15030 SNF 533.1H	9	NA	Cost	51	Category is drugs SNF or supplier may bill
A4642	SUPPLY OF SATUMOMAB PENDETIDE, RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, PER DOSE	Yes	MCM 15030 SNF 533.1H	9	NA	Cost	51	Category is drugs SNF or supplier may bill

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A4643	SUPPLY OF ADDITIONAL HIGH DOSE CONTRAST MATERIAL(S) DURING MAGNETIC RESONANCE IMAGING, E.G., GADOTERIDOL INJECTION	Yes	MCM 15030 SNF 534	9	NA	Cost	51	Category is drugs SNF or supplier may bill
A4644	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (100-199 MGS OF IODINE)	Yes	MCM 15022, MCM 15030 SNF 534	9	NA	Cost	51	Category is drugs SNF or supplier may bill
A4645	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (200-299 MGS OF IODINE)	Yes	MCM 15022, MCM 15030 SNF 534	9	NA	Cost	51	Category is drugs SNF or supplier may bill
A4646	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (300-399 MGS OF IODINE)	Yes	MCM 15022, MCM 15030 SNF 534	9	NA	Cost	51	Category is drugs SNF or supplier may bill
A9500	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M SESTAMIBI, PER DOSE	Yes	MCM 15022 SNF 533.1H	9	NA	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9502	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M TETROFOSMIN, PER UNIT DOSE	Yes	MCM 15022 SNF 230.5D	9	NA	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9503	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M, MEDRONATE, UP TO 30 MCI	Yes	MCM 15022 SNF 230.5 SNF 533.1H	9	NA	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9504	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M APCITIDE	Yes	MCM 15022 SNF 230.5 .D SNF 535	9	NA	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9505	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, THALLOUS CHLORIDE TL 201, PER MCI	Yes	MCM 15022 SNF 533.2H	9	NA	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9507	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM IN 111 CAPROMAB PENDETIDE, PER DOSE	Yes	MCM 15022 SNF 230.5 SNF 535	9	NA	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9508	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, IOBENGUANE SULFATE I-131, PER 0.5 MCI	Yes	MCM 15030 SNF 230.5 SNF 535	9	NA	Cost	51	Category is drugs SNF or supplier may bill
A9510	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M DISOFENIN, PER VIAL	Yes	MCM 15030 SNF 230.5 SNF 535	9	NA	Cost	51	Category is drugs SNF or supplier may bill
A9600	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, STRONTIUM-89 CHLORIDE, PER MCI	Yes	SNF 230.5 SNF 535	9	NA	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9605	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, SAMARIUM SM 153 LEXIDRONAMM, 50 MCI	Yes	SNF 230.5 SNF 535	9	NA	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	Yes	MCM 15022-15030 SNF 230.5 SNF 230.5 SNF 535	9	NA	Cost	57	Rendering provider may bill or SNF may bill under arrangements
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	No	MIM 3660.7 SNF 536	9 5	NA	Cost	54	SNFs must bill this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	No	MIM 3660.7 SNF 536	9	NA	Cost	54	SNFs must bill this service
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	No	MIM 3660.7 SNF 536	9	NA	Cost	54	SNFs must bill this service
G0178	INTENSITY MODULATED RADIATION THERAPY (IMRT) DELIVERY TO MULTIPLE AREAS WITH TREATMENT SET UP AND VERIFICATION IMAGES	Yes		9	NA	Cost	11	Rendering provider may bill or SNF may bill under arrangements
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	Yes	MCM 2049 MCM 5245	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	Yes	MCM 2049 MCM 5245	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	Yes	MCM 2049 MCM 5245	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7194	FACTOR IX, COMPLEX, PER I.U.	Yes	MCM 2049 MCM 5245	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	Yes	MCM 2049 MCM 5245	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7198	ANTI-INHIBITOR, PER I.U.	Yes	MCM 2049 CIM 45-24 MCM 5245	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	Yes	MCM 2049 CIM 45-24 MCM 5245	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7500	AZATHIOPRINE, ORAL, 50 MG	Yes	MCM 2049.5 SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	Yes	MCM 2049.5 SNF 543	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7502	CYCLOSPORINE, ORAL, 100 MG	Yes	MCM 2049.5 SNF 542	9	NA	Cost	57	Rendering provider may bill or SNF may bill under arrangements
J7503	CYCLOSPORINE, PARENTERAL, PER 50 MG	Yes	MCM 2049 SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, PARENTERAL, 250 MG	Yes	MCM 2049 CIM 45-22 SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	Yes	MCM 2049 SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7506	PREDNISONE, ORAL, PER 5MG	Yes	MCM 2049 SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7507	TACROLIMUS, ORAL, PER 1 MG	Yes	MCM 2049.5 SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7508	TACROLIMUS, ORAL, PER 5 MG	Yes	MCM 2049.5 SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	Yes	MCM 2049.5 SNF 543	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7510	PREDNISOLONE ORAL, PER 5 MG	Yes	MCM 2049.5 SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7513	DACLIZUMAB, PARENTERAL, 25 MG	Yes	MCM 2049.5 SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	Yes	SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J7525	TACROLIMUS, PARENTERAL, 5 MG	Yes	MCM 2049.5 SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8510	BUSULFAN; ORAL, 2 MG	Yes	MCM 2049.5 SNF 536.1 B	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8520	CAPECITABINE, ORAL, 150 MG	Yes	MCM 2049.5 SNF 536.1 B	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8521	CAPECITABINE, ORAL, 500 MG	Yes	MCM 2049.5 SNF 536.1 B	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG	Yes	MCM 2049.5 SNF 536.1 B SNF 542	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8560	ETOPOSIDE; ORAL, 50 MG	Yes	MCM 2049.5 SNF 536.1 B	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8600	MELPHALAN; ORAL, 2 MG	Yes	MCM 2049.5 SNF 536.1 B	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8610	METHOTREXATE; ORAL, 2.5 MG	Yes	MCM 2049.5 SNF 536.1 B	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8700	TEMOZOLMIDE, ORAL, 5 MG	Yes	MCM 2049.5 SNF 536.1 B	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	Yes	MCM 2049.5 SNF 536.1 B	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT	Yes	MCM 2455A SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9011	BLOOD (SPLIT UNIT), SPECIFY AMOUNT	Yes	MCM 2455A SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9012	CRYOPRECIPITATE, EACH UNIT	Yes	MCM 2455B SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9016	RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	Yes	MCM 2455B SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9017	FRESH FROZEN PLASMA (SINGLE DONOR), EACH UNIT	Yes	MCM 2455B SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9019	PLATELETS, EACH UNIT	Yes	MCM 2455B SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9020	PLATELET RICH PLASMA, EACH UNIT	Yes	MCM 2455B SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9021	RED BLOOD CELLS, EACH UNIT	Yes	MCM 2455A SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9022	RED BLOOD CELLS, WASHED, EACH UNIT	Yes	MCM 2455A SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9023	PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FROZEN, EACH UNIT	Yes	MCM 2455B SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9032	PLATELETS, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9034	PLATELETS, PHERESIS, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9036	PLATLETS, PHERESIS, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50ML	Yes	SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9042	INFUSION, ALBUMIN (HUMAN), 25%, 10ML	Yes	SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	Yes	MCM 2455 B SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	Yes	MCM 2455 B SNF 230.6	9	NA	Cost	52	Rendering provider may bill or SNF may bill under arrangements
K0415	PRESCRIPTION ANTIEMETIC DRUG, ORAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	Yes	MCM 2049.5C SNF 536.1C	NA	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
K0416	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	Yes	MCM 2049.5C SNF 536.1C	NA	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0136	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	Yes	MCM 2049	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0160	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	Yes	MCM 2049 MCM 5245	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0161	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	Yes	MCM 2049 MCM 5245	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
Q0165	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0167	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0168	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0170	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
Q0171	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0172	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0174	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0176	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0178	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0179	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0187	FACTOR VIIA (COAGULATION FACTOR, RECOMBINANT) PER 1.2 MG	Yes	MCM 2049 MCM 5245	9	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
29520	STRAPPING OF HIP	Yes	SNF 516 SNF 532	0	NA	Fee		SNFs must bill this therapy service
29530	STRAPPING OF KNEE	Yes	SNF 516 SNF 532	0	NA	Fee		SNFs must bill this therapy service
36550	DECLLOT VASCULAR DEVICE	Yes		9	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
37195	THROMBOLYTIC THERAPY, STROKE	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
62252	CSF SHUNT REPROGRAM	Yes	SNF 516	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70010	CONTRAST X-RAY OF BRAIN	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70015	CONTRAST X-RAY OF BRAIN	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
70030	X-RAY EYE FOR FOREIGN BODY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70100	X-RAY EXAM OF JAW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70110	X-RAY EXAM OF JAW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70120	X-RAY EXAM OF MASTOIDS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70130	X-RAY EXAM OF MASTOIDS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70134	X-RAY EXAM OF MIDDLE EAR	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70140	X-RAY EXAM OF FACIAL BONES	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70150	X-RAY EXAM OF FACIAL BONES	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70160	X-RAY EXAM OF NASAL BONES	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70170	X-RAY EXAM OF TEAR DUCT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70190	X-RAY EXAM OF EYE SOCKETS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70200	X-RAY EXAM OF EYE SOCKETS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70210	X-RAY EXAM OF SINUSES	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70220	X-RAY EXAM OF SINUSES	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70240	X-RAY EXAM, PITUITARY SADDLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70250	X-RAY EXAM OF SKULL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70260	X-RAY EXAM OF SKULL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70300	X-RAY EXAM OF TEETH	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70310	X-RAY EXAM OF TEETH	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70320	FULL MOUTH X-RAY OF TEETH	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70328	X-RAY EXAM OF JAW JOINT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70330	X-RAY EXAM OF JAW JOINTS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70332	X-RAY EXAM OF JAW JOINT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70350	X-RAY HEAD FOR ORTHODONTIA	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70355	PANORAMIC X-RAY OF JAWS	Yes	SNF 260.1 SNF 533	1 <sup>2</sup>	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
70360	X-RAY EXAM OF NECK	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70370	THROAT X-RAY & FLUOROSCOPY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70371	SPEECH EVALUATION, COMPLEX	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70373	CONTRAST X-RAY OF LARYNX	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70380	X-RAY EXAM OF SALIVARY GLAND	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
70390	X-RAY EXAM OF SALIVARY DUCT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71010	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71015	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71020	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71021	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71022	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71023	CHEST X-RAY AND FLUOROSCOPY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71030	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71034	CHEST X-RAY AND FLUOROSCOPY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71035	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71040	CONTRAST X-RAY OF BRONCHI	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71060	CONTRAST X-RAY OF BRONCHI	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71090	X-RAY & PACEMAKER INSERTION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71100	X-RAY EXAM OF RIBS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71101	X-RAY EXAM OF RIBS/CHEST	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71110	X-RAY EXAM OF RIBS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71111	X-RAY EXAM OF RIBS/ CHEST	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71120	X-RAY EXAM OF BREASTBONE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
71130	X-RAY EXAM OF BREASTBONE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72010	X-RAY EXAM OF SPINE	Yes	SNF 260.1 SNF 533	1 <sup>3</sup>	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
72020	X-RAY EXAM OF SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72040	X-RAY EXAM OF NECK SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72050	X-RAY EXAM OF NECK SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72052	X-RAY EXAM OF NECK SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72069	X-RAY EXAM OF TRUNK SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72070	X-RAY EXAM OF THORACIC SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72072	X-RAY EXAM OF THORACIC SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72074	X-RAY EXAM OF THORACIC SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72080	X-RAY EXAM OF TRUNK SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72090	X-RAY EXAM OF TRUNK SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72100	X-RAY EXAM OF LOWER SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72110	X-RAY EXAM OF LOWER SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72114	X-RAY EXAM OF LOWER SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72120	X-RAY EXAM OF LOWER SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72170	X-RAY EXAM OF PELVIS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72190	X-RAY EXAM OF PELVIS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72200	X-RAY EXAM SACROILIAC JOINTS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72202	X-RAY EXAM SACROILIAC JOINTS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72220	X-RAY EXAM OF TAILBONE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72240	CONTRAST X-RAY OF NECK SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72255	CONTRAST X-RAY, THORAX SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72265	CONTRAST X-RAY, LOWER SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72270	CONTRAST X-RAY OF SPINE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72275	EPIDUROGRAPHY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
72285	X-RAY C/T SPINE DISK	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
72295	X-RAY OF LOWER SPINE DISK	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73000	X-RAY EXAM OF COLLAR BONE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73010	X-RAY EXAM OF SHOULDER BLADE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73020	X-RAY EXAM OF SHOULDER	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73030	X-RAY EXAM OF SHOULDER	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73040	CONTRAST X-RAY OF SHOULDER	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73050	X-RAY EXAM OF SHOULDERS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73060	X-RAY EXAM OF HUMERUS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73070	X-RAY EXAM OF ELBOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73080	X-RAY EXAM OF ELBOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73085	CONTRAST X-RAY OF ELBOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73090	X-RAY EXAM OF FOREARM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73092	X-RAY EXAM OF ARM, INFANT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73100	X-RAY EXAM OF WRIST	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73110	X-RAY EXAM OF WRIST	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73115	CONTRAST X-RAY OF WRIST	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73120	X-RAY EXAM OF HAND	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73130	X-RAY EXAM OF HAND	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73140	X-RAY EXAM OF FINGER(S)	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73500	X-RAY EXAM OF HIP	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73510	X-RAY EXAM OF HIP	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73520	X-RAY EXAM OF HIPS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73525	CONTRAST X-RAY OF HIP	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73530	X-RAY EXAM OF HIP	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73540	X-RAY EXAM OF PELVIS & HIPS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
73542	X-RAY EXAM, SACROILIAC JOINT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73550	X-RAY EXAM OF THIGH	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73560	X-RAY EXAM OF KNEE, 1 OR 3	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73562	X-RAY EXAM OF KNEE, 4	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73564	X-RAY EXAM, KNEE, 4 OR MORE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73565	X-RAY EXAM OF KNEES	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73580	CONTRAST X-RAY OF KNEE JOINT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73590	X-RAY EXAM OF LOWER LEG	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73592	X-RAY EXAM OF LEG, INFANT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73600	X-RAY EXAM OF ANKLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73610	X-RAY EXAM OF ANKLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73615	CONTRAST X-RAY OF ANKLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73620	X-RAY EXAM OF FOOT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73630	X-RAY EXAM OF FOOT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73650	X-RAY EXAM OF HEEL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
73660	X-RAY EXAM OF TOE(S)	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74000	X-RAY EXAM OF ABDOMEN	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74010	X-RAY EXAM OF ABDOMEN	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74020	X-RAY EXAM OF ABDOMEN	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74022	X-RAY EXAM SERIES, ABDOMEN	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74190	X-RAY EXAM OF PERITONEUM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74210	CONTRST X-RAY EXAM OF THROAT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74220	CONTRAST X-RAY, ESOPHAGUS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74230	CINEMA X-RAY, THROAT/ESOPH	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74235	REMOVE ESOPHAGUS OBSTRUCTION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
74240	X-RAY EXAM, UPPER GI TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74241	X-RAY EXAM, UPPER GI TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74245	X-RAY EXAM, UPPER GI TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74246	CONTRST X-RAY UPPR GI TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74247	CONTRST X-RAY UPPR GI TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74249	CONTRST X-RAY UPPR GI TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74250	X-RAY EXAM OF SMALL BOWEL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74251	X-RAY EXAM OF SMALL BOWEL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74260	X-RAY EXAM OF SMALL BOWEL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74270	CONTRAST X-RAY EXAM OF COLON	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74280	CONTRAST X-RAY EXAM OF COLON	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74283	CONTRAST X-RAY EXAM OF COLON	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74290	CONTRAST X-RAY, GALLBLADDER	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74291	CONTRAST X-RAYS, GALLBLADDER	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74301	X-RAYS AT SURGERY ADD-ON	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74305	X-RAY BILE DUCTS/PANCREAS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74320	CONTRAST X-RAY OF BILE DUCTS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74327	X-RAY BILE STONE REMOVAL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74328	XRAY BILE DUCT ENDOSCOPY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74329	X-RAY FOR PANCREAS ENDOSCOPY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74330	X-RAY BILE/PANC ENDOSCOPY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74340	X-RAY GUIDE FOR GI TUBE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74350	X-RAY GUIDE, STOMACH TUBE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74355	X-RAY GUIDE, INTESTINAL TUBE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74360	X-RAY GUIDE, GI DILATION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
74363	X-RAY, BILE DUCT DILATION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74400	CONTRST X-RAY, URINARY TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74410	CONTRST X-RAY, URINARY TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74415	CONTRST X-RAY, URINARY TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74420	CONTRST X-RAY, URINARY TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74425	CONTRST X-RAY, URINARY TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74430	CONTRAST X-RAY, BLADDER	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74440	X-RAY, MALE GENITAL TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74445	X-RAY EXAM OF PENIS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74450	X-RAY, URETHRA/BLADDER	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74455	X-RAY, URETHRA/BLADDER	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74470	X-RAY EXAM OF KIDNEY LESION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74475	X-RAY CONTROL, CATH INSERT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74480	X-RAY CONTROL, CATH INSERT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74485	X-RAY GUIDE, GU DILATION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74710	X-RAY MEASUREMENT OF PELVIS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74740	X-RAY, FEMALE GENITAL TRACT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74742	X-RAY, FALLOPIAN TUBE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
74775	X-RAY EXAM OF PERINEUM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
75945	INTRAVASCULAR US	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
75946	INTRAVASCULAR US ADD-ON	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
75984	XRAY CONTROL CATHETER CHANGE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
75989	ABSCESS DRAINAGE UNDER X-RAY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76000	FLUOROSCOPE EXAMINATION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76001	FLUOROSCOPE EXAM, EXTENSIVE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
76003	NEEDLE LOCALIZATION BY X-RAY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76005	FLUOROGUIDE FOR SPINE INJECT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76010	X-RAY, NOSE TO RECTUM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76020	X-RAYS FOR BONE AGE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76040	X-RAYS, BONE EVALUATION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76061	X-RAYS, BONE SURVEY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76062	X-RAYS, BONE SURVEY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76065	X-RAYS, BONE EVALUATION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76066	JOINT(S) SURVEY, SINGLE FILM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76075	DUAL ENERGY X-RAY STUDY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76076	DUAL ENERGY X-RAY STUDY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76078	PHOTODENSITOMETRY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76080	X-RAY EXAM OF FISTULA	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76086	X-RAY OF MAMMARY DUCT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76088	X-RAY OF MAMMARY DUCTS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76090	MAMMOGRAM, ONE BREAST	Yes	MIM 3660.10 MCM 4601 SNF 260.1 SNF 537	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76091	MAMMOGRAM, BOTH BREASTS	Yes	MIM 3660.10 MCM 4601 SNF 260.1 SNF 537	1	Yes	Fee		SNFs must bill this service
76095	STEREOTACTIC BREAST BIOPSY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76096	X-RAY OF NEEDLE WIRE, BREAST	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76098	X-RAY EXAM, BREAST SPECIMEN	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76100	X-RAY EXAM OF BODY SECTION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76101	COMPLEX BODY SECTION X-RAY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76102	COMPLEX BODY SECTION X-RAYS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76120	CINEMATIC X-RAYS	Yes	SNF 260.1 SNF 533	19	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
76125	CINEMATIC X-RAYS ADD-ON	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76150	X-RAY EXAM, DRY PROCESS	Yes	SNF 260.1 SNF 533	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
76350	SPECIAL X-RAY CONTRAST STUDY	Yes	SNF 260.1 SNF 533	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
76393	MR GUIDANCE FOR NEEDLE PLACE	No	SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76506	ECHO EXAM OF HEAD	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76511	ECHO EXAM OF EYE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76512	ECHO EXAM OF EYE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76513	ECHO EXAM OF EYE, WATER BATH	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76516	ECHO EXAM OF EYE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76519	ECHO EXAM OF EYE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76529	ECHO EXAM OF EYE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76536	ECHO EXAM OF HEAD AND NECK	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76604	ECHO EXAM OF CHEST	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76645	ECHO EXAM OF BREAST(S)	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76700	ECHO EXAM OF ABDOMEN	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76705	ECHO EXAM OF ABDOMEN	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76770	ECHO EXAM ABDOMEN BACK WALL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76775	ECHO EXAM ABDOMEN BACK WALL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76778	ECHO EXAM KIDNEY TRANSPLANT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76800	ECHO EXAM SPINAL CANAL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76805	ECHO EXAM OF PREGNANT UTERUS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76810	ECHO EXAM OF PREGNANT UTERUS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76815	ECHO EXAM OF PREGNANT UTERUS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76816	ECHO EXAM FOLLOW-UP/REPEAT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76818	FETL BIOPHYS PROFIL W/STRESS	Yes	SNF 260.1 SNF 533	1 <sup>20</sup>	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
76819	FETL BIOPHYS PROFIL W/O STRS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76825	ECHO EXAM OF FETAL HEART	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76826	ECHO EXAM OF FETAL HEART	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76827	ECHO EXAM OF FETAL HEART	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76828	ECHO EXAM OF FETAL HEART	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76830	ECHO EXAM, TRANSVAGINAL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76831	ECHO EXAM, UTERUS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76856	ECHO EXAM OF PELVIS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76857	ECHO EXAM OF PELVIS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76870	ECHO EXAM OF SCROTUM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76872	ECHO EXAM, TRANSRECTAL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76873	ECHOGRAP TRANS R, PROS STUDY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76880	ECHO EXAM OF EXTREMITY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76885	ECHO EXAM, INFANT HIPS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76886	ECHO EXAM, INFANT HIPS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76930	ECHO GUIDE, CARDIOCENTESIS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76932	ECHO GUIDE FOR HEART BIOPSY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76936	ECHO GUIDE FOR ARTERY REPAIR	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76941	ECHO GUIDE FOR TRANSFUSION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76942	ECHO GUIDE FOR BIOPSY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76945	ECHO GUIDE, VILLUS SAMPLING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76946	ECHO GUIDE FOR AMNIOCENTESIS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76948	ECHO GUIDE, OVA ASPIRATION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76950	ECHO GUIDANCE RADIOTHERAPY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76965	ECHO GUIDANCE RADIOTHERAPY	Yes	SNF 260.1 SNF 533	1,21	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
76970	ULTRASOUND EXAM FOLLOW-UP	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76975	GI ENDOSCOPIC ULTRASOUND	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76977	US BONE DENSITY MEASURE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
76986	ULTRASOUND GUIDE INTRAOPER	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78000	THYROID, SINGLE UPTAKE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78001	THYROID, MULTIPLE UPTAKES	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78003	THYROID SUPPRESS/STIMUL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78006	THYROID IMAGING WITH UPTAKE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78007	THYROID IMAGE, MULT UPTAKES	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78010	THYROID IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78011	THYROID IMAGING WITH FLOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78015	THYROID MET IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78016	THYROID MET IMAGING/STUDIES	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78018	THYROID MET IMAGING, BODY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78020	THYROID MET UPTAKE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78070	PARATHYROID NUCLEAR IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78075	ADRENAL NUCLEAR IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78102	BONE MARROW IMAGING, LTD	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78103	BONE MARROW IMAGING, MULT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78104	BONE MARROW IMAGING, BODY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78110	PLASMA VOLUME, SINGLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78111	PLASMA VOLUME, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78120	RED CELL MASS, SINGLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78121	RED CELL MASS, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78122	BLOOD VOLUME	Yes	SNF 260.1 SNF 533	1 <sup>22</sup>	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
78130	RED CELL SURVIVAL STUDY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78135	RED CELL SURVIVAL KINETICS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78140	RED CELL SEQUESTRATION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78160	PLASMA IRON TURNOVER	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78162	IRON ABSORPTION EXAM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78170	RED CELL IRON UTILIZATION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78185	SPLEEN IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78190	PLATELET SURVIVAL, KINETICS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78191	PLATELET SURVIVAL	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78195	LYMPH SYSTEM IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78201	LIVER IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78202	LIVER IMAGING WITH FLOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78205	LIVER IMAGING (3D)	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78206	LIVER IMAGE (3D) W/FLOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78215	LIVER AND SPLEEN IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78216	LIVER & SPLEEN IMAGE/FLOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78220	LIVER FUNCTION STUDY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78223	HEPATOBIILIARY IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78230	SALIVARY GLAND IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78231	SERIAL SALIVARY IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78232	SALIVARY GLAND FUNCTION EXAM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78258	ESOPHAGEAL MOTILITY STUDY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78261	GASTRIC MUCOSA IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78262	GASTROESOPHAGEAL REFLUX EXAM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78264	GASTRIC EMPTYING STUDY	Yes	SNF 260.1 SNF 533	1 <sup>23</sup>	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
78267	BREATH TST ATTAIN/ANAL C-14	Yes	SNF 260.1 SNF 533	9	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
78268	BREATH TEST ANALYSIS, C-14	Yes	SNF 260.1 SNF 533	9	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
78270	VIT B-12 ABSORPTION EXAM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78271	VIT B-12 ABSORP EXAM, IF	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78272	VIT B-12 ABSORP, COMBINED	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78278	ACUTE GI BLOOD LOSS IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78282	GI PROTEIN LOSS EXAM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78290	MECKEL'S DIVERT EXAM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78291	LEVEEN/SHUNT PATENCY EXAM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78300	BONE IMAGING, LIMITED AREA	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78305	BONE IMAGING, MULTIPLE AREAS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78306	BONE IMAGING, WHOLE BODY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78315	BONE IMAGING, 3 PHASE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78320	BONE IMAGING (3D)	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78350	BONE MINERAL, SINGLE PHOTON	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78414	NON-IMAGING HEART FUNCTION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78428	CARDIAC SHUNT IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78445	VASCULAR FLOW IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78455	VENOUS THROMBOSIS STUDY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78456	ACUTE VENOUS THROMBUS IMAGE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78457	VENOUS THROMBOSIS IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78458	VEN THROMBOSIS IMAGES, BILAT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78460	HEART MUSCLE BLOOD, SINGLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78461	HEART MUSCLE BLOOD, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78464	HEART IMAGE (3D), SINGLE	Yes	SNF 260.1 SNF 533	1 <sup>24</sup>	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
78465	HEART IMAGE (3D), MULTIPLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78466	HEART INFARCT IMAGE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78468	HEART INFARCT IMAGE (EF)	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78469	HEART INFARCT IMAGE (3D)	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78472	GATED HEART, PLANAR, SINGLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78473	GATED HEART, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78478	HEART WALL MOTION ADD-ON	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78480	HEART FUNCTION ADD-ON	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78481	HEART FIRST PASS, SINGLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78483	HEART FIRST PASS, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78494	HEART IMAGE, SPECT	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78496	HEART FIRST PASS ADD-ON	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78580	LUNG PERFUSION IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78584	LUNG V/Q IMAGE SINGLE BREATH	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78585	LUNG V/Q IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78586	AEROSOL LUNG IMAGE, SINGLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78587	AEROSOL LUNG IMAGE, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78588	PERFUSION LUNG IMAGE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78591	VENT IMAGE, 1 BREATH, 1 PROJ	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78593	VENT IMAGE, 1 PROJ, GAS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78594	VENT IMAGE, MULT PROJ, GAS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78596	LUNG DIFFERENTIAL FUNCTION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78600	BRAIN IMAGING, LTD STATIC	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78601	BRAIN IMAGING, LTD W/ FLOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78605	BRAIN IMAGING, COMPLETE	Yes	SNF 260.1 SNF 533	1 <sup>25</sup>	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
78606	BRAIN IMAGING, COMPL W/FLOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78607	BRAIN IMAGING (3D)	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78610	BRAIN FLOW IMAGING ONLY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78615	CEREBRAL BLOOD FLOW IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78630	CEREBROSPINAL FLUID SCAN	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78635	CSF VENTRICULOGRAPHY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78645	CSF SHUNT EVALUATION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78647	CEREBROSPINAL FLUID SCAN	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78650	CSF LEAKAGE IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78660	NUCLEAR EXAM OF TEAR FLOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78699	NERVOUS SYSTEM NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78701	KIDNEY IMAGING WITH FLOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78704	IMAGING RENOGRAM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78707	KIDNEY FLOW/FUNCTION IMAGE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78708	KIDNEY FLOW/FUNCTION IMAGE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78709	KIDNEY FLOW/FUNCTION IMAGE	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78710	KIDNEY IMAGING (3D)	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78715	RENAL VASCULAR FLOW EXAM	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78725	KIDNEY FUNCTION STUDY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78730	URINARY BLADDER RETENTION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78740	URETERAL REFLUX STUDY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78760	TESTICULAR IMAGING	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78761	TESTICULAR IMAGING/FLOW	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78800	TUMOR IMAGING, LIMITED AREA	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78801	TUMOR IMAGING, MULT AREAS	Yes	SNF 260.1 SNF 533	1 <sup>26</sup>	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
78802	TUMOR IMAGING, WHOLE BODY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78803	TUMOR IMAGING (3D)	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78805	ABSCESS IMAGING, LTD AREA	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78806	ABSCESS IMAGING, WHOLE BODY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
78807	NUCLEAR LOCALIZATION/ABSCESS	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
79000	INIT HYPERTHYROID THERAPY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
79001	REPEAT HYPERTHYROID THERAPY	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
79020	THYROID ABLATION	Yes	SNF 260.1 SNF 533	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
80048	BASIC METABOLIC PANEL	Yes	MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80051	ELECTROLYTE PANEL	Yes	MCM 2070.1m MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80053	COMPREHEN METABOLIC PANEL	Yes	MCM 2070.1m MCM 5114.1 SNF 260.1 SNF260.1 SNF 541	9	NA	Fee		Rendering provider bills
80061	LIPID PANEL	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
80069	RENAL FUNCTION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80072	ARTHRITIS PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80074	ACUTE HEPATITIS PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80076	HEPATIC FUNCTION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80090	TORCH ANTIBODY PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80100	DRUG SCREEN, QUALITATE/MULTI	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80101	DRUG SCREEN, SINGLE	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
80102	DRUG CONFIRMATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80150	ASSAY OF AMIKACIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80152	ASSAY OF AMITRIPTYLINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80154	ASSAY OF BENZODIAZEPINES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80156	ASSAY, CARBAMAZEPINE, TOTAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80157	ASSAY, CARBAMAZEPINE, FREE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80158	ASSAY OF CYCLOSPORINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80160	ASSAY OF DESIPRAMINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80162	ASSAY OF DIGOXIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80164	ASSAY, DIPROPYLACETIC ACID	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80166	ASSAY OF DOXEPIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80168	ASSAY OF ETHOSUXIMIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80170	ASSAY OF GENTAMICIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80172	ASSAY OF GOLD	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80173	ASSAY OF HALOPERIDOL	Yes	SNF 260.1 SNF 541	927	NA	Fee		Rendering provider bills



HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
80174	ASSAY OF IMIPRAMINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80176	ASSAY OF LIDOCAINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80178	ASSAY OF LITHIUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80182	ASSAY OF NORTRIPTYLINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80184	ASSAY OF PHENOBARBITAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80185	ASSAY OF PHENYTOIN, TOTAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80186	ASSAY OF PHENYTOIN, FREE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80188	ASSAY OF PRIMIDONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80190	ASSAY OF PROCAINAMIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80192	ASSAY OF PROCAINAMIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80194	ASSAY OF QUINIDINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80196	ASSAY OF SALICYLATE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80197	ASSAY OF TACROLIMUS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80198	ASSAY OF THEOPHYLLINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80200	ASSAY OF TOBRAMYCIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80201	ASSAY OF TOPIRAMATE	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80202	ASSAY OF VANCOMYCIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80400	ACTH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80402	ACTH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80406	ACTH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80408	ALDOSTERONE SUPPRESSION EVAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80410	CALCITONIN STIMUL PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80412	CRH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80414	TESTOSTERONE RESPONSE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80415	ESTRADIOL RESPONSE PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80416	RENIN STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80417	RENIN STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80418	PITUITARY EVALUATION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80420	DEXAMETHASONE PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80422	GLUCAGON TOLERANCE PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80424	GLUCAGON TOLERANCE PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80426	GONADOTROPIN HORMONE PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80428	GROWTH HORMONE PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80430	GROWTH HORMONE PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80432	INSULIN SUPPRESSION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80434	INSULIN TOLERANCE PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80435	INSULIN TOLERANCE PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80436	METYRAPONE PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80438	TRH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80439	TRH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
80440	TRH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
81000	URINALYSIS, NONAUTO W/SCOPE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
81001	URINALYSIS, AUTO W/SCOPE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
81002	URINALYSIS NONAUTO W/O SCOPE	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
81003	URINALYSIS, AUTO, W/O SCOPE	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
81005	URINALYSIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
81007	URINE SCREEN FOR BACTERIA	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
81015	MICROSCOPIC EXAM OF URINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
81020	URINALYSIS, GLASS TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
81025	URINE PREGNANCY TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
81050	URINALYSIS, VOLUME MEASURE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82000	ASSAY OF BLOOD ACETALDEHYDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82003	ASSAY OF ACETAMINOPHEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82009	TEST FOR ACETONE/KETONES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82010	ACETONE ASSAY	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82013	ACETYLCHOLINESTERASE ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82016	ACYLCARNITINES, QUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82017	ACYLCARNITINES, QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82024	ASSAY OF ACTH	Yes	CIM 50-34 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82030	ASSAY OF ADP & AMP	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82040	ASSAY OF SERUM ALBUMIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82042	ASSAY OF URINE ALBUMIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82043	MICROALBUMIN, QUANTITATIVE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82044	MICROALBUMIN, SEMIQUANT	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82055	ASSAY OF ETHANOL	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82075	ASSAY OF BREATH ETHANOL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82085	ASSAY OF ALDOLASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82088	ASSAY OF ALDOSTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82101	ASSAY OF URINE ALKALOIDS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82103	ALPHA-1-ANTITRYPSIN, TOTAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82104	ALPHA-1-ANTITRYPSIN, PHENO	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82105	ALPHA-FETOPROTEIN, SERUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82106	ALPHA-FETOPROTEIN, AMNIOTIC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82108	ASSAY OF ALUMINUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82120	AMINES, VAGINAL FLUID QUAL	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82127	AMINO ACID, SINGLE QUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82128	AMINO ACIDS, MULT QUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82131	AMINO ACIDS, SINGLE QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82135	ASSAY, AMINOLEVULINIC ACID	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82136	AMINO ACIDS, QUANT, 2-5	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82139	AMINO ACIDS, QUAN, 6 OR MORE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82140	ASSAY OF AMMONIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82143	AMNIOTIC FLUID SCAN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82145	ASSAY OF AMPHETAMINES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82150	ASSAY OF AMYLASE	Yes	CIM 50-34 SNF 541	9 <sup>29</sup>	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
82154	ANDROSTANEDIOL GLUCURONIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82157	ASSAY OF ANDROSTENEDIONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82160	ASSAY OF ANDROSTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82163	ASSAY OF ANGIOTENSIN II	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82164	ANGIOTENSIN I ENZYME TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82172	ASSAY OF APOLIPOPROTEIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82175	ASSAY OF ARSENIC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82180	ASSAY OF ASCORBIC ACID	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82190	ATOMIC ABSORPTION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82205	ASSAY OF BARBITURATES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82232	ASSAY OF BETA-2 PROTEIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82239	BILE ACIDS, TOTAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82240	BILE ACIDS, CHOLYLGLYCINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82247	BILIRUBIN, TOTAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82248	BILIRUBIN, DIRECT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82252	FECAL BILIRUBIN TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82261	ASSAY OF BIOTINIDASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82270	TEST FOR BLOOD, FECES	Yes	MCM 2320 SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82273	TEST FOR BLOOD, OTHER SOURCE	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82286	ASSAY OF BRADYKININ	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82300	ASSAY OF CADMIUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82306	ASSAY OF VITAMIN D	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82307	ASSAY OF VITAMIN D	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82308	ASSAY OF CALCITONIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82310	ASSAY OF CALCIUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82330	ASSAY OF CALCIUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82331	CALCIUM INFUSION TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82340	ASSAY OF CALCIUM IN URINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82355	CALCULUS (STONE) ANALYSIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82360	CALCULUS (STONE) ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82365	CALCULUS (STONE) ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82370	X-RAY ASSAY, CALCULUS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82373	ASSAY, C-D TRANSFER MEASURE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82374	ASSAY, BLOOD CARBON DIOXIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82375	ASSAY, BLOOD CARBON MONOXIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82376	TEST FOR CARBON MONOXIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82378	CARCINOEMBRYONIC ANTIGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82379	ASSAY OF CARNITINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82380	ASSAY OF CAROTENE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82382	ASSAY, URINE CATECHOLAMINES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82383	ASSAY, BLOOD CATECHOLAMINES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82384	ASSAY, THREE CATECHOLAMINES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82387	ASSAY OF CATHEPSIN-D	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82390	ASSAY OF CERULOPLASMIN	Yes	SNF 260.1 SNF 541	930	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
82397	CHEMILUMINESCENT ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82415	ASSAY OF CHLORAMPHENICOL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82435	ASSAY OF BLOOD CHLORIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82436	ASSAY OF URINE CHLORIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82438	ASSAY, OTHER FLUID CHLORIDES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82441	TEST FOR CHLOROHYDROCARBONS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82465	ASSAY, BLD/SERUM CHOLESTEROL	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82480	ASSAY, SERUM CHOLINESTERASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82482	ASSAY, RBC CHOLINESTERASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82485	ASSAY, CHONDROITIN SULFATE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82486	GAS/LIQUID CHROMATOGRAPHY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82487	PAPER CHROMATOGRAPHY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82488	PAPER CHROMATOGRAPHY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82489	THIN LAYER CHROMATOGRAPHY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82491	CHROMOTOGRAPHY, QUANT, SING	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82492	CHROMOTOGRAPHY, QUANT, MULT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82495	ASSAY OF CHROMIUM	Yes	CIM 50-34 SNF 541	9	NA	Fee		Rendering provider bills
82507	ASSAY OF CITRATE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82520	ASSAY OF COCAINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82523	COLLAGEN CROSSLINKS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82525	ASSAY OF COPPER	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82528	ASSAY OF CORTICOSTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82530	CORTISOL, FREE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82533	TOTAL CORTISOL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82540	ASSAY OF CREATINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82541	COLUMN CHROMOTOGRAPHY, QUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82542	COLUMN CHROMOTOGRAPHY, QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82543	COLUMN CHROMOTOGRAPH/ISOTOPE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82544	COLUMN CHROMOTOGRAPH/ISOTOPE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82550	ASSAY OF CK (CPK)	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82552	ASSAY OF CPK IN BLOOD	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82553	CREATINE, MB FRACTION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82554	CREATINE, ISOFORMS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82565	ASSAY OF CREATININE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82570	ASSAY OF URINE CREATININE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82575	CREATININE CLEARANCE TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82585	ASSAY OF CRYOFIBRINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82595	ASSAY OF CRYOGLOBULIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82600	ASSAY OF CYANIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82607	VITAMIN B-12	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82608	B-12 BINDING CAPACITY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82615	TEST FOR URINE CYSTINES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82626	DEHYDROEPIANDROSTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82627	DEHYDROEPIANDROSTERONE	Yes	SNF 260.1 SNF 541	931	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
82633	DESOXYCORTICOSTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82634	DEOXYCORTISOL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82638	ASSAY OF DIBUCAINE NUMBER	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82646	ASSAY OF DIHYDROCODEINONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82649	ASSAY OF DIHYDROMORPHINONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82651	ASSAY OF DIHYDROTESTOSTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82652	ASSAY OF DIHYDROXYVITAMIN D	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82654	ASSAY OF DIMETHADIONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82657	ENZYME CELL ACTIVITY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82658	ENZYME CELL ACTIVITY, RA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82664	ELECTROPHORETIC TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82666	ASSAY OF EPIANDROSTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82668	ASSAY OF ERYTHROPOIETIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82670	ASSAY OF ESTRADIOL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82671	ASSAY OF ESTROGENS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82672	ASSAY OF ESTROGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82677	ASSAY OF ESTRIOL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82679	ASSAY OF ESTRONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82690	ASSAY OF ETHCHLORVYNOL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82693	ASSAY OF ETHYLENE GLYCOL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82696	ASSAY OF ETIOCHOLANOLONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82705	FATS/LIPIDS, FECES, QUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82710	FATS/LIPIDS, FECES, QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82715	ASSAY OF FECAL FAT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82725	ASSAY OF BLOOD FATTY ACIDS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82726	LONG CHAIN FATTY ACIDS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82728	ASSAY OF FERRITIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82731	ASSAY OF FETAL FIBRONECTIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82735	ASSAY OF FLUORIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82742	ASSAY OF FLURAZEPAM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82746	BLOOD FOLIC ACID SERUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82747	ASSAY OF FOLIC ACID, RBC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82757	ASSAY OF SEMEN FRUCTOSE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82759	ASSAY OF RBC GALACTOKINASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82760	ASSAY OF GALACTOSE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82775	ASSAY GALACTOSE TRANSFERASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82776	GALACTOSE TRANSFERASE TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82784	ASSAY OF GAMMAGLOBULIN IGM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82785	ASSAY OF GAMMAGLOBULIN IGE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82787	IGG 1, 2, 3 OR 4, EACH	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82800	BLOOD PH	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82803	BLOOD GASES: PH, PO2 & PCO2	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82805	BLOOD GASES W/02 SATURATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82810	BLOOD GASES, O2 SAT ONLY	Yes	SNF 260.1 SNF 541	932	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
82820	HEMOGLOBIN-OXYGEN AFFINITY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82926	ASSAY OF GASTRIC ACID	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82928	ASSAY OF GASTRIC ACID	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82938	GASTRIN TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82941	ASSAY OF GASTRIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82943	ASSAY OF GLUCAGON	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82945	GLUCOSE OTHER FLUID	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82946	GLUCAGON TOLERANCE TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82947	ASSAY, GLUCOSE, BLOOD QUANT	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82948	REAGENT STRIP/BLOOD GLUCOSE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82950	GLUCOSE TEST	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82951	GLUCOSE TOLERANCE TEST (GTT)	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82952	GTT-ADDED SAMPLES	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82953	GLUCOSE-TOLBUTAMIDE TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82955	ASSAY OF G6PD ENZYME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82960	TEST FOR G6PD ENZYME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82962	GLUCOSE BLOOD TEST	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82963	ASSAY OF GLUCOSIDASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82965	ASSAY OF GDH ENZYME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82975	ASSAY OF GLUTAMINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82977	ASSAY OF GGT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82978	ASSAY OF GLUTATHIONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82979	ASSAY, RBC GLUTATHIONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82980	ASSAY OF GLUTETHIMIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
82985	GLYCATED PROTEIN	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
83001	GONADOTROPIN (FSH)	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83002	GONADOTROPIN (LH)	Yes	SNF 260.1 SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
83003	ASSAY, GROWTH HORMONE (HGH)	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83008	ASSAY OF GUANOSINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83010	ASSAY OF HAPTOGLOBIN, QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83012	ASSAY OF HAPTOGLOBINS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83013	H PYLORI ANALYSIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83014	H PYLORI DRUG ADMIN/COLLECT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83015	HEAVY METAL SCREEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83018	QUANTITATIVE SCREEN, METALS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83020	HEMOGLOBIN ELECTROPHORESIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83021	HEMOGLOBIN CHROMOTOGRAPHY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83026	HEMOGLOBIN, COPPER SULFATE	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
83030	FETAL HEMOGLOBIN, CHEMICAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83033	FETAL HEMOGLOBIN ASSAY, QUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83036	GLYCATED HEMOGLOBIN TEST	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
83045	BLOOD METHEMOGLOBIN TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83050	BLOOD METHEMOGLOBIN ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83051	ASSAY OF PLASMA HEMOGLOBIN	Yes	SNF 260.1 SNF 541	933	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
83055	BLOOD SULFHEMOGLOBIN TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83060	BLOOD SULFHEMOGLOBIN ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83065	ASSAY OF HEMOGLOBIN HEAT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83068	HEMOGLOBIN STABILITY SCREEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83069	ASSAY OF URINE HEMOGLOBIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83070	ASSAY OF HEMOSIDERIN, QUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83071	ASSAY OF HEMOSIDERIN, QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83080	ASSAY OF B HEXOSAMINIDASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83088	ASSAY OF HISTAMINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83090	ASSAY OF HOMOCYSTINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83150	ASSAY OF FOR HVA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83491	ASSAY OF CORTICOSTEROIDS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83497	ASSAY OF 5-HIAA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83498	ASSAY OF PROGESTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83500	ASSAY, FREE HYDROXYPROLINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83505	ASSAY, TOTAL HYDROXYPROLINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83516	IMMUNOASSAY, NONANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83518	IMMUNOASSAY, DIPSTICK	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
83519	IMMUNOASSAY, NONANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83520	IMMUNOASSAY, RIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83525	ASSAY OF INSULIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83527	ASSAY OF INSULIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83528	ASSAY OF INTRINSIC FACTOR	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83540	ASSAY OF IRON	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83550	IRON BINDING TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83570	ASSAY OF IDH ENZYME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83582	ASSAY OF KETOGENIC STEROIDS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83586	ASSAY 17- KETOSTEROIDS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83593	FRACTIONATION, KETOSTEROIDS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83605	ASSAY OF LACTIC ACID	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83615	LACTATE (LD) (LDH) ENZYME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83625	ASSAY OF LDH ENZYMES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83632	PLACENTAL LACTOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83633	TEST URINE FOR LACTOSE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83634	ASSAY OF URINE FOR LACTOSE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83655	ASSAY OF LEAD	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83661	L/S RATIO, FETAL LUNG	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83662	FOAM STABILITY, FETAL LUNG	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83663	FLUORO POLARIZE, FETAL LUNG	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83664	LAMELLAR BDY, FETAL LUNG	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83670	ASSAY OF LAP ENZYME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83690	ASSAY OF LIPASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83715	ASSAY OF BLOOD LIPOPROTEINS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83716	ASSAY OF BLOOD LIPOPROTEINS	Yes	SNF 260.1 SNF 541	934	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
83718	ASSAY OF LIPOPROTEIN	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
83719	ASSAY OF BLOOD LIPOPROTEIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83721	ASSAY OF BLOOD LIPOPROTEIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83727	ASSAY OF LRH HORMONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83735	ASSAY OF MAGNESIUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83775	ASSAY OF MD ENZYME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83785	ASSAY OF MANGANESE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83788	MASS SPECTROMETRY QUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83789	MASS SPECTROMETRY QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83805	ASSAY OF MEPROMAMATE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83825	ASSAY OF MERCURY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83835	ASSAY OF METANEPHRINES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83840	ASSAY OF METHADONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83857	ASSAY OF METHEMALBUMIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83858	ASSAY OF METHSUXIMIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83864	MUCOPOLYSACCHARIDES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83866	MUCOPOLYSACCHARIDES SCREEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83872	ASSAY SYNOVIAL FLUID MUCIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83873	ASSAY OF CSF PROTEIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83874	ASSAY OF MYOGLOBIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83883	ASSAY, NEPHELOMETRY NOT SPEC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83885	ASSAY OF NICKEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83887	ASSAY OF NICOTINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83890	MOLECULE ISOLATE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83891	MOLECULE ISOLATE NUCLEIC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83892	MOLECULAR DIAGNOSTICS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83893	MOLECULE DOT/SLOT/BLOT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83894	MOLECULE GEL ELECTROPHOR	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83896	MOLECULAR DIAGNOSTICS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83897	MOLECULE NUCLEIC TRANSFER	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83898	MOLECULE NUCLEIC AMPLI	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83901	MOLECULE NUCLEIC AMPLI	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83902	MOLECULAR DIAGNOSTICS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83903	MOLECULE MUTATION SCAN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83904	MOLECULE MUTATION IDENTIFY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83905	MOLECULE MUTATION IDENTIFY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83906	MOLECULE MUTATION IDENTIFY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83912	GENETIC EXAMINATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83915	ASSAY OF NUCLEOTIDASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83916	OLIGOCLONAL BANDS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83918	ORGANIC ACIDS, TOTAL, QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83919	ORGANIC ACIDS, QUAL, EACH	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83921	ORGANIC ACID, SINGLE, QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83925	ASSAY OF OPIATES	Yes	SNF 260.1 SNF 541	935	NA	Fee		Rendering provider bills



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
83930	ASSAY OF BLOOD OSMOLALITY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83935	ASSAY OF URINE OSMOLALITY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83937	ASSAY OF OSTEOCALCIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83945	ASSAY OF OXALATE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83970	ASSAY OF PARATHORMONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
83986	ASSAY OF BODY FLUID ACIDITY	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
83992	ASSAY FOR PHENCYCLIDINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84022	ASSAY OF PHENOTHIAZINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84030	ASSAY OF BLOOD PKU	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84035	ASSAY OF PHENYLKETONES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84060	ASSAY ACID PHOSPHATASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84061	PHOSPHATASE, FORENSIC EXAM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84066	ASSAY PROSTATE PHOSPHATASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84075	ASSAY ALKALINE PHOSPHATASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84078	ASSAY ALKALINE PHOSPHATASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84080	ASSAY ALKALINE PHOSPHATASES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84081	AMNIOTIC FLUID ENZYME TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84085	ASSAY OF RBC PG6D ENZYME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84087	ASSAY PHOSPHOHEXOSE ENZYMES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84100	ASSAY OF PHOSPHORUS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84105	ASSAY OF URINE PHOSPHORUS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84106	TEST FOR PORPHOBILINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84110	ASSAY OF PORPHOBILINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84119	TEST URINE FOR PORPHYRINS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84120	ASSAY OF URINE PORPHYRINS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84126	ASSAY OF FECES PORPHYRINS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84127	ASSAY OF FECES PORPHYRINS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84132	ASSAY OF SERUM POTASSIUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84133	ASSAY OF URINE POTASSIUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84134	ASSAY OF PREALBUMIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84135	ASSAY OF PREGNANEDIOL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84138	ASSAY OF PREGNANETRIOL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84140	ASSAY OF PREGNENOLONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84143	ASSAY OF 17-HYDROXYPREGNENO	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84144	ASSAY OF PROGESTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84146	ASSAY OF PROLACTIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84150	ASSAY OF PROSTAGLANDIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84152	ASSAY OF PSA, COMPLEXED	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84153	ASSAY OF PSA, TOTAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84154	ASSAY OF PSA, FREE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84155	ASSAY OF PROTEIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84160	ASSAY OF SERUM PROTEIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84165	ASSAY OF SERUM PROTEINS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84181	WESTERN BLOT TEST	Yes	SNF 260.1 SNF 541	936	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
84182	PROTEIN, WESTERN BLOT TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84202	ASSAY RBC PROTOPORPHYRIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84203	TEST RBC PROTOPORPHYRIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84206	ASSAY OF PROINSULIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84207	ASSAY OF VITAMIN B-6	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84210	ASSAY OF PYRUVATE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84220	ASSAY OF PYRUVATE KINASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84228	ASSAY OF QUININE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84233	ASSAY OF ESTROGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84234	ASSAY OF PROGESTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84235	ASSAY OF ENDOCRINE HORMONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84238	ASSAY, NONENDOCRINE RECEPTOR	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84244	ASSAY OF RENIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84252	ASSAY OF VITAMIN B-2	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84255	ASSAY OF SELENIUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84260	ASSAY OF SEROTONIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84270	ASSAY OF SEX HORMONE GLOBUL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84275	ASSAY OF SIALIC ACID	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84285	ASSAY OF SILICA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84295	ASSAY OF SERUM SODIUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84300	ASSAY OF URINE SODIUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84305	ASSAY OF SOMATOMEDIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84307	ASSAY OF SOMATOSTATIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84311	SPECTROPHOTOMETRY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84315	BODY FLUID SPECIFIC GRAVITY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84375	CHROMATOGRAM ASSAY, SUGARS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84376	SUGARS, SINGLE, QUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84377	SUGARS, MULTIPLE, QUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84378	SUGARS SINGLE QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84379	SUGARS MULTIPLE QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84392	ASSAY OF URINE SULFATE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84402	ASSAY OF TESTOSTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84403	ASSAY OF TOTAL TESTOSTERONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84425	ASSAY OF VITAMIN B-1	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84430	ASSAY OF THIOCYANATE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84432	ASSAY OF THYROGLOBULIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84436	ASSAY OF TOTAL THYROXINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84437	ASSAY OF NEONATAL THYROXINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84439	ASSAY OF FREE THYROXINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84442	ASSAY OF THYROID ACTIVITY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84443	ASSAY THYROID STIM HORMONE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84445	ASSAY OF TSI	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84446	ASSAY OF VITAMIN E	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84449	ASSAY OF TRANSCORTIN	Yes	SNF 260.1 SNF 541	937	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
84450	TRANSFERASE (AST) (SGOT)	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84460	ALANINE AMINO (ALT) (SGPT)	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84466	ASSAY OF TRANSFERRIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84478	ASSAY OF TRIGLYCERIDES	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
84479	ASSAY OF THYROID (T3 OR T4)	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84480	ASSAY, TRIIODOTHYRONINE (T3)	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84481	FREE ASSAY (FT-3)	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84482	T3 REVERSE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84484	ASSAY OF TROPONIN, QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84485	ASSAY DUODENAL FLUID TRYPSIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84488	TEST FECES FOR TRYPSIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84490	ASSAY OF FECES FOR TRYPSIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84510	ASSAY OF TYROSINE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84512	ASSAY OF TROPONIN, QUAL	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84520	ASSAY OF UREA NITROGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84525	UREA NITROGEN SEMI-QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84540	ASSAY OF URINE/UREA-N	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84545	UREA-N CLEARANCE TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84550	ASSAY OF BLOOD/URIC ACID	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84560	ASSAY OF URINE/URIC ACID	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84577	ASSAY OF FECES/UROBILINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84578	TEST URINE UROBILINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84580	ASSAY OF URINE UROBILINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84583	ASSAY OF URINE UROBILINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84585	ASSAY OF URINE VMA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84586	ASSAY OF VIP	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84588	ASSAY OF VASOPRESSIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84590	ASSAY OF VITAMIN A	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84591	ASSAY OF NOS VITAMIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84597	ASSAY OF VITAMIN K	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84600	ASSAY OF VOLATILES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84620	XYLOSE TOLERANCE TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84630	ASSAY OF ZINC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84681	ASSAY OF C-PEPTIDE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84702	CHORIONIC GONADOTROPIN TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
84703	CHORIONIC GONADOTROPIN ASSAY	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
84830	OVULATION TESTS	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
85002	BLEEDING TIME TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85007	DIFFERENTIAL WBC COUNT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85008	NONDIFFERENTIAL WBC COUNT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85009	DIFFERENTIAL WBC COUNT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85013	HEMATOCRIT	Yes	SNF 547	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
85014	HEMATOCRIT	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
85018	HEMOGLOBIN	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
85021	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85022	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85023	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85024	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85025	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85027	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85031	MANUAL HEMOGRAM, CBC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85041	RED BLOOD CELL (RBC) COUNT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85044	RETICULOCYTE COUNT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85045	RETICULOCYTE COUNT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85046	RETICYTE/HGB CONCENTRATE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85048	WHITE BLOOD CELL (WBC) COUNT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85130	CHROMOGENIC SUBSTRATE ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85170	BLOOD CLOT RETRACTION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85175	BLOOD CLOT LYSIS TIME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85210	BLOOD CLOT FACTOR II TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85220	BLOOD CLOT FACTOR V TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85230	BLOOD CLOT FACTOR VII TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85240	BLOOD CLOT FACTOR VIII TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85244	BLOOD CLOT FACTOR VIII TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85245	BLOOD CLOT FACTOR VIII TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85246	BLOOD CLOT FACTOR VIII TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85247	BLOOD CLOT FACTOR VIII TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85250	BLOOD CLOT FACTOR IX TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85260	BLOOD CLOT FACTOR X TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85270	BLOOD CLOT FACTOR XI TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85280	BLOOD CLOT FACTOR XII TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85290	BLOOD CLOT FACTOR XIII TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85291	BLOOD CLOT FACTOR XIII TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85292	BLOOD CLOT FACTOR ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85293	BLOOD CLOT FACTOR ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85300	ANTITHROMBIN III TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85301	ANTITHROMBIN III TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85302	BLOOD CLOT INHIBITOR ANTIGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85303	BLOOD CLOT INHIBITOR TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85305	BLOOD CLOT INHIBITOR ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85306	BLOOD CLOT INHIBITOR TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85307	ASSAY ACTIVATED PROTEIN C	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85335	FACTOR INHIBITOR TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85337	THROMBOMODULIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85345	COAGULATION TIME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85347	COAGULATION TIME	Yes	SNF 260.1 SNF 541	939	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
85348	COAGULATION TIME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85360	EUGLOBULIN LYSIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85362	FIBRIN DEGRADATION PRODUCTS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85366	FIBRINOGEN TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85370	FIBRINOGEN TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85378	FIBRIN DEGRADATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85379	FIBRIN DEGRADATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85384	FIBRINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85385	FIBRINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85390	FIBRINOLYSINS SCREEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85400	FIBRINOLYTIC PLASMIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85410	FIBRINOLYTIC ANTIPLASMIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85415	FIBRINOLYTIC PLASMINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85420	FIBRINOLYTIC PLASMINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85421	FIBRINOLYTIC PLASMINOGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85441	HEINZ BODIES, DIRECT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85445	HEINZ BODIES, INDUCED	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85460	HEMOGLOBIN, FETAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85461	HEMOGLOBIN, FETAL	Yes	MCM 2005.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85475	HEMOLYSIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85520	HEPARIN ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85525	HEPARIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85530	HEPARIN-PROTAMINE TOLERANCE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85535	IRON STAIN, BLOOD CELLS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85536	IRON STAIN PERIPHERAL BLOOD	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85540	WBC ALKALINE PHOSPHATASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85547	RBC MECHANICAL FRAGILITY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85549	MURAMIDASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85555	RBC OSMOTIC FRAGILITY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85557	RBC OSMOTIC FRAGILITY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85576	BLOOD PLATELET AGGREGATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85585	BLOOD PLATELET ESTIMATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85590	PLATELET COUNT, MANUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85595	PLATELET COUNT, AUTOMATED	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85597	PLATELET NEUTRALIZATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85610	PROTHROMBIN TIME	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
85611	PROTHROMBIN TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85612	VIPER VENOM PROTHROMBIN TIME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85613	RUSSELL VIPER VENOM, DILUTED	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85635	REPTILASE TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85651	RBC SED RATE, NONAUTOMATED	Yes	SNF 542	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
85652	RBC SED RATE, AUTOMATED	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85660	RBC SICKLE CELL TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
85670	THROMBIN TIME, PLASMA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85675	THROMBIN TIME, TITER	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85705	THROMBOPLASTIN INHIBITION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85730	THROMBOPLASTIN TIME, PARTIAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85732	THROMBOPLASTIN TIME, PARTIAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
85810	BLOOD VISCOSITY EXAMINATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86000	AGGLUTININS, FEBRILE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86001	ALLERGEN SPECIFIC IGG	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86003	ALLERGEN SPECIFIC IGE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86005	ALLERGEN SPECIFIC IGE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86021	WBC ANTIBODY IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86022	PLATELET ANTIBODIES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86023	IMMUNOGLOBULIN ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86038	ANTINUCLEAR ANTIBODIES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86039	ANTINUCLEAR ANTIBODIES (ANA)	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86060	ANTISTREPTOLYSIN O, TITER	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86063	ANTISTREPTOLYSIN O, SCREEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86140	C-REACTIVE PROTEIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86146	GLYCOPROTEIN ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86147	CARDIOLIPIN ANTIBODY	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86148	PHOSPHOLIPID ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86155	CHEMOTAXIS ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86156	COLD AGGLUTININ, SCREEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86157	COLD AGGLUTININ, TITER	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86160	COMPLEMENT, ANTIGEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86161	COMPLEMENT/FUNCTION ACTIVITY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86162	COMPLEMENT, TOTAL (CH50)	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86171	COMPLEMENT FIXATION, EACH	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86185	COUNTERIMMUNOELECTROPHORESIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86215	DEOXYRIBONUCLEASE, ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86225	DNA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86226	DNA ANTIBODY, SINGLE STRAND	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86235	NUCLEAR ANTIGEN ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86243	FC RECEPTOR	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86255	FLUORESCENT ANTIBODY, SCREEN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86256	FLUORESCENT ANTIBODY, TITER	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86277	GROWTH HORMONE ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86280	HEMAGGLUTINATION INHIBITION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86294	IMMUNOASSAY, TUMOR QUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86300	IMMUNOASSAY, TUMOR CA 15-3	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86301	IMMUNOASSAY, TUMOR, CA 19-9	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86304	IMMUNOASSAY, TUMOR CA 125	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
86308	HETEROPHILE ANTIBODIES	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
86309	HETEROPHILE ANTIBODIES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86310	HETEROPHILE ANTIBODIES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86316	IMMUNOASSAY, TUMOR OTHER	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86317	IMMUNOASSAY,INFECTIOUS AGENT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86318	IMMUNOASSAY,INFECTIOUS AGENT	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
86320	SERUM IMMUNOELECTROPHORESIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86325	OTHER IMMUNOELECTROPHORESIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86327	IMMUNOELECTROPHORESIS ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86329	IMMUNODIFFUSION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86331	IMMUNODIFFUSION OUCHTERLONY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86332	IMMUNE COMPLEX ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86334	IMMUNOFIXATION PROCEDURE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86337	INSULIN ANTIBODIES	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86340	INTRINSIC FACTOR ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86341	ISLET CELL ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86343	LEUKOCYTE HISTAMINE RELEASE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86344	LEUKOCYTE PHAGOCYTOSIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86353	LYMPHOCYTE TRANSFORMATION	Yes	CIM 50-45 SNF 541	9	NA	Fee		Rendering provider bills
86359	T CELLS, TOTAL COUNT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86360	T CELL, ABSOLUTE COUNT/RATIO	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86361	T CELL, ABSOLUTE COUNT	Yes	MCM 2070.1, MCM 5114.1 SNF 541	9	NA	Fee		Rendering provider bills
86376	MICROSOMAL ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86378	MIGRATION INHIBITORY FACTOR	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86382	NEUTRALIZATION TEST, VIRAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86384	NITROBLUE TETRAZOLIUM DYE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86403	PARTICLE AGGLUTINATION TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86406	PARTICLE AGGLUTINATION TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86430	RHEUMATOID FACTOR TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86431	RHEUMATOID FACTOR, QUANT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86490	COCCIDIOIDOMYCOSIS SKIN TEST	Yes	SNF 260.1 SNF 541	3	NA	Fee		Rendering provider bills
86510	HISTOPLASMOSIS SKIN TEST	Yes	SNF 260.1 SNF 541	3	NA	Fee		Rendering provider bills
86580	TB INTRADERMAL TEST	Yes	SNF 260.1 SNF 541	3	NA	Fee		Rendering provider bills
86585	TB TINE TEST	Yes	SNF 260.1 SNF 541	3	NA	Fee		Rendering provider bills
86590	STREPTOKINASE, ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86592	BLOOD SEROLOGY, QUALITATIVE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86593	BLOOD SEROLOGY, QUANTITATIVE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86602	ANTINOMYCES ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86603	ADENOVIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86606	ASPERGILLUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86609	BACTERIUM ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86611	BARTONELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86612	BLASTOMYCES ANTIBODY	Yes	SNF 260.1 SNF 541	9 <sup>42</sup>	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
86615	BORDETELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86617	LYME DISEASE ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86618	LYME DISEASE ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86619	BORRELIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86622	BRUCELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86625	CAMPYLOBACTER ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86628	CANDIDA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86631	CHLAMYDIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86632	CHLAMYDIA IGM ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86635	COCCIDIOIDES ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86638	Q FEVER ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86641	CRYPTOCOCCUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86644	CMV ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86645	CMV ANTIBODY, IGM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86648	DIPHThERIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86651	ENCEPHALITIS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86652	ENCEPHALITIS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86653	ENCEPHALITIS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86654	ENCEPHALITIS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86658	ENTEROVIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86663	EPSTEIN-BARR ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86664	EPSTEIN-BARR ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86665	EPSTEIN-BARR ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86666	EHRlichIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86668	FRANCISELLA TULARENSIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86671	FUNGUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86674	GIARDIA LAMBLIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86677	HELICOBACTER PYLORI	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86682	HELMINTH ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86683	HEMOGLOBIN, FECAL ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86684	HEMOPHILUS INFLUENZA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86687	HTLV-I ANTIBODY	Yes	CIM 50-52 SNF 541	9	NA	Fee		Rendering provider bills
86688	HTLV-II ANTIBODY	Yes	CIM 50-52 SNF 541	9	NA	Fee		Rendering provider bills
86689	HTLV/HIV CONFIRMATORY TEST	Yes	CIM 50-52 SNF 541	9	NA	Fee		Rendering provider bills
86692	HEPATITIS, DELTA AGENT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86694	HERPES SIMPLEX TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86695	HERPES SIMPLEX TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86696	HERPES SIMPLEX TYPE 2	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86698	HISTOPLASMA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86701	HIV-1	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86702	HIV-2	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86703	HIV-1/HIV-2, SINGLE ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86704	HEP B CORE ANTIBODY, TOTAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills



HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
86705	HEP B CORE ANTIBODY, IGM	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86706	HEP B SURFACE ANTIBODY	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86707	HEP BE ANTIBODY	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86708	HEP A ANTIBODY, TOTAL	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86709	HEP A ANTIBODY, IGM	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86710	INFLUENZA VIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86713	LEGIONELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86717	LEISHMANIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86720	LEPTOSPIRA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86723	LISTERIA MONOCYTOGENES AB	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86727	LYMPH CHORIOMENINGITIS AB	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86729	LYMPHO VENEREUM ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86732	MUCORMYCOSIS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86735	MUMPS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86738	MYCOPLASMA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86741	NEISSERIA MENINGITIDIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86744	NOCARDIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86747	PARVOVIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86750	MALARIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86753	PROTOZOA ANTIBODY NOS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86756	RESPIRATORY VIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86757	RICKETTSIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86759	ROTAVIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86762	RUBELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86765	RUBEOLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86768	SALMONELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86771	SHIGELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86774	TETANUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86777	TOXOPLASMA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86778	TOXOPLASMA ANTIBODY, IGM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86781	TREPONEMA PALLIDUM, CONFIRM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86784	TRICHINELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86787	VARICELLA-ZOSTER ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86790	VIRUS ANTIBODY NOS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86793	YERSINIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
86800	THYROGLOBULIN ANTIBODY	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86803	HEPATITIS C AB TEST	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86804	HEP C AB TEST, CONFIRM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86805	LYMPHOCYTOTOXICITY ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86806	LYMPHOCYTOTOXICITY ASSAY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86807	CYTOTOXIC ANTIBODY SCREENING	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86808	CYTOTOXIC ANTIBODY SCREENING	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86812	HLA TYPING, A, B, OR C	Yes	CIM 50-213 SNF 541	9	NA	Fee		Rendering provider bills
86813	HLA TYPING, A, B, OR C	Yes	CIM 50-213 SNF 541	9	NA	Fee		Rendering provider bills
86816	HLA TYPING, DR/DQ	Yes	CIM 50-213 SNF 541	9	NA	Fee		Rendering provider bills
86817	HLA TYPING, DR/DQ	Yes	CIM 50-213 SNF 541	9	NA	Fee		Rendering provider bills
86821	LYMPHOCYTE CULTURE, MIXED	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86822	LYMPHOCYTE CULTURE, PRIMED	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86849	IMMUNOLOGY PROCEDURE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Price established by Carrier Rendering provider bills
86940	HEMOLYSINS/AGGLUTININS, AUTO	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
86941	HEMOLYSINS/AGGLUTININS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87001	SMALL ANIMAL INOCULATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87003	SMALL ANIMAL INOCULATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87015	SPECIMEN CONCENTRATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87040	BLOOD CULTURE FOR BACTERIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87045	STOOL CULTURE, BACTERIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87046	STOOL CULTR, BACTERIA, EACH	Yes	SNF 260.1 SNF 541	9		Fee		Rendering provider bills
87070	CULTURE, BACTERIA, OTHER	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87071	CULTURE BACTERI AEROBIC OTHR	Yes	SNF 260.1 SNF 541	9		Fee		Rendering provider bills
87073	CULTURE BACTERIA ANAEROBIC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87075	CULTURE BACTERIA ANAEROBIC	Yes	SNF 260.1 SNF 541	9		Fee		Rendering provider bills
87076	CULTURE ANAEROBE IDENT, EACH	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87077	CULTURE AEROBIC IDENTIFY	Yes	SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
87081	CULTURE SCREEN ONLY	Yes	SNF 260.1 SNF 541	9		Fee		Rendering provider bills
87084	CULTURE OF SPECIMEN BY KIT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87086	URINE CULTURE/COLONY COUNT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87088	URINE BACTERIA CULTURE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87101	SKIN FUNGI CULTURE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87102	FUNGUS ISOLATION CULTURE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87103	BLOOD FUNGUS CULTURE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87106	FUNGI IDENTIFICATION, YEAST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87107	FUNGI IDENTIFICATION, MOLD	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87109	MYCOPLASMA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87110	CHLAMYDIA CULTURE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87116	MYCOBACTERIA CULTURE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
87118	MYCOBACTERIC IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87140	CULTUR TYPE IMMUNOFLUORESC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87143	CULTURE TYPING, GLC/HPLC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87147	CULTURE TYPE, IMMUNOLOGIC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87149	CULTURE TYPE, NUCLEIC ACID	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87152	CULTURE TYPE PULSE FIELD GEL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87158	CULTURE TYPING, ADDED METHOD	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87164	DARK FIELD EXAMINATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87166	DARK FIELD EXAMINATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87168	MACROSCOPIC EXAM ARTHROPOD	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87169	MACACROSCOPIC EXAM PARASITE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87172	PINWORM EXAM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87176	TISSUE HOMOGENIZATION, CULTR	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87177	OVA AND PARASITES SMEARS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87181	MICROBE SUSCEPTIBLE, DIFFUSE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87184	MICROBE SUSCEPTIBLE, DISK	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87185	MICROBE SUSCEPTIBLE, ENZYME	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87186	MICROBE SUSCEPTIBLE, MIC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87187	MICROBE SUSCEPTIBLE, MLC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87188	MICROBE SUSCEPT, MACROBROTH	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87190	MICROBE SUSCEPT, MYCOBACTERI	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87197	BACTERICIDAL LEVEL, SERUM	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87205	SMEAR, GRAM STAIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87206	SMEAR, FLUORESCENT/ACID STAI	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87207	SMEAR, SPECIAL STAIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87210	SMEAR, WET MOUNT, SALINE/INK	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87220	TISSUE EXAM FOR FUNGI	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87230	ASSAY, TOXIN OR ANTITOXIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87250	VIRUS INOCULATE, EGGS/ANIMAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87252	VIRUS INOCULATION, TISSUE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87253	VIRUS INOCULATE TISSUE, ADDL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87254	VIRUS INOCULATION, SHELL VIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87260	ADENOVIRUS AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87265	PERTUSSIS AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87270	CHLAMYDIA TRACHOMATIS AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87272	CRYPTOSPORIDUM/GARDIA AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87273	HERPES SIMPLEX 2, AG, IF	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
87274	HERPES SIMPLEX 1, AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87275	INFLUENZA B, AG, IF	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87276	INFLUENZA A, AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87277	LEGIONELLA MICDADEI, AG, IF	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87278	LEGION PNEUMOPHILIA AG, IF	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87279	PARAINFLUENZA, AG, IF	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87280	RESPIRATORY SYNCYTIAL AG, IF	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87281	PNEUMOCYSTIS CARINII, AG, IF	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87283	RUBEOLA, AG, IF	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87285	TREPONEMA PALLIDUM, AG, IF	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87290	VARICELLA ZOSTER, AG, IF	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87300	AG DETECTION, POLYVAL, IF	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87301	ADENOVIRUS AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87320	CHYLM D TRACH AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87324	CLOSTRIDIUM AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87327	CRYPTOCOCCUS NEOFORM AG, EIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87328	CRYPTOSPOR AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87332	CYTOMEGALOVIRUS AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87335	E COLI 0157 AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87336	ENTAMOEB HIST DISPR, AG, EIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87337	ENTAMOEB HIST GROUP, AG, EIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87338	HPYLORI, STOOL, EIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87339	HPYLORI AG, EIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87340	HEPATITIS B SURFACE AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87341	HEPATITIS B SURFACE, AG, EIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87350	HEPATITIS BE AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
87380	HEPATITIS DELTA AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87385	HISTOPLASMA CAPSUL AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87390	HIV-1 AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87391	HIV-2 AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87400	INFLUENZA A/B, AG, EIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87420	RESP SYNCYTIAL AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87425	ROTAVIRUS AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87427	SHIGA-LIKE TOXIN AG, EIA	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87430	STREP A AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87449	AG DETECT NOS, EIA, MULT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
87450	AG DETECT NOS, EIA, SINGLE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87451	AG DETECT POLYVAL, EIA, MULT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87470	BARTONELLA, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87471	BARTONELLA, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87472	BARTONELLA, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87475	LYME DIS, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87476	LYME DIS, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87477	LYME DIS, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
87480	CANDIDA, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87481	CANDIDA, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87482	CANDIDA, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87485	CHYLM D PNEUM, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87486	CHYLM D PNEUM, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87487	CHYLM D PNEUM, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87490	CHYLM D TRACH, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87491	CHYLM D TRACH, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87492	CHYLM D TRACH, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87495	CYTOMEG, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87496	CYTOMEG, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87497	CYTOMEG, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87510	GARDNER VAG, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87511	GARDNER VAG, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87512	GARDNER VAG, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87515	HEPATITIS B, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
87516	HEPATITIS B , DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87517	HEPATITIS B , DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87520	HEPATITIS C , RNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87521	HEPATITIS C , RNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87522	HEPATITIS C, RNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87525	HEPATITIS G , DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87526	HEPATITIS G, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87527	HEPATITIS G, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87528	HSV, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87529	HSV, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87530	HSV, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87531	HHV-6, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87532	HHV-6, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87533	HHV-6, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87534	HIV-1, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87535	HIV-1, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
87536	HIV-1, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87537	HIV-2, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87538	HIV-2, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87539	HIV-2, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87540	LEGION PNEUMO, DNA, DIR PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87541	LEGION PNEUMO, DNA, AMP PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87542	LEGION PNEUMO, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87550	MYCOBACTERIA, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87551	MYCOBACTERIA, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87552	MYCOBACTERIA, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87555	M.TUBERCULO, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87556	M.TUBERCULO, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87557	M.TUBERCULO, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87560	M.AVIUM-INTRA, DNA, DIR PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87561	M.AVIUM-INTRA, DNA, AMP PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87562	M.AVIUM-INTRA, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
87580	M.PNEUMON, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87581	M.PNEUMON, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87582	M.PNEUMON, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87590	N.GONORRHOEAE, DNA, DIR PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87591	N.GONORRHOEAE, DNA, AMP PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87592	N.GONORRHOEAE, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87620	HPV, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87621	HPV, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87622	HPV, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87650	STREP A, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87651	STREP A, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87652	STREP A, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87797	DETECT AGENT NOS, DNA, DIR	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87798	DETECT AGENT NOS, DNA, AMP	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87800	DETECT AGNT MULT, DNA, DIREC	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87801	DETECT AGNT MULT, DNA, AMPLI	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87810	CHYLMD TRACH ASSAY W/OPTIC	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
87850	N. GONORRHOEAE ASSAY W/OPTIC	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87880	STREP A ASSAY W/OPTIC	Yes	MCM 2070.1 MCM 5114.1 SNF 541	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
87901	GENOTYPE, DNA, HIV REVERSE T	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87903	PHENOTYPE, DNA HIV W/CULTURE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
87904	PHENOTYPE, DNA HIV W/CLT ADD	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88104	CYTOPATHOLOGY, FLUIDS	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88106	CYTOPATHOLOGY, FLUIDS	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88107	CYTOPATHOLOGY, FLUIDS	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88108	CYTOPATH, CONCENTRATE TECH	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88125	FORENSIC CYTOPATHOLOGY	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88130	SEX CHROMATIN IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88140	SEX CHROMATIN IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88142	CYTOPATH, C/V, THIN LAYER	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88143	CYTOPATH C/V THIN LAYER REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88144	CYTOPATH, C/V THIN LYR REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88145	CYTOPATH, C/V THIN LYR SEL	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88147	CYTOPATH, C/V, AUTOMATED	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88148	CYTOPATH, C/V, AUTO RESCREEN	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88150	CYTOPATH, C/V, MANUAL	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88152	CYTOPATH, C/V, AUTO REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88153	CYTOPATH, C/V, REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88154	CYTOPATH, C/V, SELECT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88155	CYTOPATH, C/V, INDEX ADD-ON	Yes	CIM 50-20 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88160	CYTOPATH SMEAR, OTHER SOURCE	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
88161	CYTOPATH SMEAR, OTHER SOURCE	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88162	CYTOPATH SMEAR, OTHER SOURCE	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88164	CYTOPATH TBS, C/V, MANUAL	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88165	CYTOPATH TBS, C/V, REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88166	CYTOPATH TBS, C/V, AUTO REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88167	CYTOPATH TBS, C/V, SELECT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88170	FINE NEEDLE ASPIRATION	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88171	FINE NEEDLE ASPIRATION	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88172	CYTOPATHOLOGY EVAL OF FNA	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88173	CYTOPATH EVAL, FNA, REPORT	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88180	CELL MARKER STUDY	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88182	CELL MARKER STUDY	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88230	TISSUE CULTURE, LYMPHOCYTE	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88233	TISSUE CULTURE, SKIN/BIOPSY	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88235	TISSUE CULTURE, PLACENTA	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88237	TISSUE CULTURE, BONE MARROW	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88239	TISSUE CULTURE, TUMOR	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88240	CELL CRYOPRESERVE/STORAGE	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88241	FROZEN CELL PREPARATION	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88245	CHROMOSOME ANALYSIS, 20-25	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88248	CHROMOSOME ANALYSIS, 50-100	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88249	CHROMOSOME ANALYSIS, 100	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88261	CHROMOSOME ANALYSIS, 5	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88262	CHROMOSOME ANALYSIS, 15-20	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88263	CHROMOSOME ANALYSIS, 45	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88264	CHROMOSOME ANALYSIS, 20-25	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88267	CHROMOSOME ANALYS, PLACENTA	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
88269	CHROMOSOME ANALYS, AMNIOTIC	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88271	CYTOGENETICS, DNA PROBE	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88272	CYTOGENETICS, 3-5	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88273	CYTOGENETICS, 10-30	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88274	CYTOGENETICS, 25-99	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88275	CYTOGENETICS, 100-300	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88280	CHROMOSOME KARYOTYPE STUDY	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88283	CHROMOSOME BANDING STUDY	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88285	CHROMOSOME COUNT, ADDITIONAL	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88289	CHROMOSOME STUDY, ADDITIONAL	Yes	CIM 50-29 SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88300	SURGICAL PATH, GROSS	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88302	TISSUE EXAM BY PATHOLOGIST	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88304	TISSUE EXAM BY PATHOLOGIST	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88305	TISSUE EXAM BY PATHOLOGIST	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88307	TISSUE EXAM BY PATHOLOGIST	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88309	TISSUE EXAM BY PATHOLOGIST	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88311	DECALCIFY TISSUE	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88312	SPECIAL STAINS	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88313	SPECIAL STAINS	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88314	HISTOCHEMICAL STAIN	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88318	CHEMICAL HISTOCHEMISTRY	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88319	ENZYME HISTOCHEMISTRY	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88323	MICROSLIDE CONSULTATION	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88331	PATH CONSULT INTRAOP, 1 BLOC	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88332	PATH CONSULT INTRAOP, ADDL	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88342	IMMUNOCYTOCHEMISTRY	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88346	IMMUNOFLUORESCENT STUDY	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88347	IMMUNOFLUORESCENT STUDY	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88348	ELECTRON MICROSCOPY	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88349	SCANNING ELECTRON MICROSCOPY	Yes	CIM 50-18 SNF 541	1	Yes	Fee		Rendering provider bills
88355	ANALYSIS, SKELETAL MUSCLE	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88356	ANALYSIS, NERVE	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88358	ANALYSIS, TUMOR	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88362	NERVE TEASING PREPARATIONS	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88365	TISSUE HYBRIDIZATION	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Rendering provider bills
88371	PROTEIN, WESTERN BLOT TISSUE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
88372	PROTEIN ANALYSIS W/PROBE	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
88400	BILIRUBIN TOTAL TRANSCUT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89050	BODY FLUID CELL COUNT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89051	BODY FLUID CELL COUNT	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89060	EXAM,SYNOVIAL FLUID CRYSTALS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89125	SPECIMEN FAT STAIN	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89160	EXAM FECES FOR MEAT FIBERS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89190	NASAL SMEAR FOR EOSINOPHILS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89300	SEMEN ANALYSIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89310	SEMEN ANALYSIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89320	SEMEN ANALYSIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89321	SEMEN ANALYSIS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89325	SPERM ANTIBODY TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89329	SPERM EVALUATION TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89330	EVALUATION, CERVICAL MUCUS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
89350	SPUTUM SPECIMEN COLLECTION	Yes	SNF 260.1 SNF 541	3	NA	Fee		Rendering provider bills
89355	EXAM FECES FOR STARCH	Yes	CIM 50-34 SNF 541	9	NA	Fee		Rendering provider bills
89360	COLLECT SWEAT FOR TEST	Yes	CIM 50-35 SNF 260.1 SNF 541	3	NA	Fee		Rendering provider bills
89365	WATER LOAD TEST	Yes	SNF 260.1 SNF 541	9	NA	Fee		Rendering provider bills
90780	IV INFUSION THERAPY, 1 HOUR	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
90781	IV INFUSION, ADDITIONAL HOUR	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
90782	INJECTION, SC/IM	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
90783	INJECTION, IA	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
90784	INJECTION, IV	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
90788	INJECTION OF ANTIBIOTIC	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
90901	BIOFEEDBACK TRAIN, ANY METH	Yes	CIM 35-27 SNF 532	0	NA	Fee		SNFs must bill this therapy service
90911	BIOFEEDBACK PERI/URO/RECTAL	Yes	CIM 35-27 SNF 532	0	NA	Fee		SNFs must bill this therapy service
91000	ESOPHAGEAL INTUBATION	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
91010	ESOPHAGUS MOTILITY STUDY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
91011	ESOPHAGUS MOTILITY STUDY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
91012	ESOPHAGUS MOTILITY STUDY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
91020	GASTRIC MOTILITY	Yes	CIM 50-25	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
91030	ACID PERFUSION OF ESOPHAGUS	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
91032	ESOPHAGUS, ACID REFLUX TEST	Yes	CIM 35-83	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
91033	PROLONGED ACID REFLUX TEST	Yes	MCM 2070, CIM 35-83	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
91052	GASTRIC ANALYSIS TEST	Yes	MCM 2070, CIM 35-19	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
91055	GASTRIC INTUBATION FOR SMEAR	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
91060	GASTRIC SALINE LOAD TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
91065	BREATH HYDROGEN TEST	Yes	MCM 2070, CIM 50-51	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
91122	ANAL PRESSURE RECORD	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92060	SPECIAL EYE EVALUATION	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92065	ORTHOPTIC/PLEOPTIC TRAINING	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92081	VISUAL FIELD EXAMINATION(S)	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92082	VISUAL FIELD EXAMINATION(S)	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92083	VISUAL FIELD EXAMINATION(S)	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92135	OPHTHALMIC DX IMAGING	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92235	EYE EXAM WITH PHOTOS	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92240	ICG ANGIOGRAPHY	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92250	EYE EXAM WITH PHOTOS	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92265	EYE MUSCLE EVALUATION	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92270	ELECTRO-OCULOGRAPHY	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92275	ELECTRORETINOGRAPHY	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92283	COLOR VISION EXAMINATION	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92284	DARK ADAPTATION EYE EXAM	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92285	EYE PHOTOGRAPHY	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92286	INTERNAL EYE PHOTOGRAPHY	Yes	MCM 2320	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92313	CONTACT LENS FITTING	Yes	MCM 2320	9	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92325	MODIFICATION OF CONTACT LENS	Yes	MCM 2320	5 <sup>57</sup>	NA	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
92326	REPLACEMENT OF CONTACT LENS	Yes	MCM 2320	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92506	SPEECH/HEARING EVALUATION	Yes	MCM 2070, MCM 2216 SNF 532	0	NA	Fee		SNFs must bill this therapy service
92507	SPEECH/HEARING THERAPY	Yes	MCM 2070, MCM 2216 SNF 532	0	NA	Fee		SNFs must bill this therapy service
92508	SPEECH/HEARING THERAPY	Yes	MCM 2216 SNF 532	0	NA	Fee		SNFs must bill this therapy service
92510	REHAB FOR EAR IMPLANT	Yes	CIM 65-14 SNF 532	0	NA	Fee		SNFs must bill this therapy service
92526	ORAL FUNCTION THERAPY	Yes	MCM 2070, MCM 2216 SNF 532	0	NA	Fee		SNFs must bill this therapy service
92541	SPONTANEOUS NYSTAGMUS TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92542	POSITIONAL NYSTAGMUS TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92543	CALORIC VESTIBULAR TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92544	OPTOKINETIC NYSTAGMUS TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92545	OSCILLATING TRACKING TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92546	SINUSOIDAL ROTATIONAL TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92547	SUPPLEMENTAL ELECTRICAL TEST	Yes		3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92548	POSTUROGRAPHY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92552	PURE TONE AUDIOMETRY, AIR	Yes	SNF 532	3	NA	Fee		SNFs must bill this therapy service
92553	AUDIOMETRY, AIR & BONE	Yes	SNF 532	3	NA	Fee		SNFs must bill this therapy service
92555	SPEECH THRESHOLD AUDIOMETRY	Yes	SNF 532	3	NA	Fee		SNFs must bill this therapy service
92556	SPEECH AUDIOMETRY, COMPLETE	Yes	SNF 532	3	NA	Fee		SNFs must bill this therapy service
92557	COMPREHENSIVE HEARING TEST	Yes	SNF 532	3	NA	Fee		SNFs must bill this therapy service
92561	BEKESY AUDIOMETRY, DIAGNOSIS	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92562	LOUDNESS BALANCE TEST	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92563	TONE DECAY HEARING TEST	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92564	SISI HEARING TEST	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92565	STENGER TEST, PURE TONE	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92567	TYMPANOMETRY	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92568	ACOUSTIC REFLEX TESTING	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92569	ACOUSTIC REFLEX DECAY TEST	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92571	FILTERED SPEECH HEARING TEST	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
92572	STAGGERED SPONDAIC WORD TEST	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92573	LOMBARD TEST	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92575	SENSORINEURAL ACUITY TEST	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92576	SYNTHETIC SENTENCE TEST	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92577	STENGER TEST, SPEECH	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92579	VISUAL AUDIOMETRY (VRA)	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92582	CONDITIONING PLAY AUDIOMETRY	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92583	SELECT PICTURE AUDIOMETRY	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92584	ELECTROCOCHLEOGRAPHY	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92585	AUDITOR EVOKE POTENT, COMPRE	Yes	MCM 2070.3 CIM 50-31	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92586	AUDITOR EVOKE POTENT, LIMIT	Yes		3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92587	EVOKED AUDITORY TEST	Yes	SNF 532	1	Yes	Fee		SNFs must bill this therapy service
92588	EVOKED AUDITORY TEST	Yes	SNF 532	1	Yes	Fee		SNFs must bill this therapy service
92589	AUDITORY FUNCTION TEST(S)	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92596	EAR PROTECTOR EVALUATION	Yes	MCM 2070.3 SNF 532	3	NA	Fee		SNFs must bill this therapy service
92977	DISSOLVE CLOT, HEART VESSEL	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92978	INTRAVASC US, HEART ADD-ON	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92979	INTRAVASC US, HEART ADD-ON	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93005	ELECTROCARDIOGRAM, TRACING	Yes		3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
93012	TRANSMISSION OF ECG	Yes	CIM 50-15	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
93017	CARDIOVASCULAR STRESS TEST	Yes	CIM 35-25	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
93024	CARDIAC DRUG STRESS TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93041	RHYTHM ECG, TRACING	Yes	CIM 50-15	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
93225	ECG MONITOR/RECORD, 24 HRS	Yes	CIM 50-15	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
93226	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
93231	ECG MONITOR/RECORD, 24 HRS	Yes	CIM 50-15	359	NA	Fee		Rendering provider may bill or SNF may bill under arrangements



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
93232	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
93236	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
93270	ECG RECORDING	Yes	CIM 50-15	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
93271	ECG/MONITORING AND ANALYSIS	Yes	CIM 50-15	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
93278	ECG/SIGNAL-AVERAGED	Yes	MCM 2070, CIM 50-15	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93303	ECHO TRANSTHORACIC	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93304	ECHO TRANSTHORACIC	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93307	ECHO EXAM OF HEART	Yes	MCM 2070, CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93308	ECHO EXAM OF HEART	Yes	MCM 2070, CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93312	ECHO TRANSESOPHAGEAL	Yes	MCM 2070, CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93314	ECHO TRANSESOPHAGEAL	Yes	CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93315	ECHO TRANSESOPHAGEAL	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93317	ECHO TRANSESOPHAGEAL	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93320	DOPPLER ECHO EXAM, HEART	Yes	MCM 2070, CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93321	DOPPLER ECHO EXAM, HEART	Yes	CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93325	DOPPLER COLOR FLOW ADD-ON	Yes	CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93350	ECHO TRANSTHORACIC	Yes	CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93600	BUNDLE OF HIS RECORDING	Yes	MCM 2070, CIM 50-3, CIM 35-78	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93602	INTRA-ATRIAL RECORDING	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93603	RIGHT VENTRICULAR RECORDING	Yes	CIM 35-75	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93607	LEFT VENTRICULAR RECORDING	Yes	CIM 35-75	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93609	MAPPING OF TACHYCARDIA	Yes	CIM 35-75, CIM 35-78	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93610	INTRA-ATRIAL PACING	Yes	MCM 2070 CIM 35-78	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93612	INTRAVENTRICULAR PACING	Yes	MCM 2070 CIM 35-78	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93615	ESOPHAGEAL RECORDING	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
93616	ESOPHAGEAL RECORDING	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93618	HEART RHYTHM PACING	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93619	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-78, CIM 50-3	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93620	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-78, CIM 50-3	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93624	ELECTROPHYSIOLOGIC STUDY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93631	HEART PACING, MAPPING	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93640	EVALUATION HEART DEVICE	Yes	CIM 35-85	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93641	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-85	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93642	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-85	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93660	TILT TABLE EVALUATION	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93662	INTRACARDIAC ECG (ICE)	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93721	PLETHYSMOGRAPHY TRACING	Yes	CIM 50-54, CIM 50-6	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
93724	ANALYZE PACEMAKER SYSTEM	Yes	CIM 50-1	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93731	ANALYZE PACEMAKER SYSTEM	Yes	MCM 2070, CIM 50-1	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93732	ANALYZE PACEMAKER SYSTEM	Yes	MCM 2070, CIM 50-1	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93733	TELEPHONE ANALY, PACEMAKER	Yes	MCM 2070, CIM 50-1	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93734	ANALYZE PACEMAKER SYSTEM	Yes	MCM 2070, CIM 50-1	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93735	ANALYZE PACEMAKER SYSTEM	Yes	MCM 2070, CIM 50-1	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93736	TELEPHONE ANALY, PACEMAKER	Yes	MCM 2070, CIM 50-1	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93737	ANALYZE CARDIO/DEFIBRILLATOR	Yes	CIM 35-85	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93738	ANALYZE CARDIO/DEFIBRILLATOR	Yes	CIM 35-85	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93741	ANALYZE HT PACE DEVICE SNGL	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93742	ANALYZE HT PACE DEVICE SNGL	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93743	ANALYZE HT PACE DEVICE DUAL	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93744	ANALYZE HT PACE DEVICE DUAL	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
93875	EXTRACRANIAL STUDY	Yes	CIM 50-7, CIM 50-37	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93880	EXTRACRANIAL STUDY	Yes	CIM 50-7, CIM 50-37	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93882	EXTRACRANIAL STUDY	Yes	CIM 50-7, CIM 50-37	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93886	INTRACRANIAL STUDY	Yes	CIM 50-7, CIM 50-37	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93888	INTRACRANIAL STUDY	Yes	CIM 50-7, CIM 50-37	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93922	EXTREMITY STUDY	Yes	CIM 50-54, CIM 50-6, CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93923	EXTREMITY STUDY	Yes	CIM 50-54, CIM 50-6, CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93924	EXTREMITY STUDY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93925	LOWER EXTREMITY STUDY	Yes	CIM 50-6, CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93926	LOWER EXTREMITY STUDY	Yes	CIM 50-6, CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93930	UPPER EXTREMITY STUDY	Yes	CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93931	UPPER EXTREMITY STUDY	Yes	CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93965	EXTREMITY STUDY	Yes	CIM 50-54, CIM 50-6, CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93970	EXTREMITY STUDY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93971	EXTREMITY STUDY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93975	VASCULAR STUDY	Yes	CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93976	VASCULAR STUDY	Yes	CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93978	VASCULAR STUDY	Yes	CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93979	VASCULAR STUDY	Yes	CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93980	PENILE VASCULAR STUDY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93981	PENILE VASCULAR STUDY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
93990	DOPPLER FLOW TESTING	Yes	CIM 50-7	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94010	BREATHING CAPACITY TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94015	PATIENT RECORDED SPIROMETRY	Yes		3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94060	EVALUATION OF WHEEZING	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
94070	EVALUATION OF WHEEZING	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94200	LUNG FUNCTION TEST (MBC/MVV)	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94240	RESIDUAL LUNG CAPACITY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94250	EXPIRED GAS COLLECTION	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94260	THORACIC GAS VOLUME	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94350	LUNG NITROGEN WASHOUT CURVE	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94360	MEASURE AIRFLOW RESISTANCE	Yes	CIM 50-6	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94370	BREATH AIRWAY CLOSING VOLUME	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94375	RESPIRATORY FLOW VOLUME LOOP	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94400	CO2 BREATHING RESPONSE CURVE	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94450	HYPOXIA RESPONSE CURVE	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94620	PULMONARY STRESS TEST/SIMPLE	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94621	PULM STRESS TEST/COMPLEX	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94640	AIRWAY INHALATION TREATMENT	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94650	PRESSURE BREATHING (IPPB)	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94651	PRESSURE BREATHING (IPPB)	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94652	PRESSURE BREATHING (IPPB)	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94664	AEROSOL OR VAPOR INHALATIONS	Yes	MCM 2050.6	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94665	AEROSOL OR VAPOR INHALATIONS	Yes	MCM 2050.6	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94667	CHEST WALL MANIPULATION	Yes	CIM 35-2	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94668	CHEST WALL MANIPULATION	Yes	CIM 35-2	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94680	EXHALED AIR ANALYSIS, O2	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94681	EXHALED AIR ANALYSIS, O2/CO2	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94690	EXHALED AIR ANALYSIS	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94720	MONOXIDE DIFFUSING CAPACITY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
94725	MEMBRANE DIFFUSION CAPACITY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94750	PULMONARY COMPLIANCE STUDY	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
94760	MEASURE BLOOD OXYGEN LEVEL	Yes	MCM 2070, CIM 60-4C	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94761	MEASURE BLOOD OXYGEN LEVEL	Yes	MCM 2070, CIM 60-4C	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94762	MEASURE BLOOD OXYGEN LEVEL	Yes	MCM 2070, CIM 60-4C	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
94770	EXHALED CARBON DIOXIDE TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95004	ALLERGY SKIN TESTS	Yes	CIM 50-53	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95024	ALLERGY SKIN TESTS	Yes	CIM 50-53	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95027	SKIN END POINT TITRATION	Yes		3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95028	ALLERGY SKIN TESTS	Yes	CIM 50-53	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95044	ALLERGY PATCH TESTS	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95052	PHOTO PATCH TEST	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95056	PHOTOSENSITIVITY TESTS	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95060	EYE ALLERGY TESTS	Yes		3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95065	NOSE ALLERGY TEST	Yes		3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95070	BRONCHIAL ALLERGY TESTS	Yes		3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95071	BRONCHIAL ALLERGY TESTS	Yes		3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95078	PROVOCATIVE TESTING	Yes		3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95115	IMMUNOTHERAPY, ONE INJECTION	Yes	MCM 2005.2	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95117	IMMUNOTHERAPY INJECTIONS	Yes	MCM 15050, MCM 2005.2	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
95805	MULTIPLE SLEEP LATENCY TEST	Yes	MCM 2055	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95806	SLEEP STUDY, UNATTENDED	Yes	MCM 2055	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95807	SLEEP STUDY, ATTENDED	Yes	MCM 2055	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95808	POLYSOMNOGRAPHY, 1-3	Yes	MCM 2055	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95810	POLYSOMNOGRAPHY, 4 OR MORE	Yes	MCM 2055	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
95811	POLYSOMNOGRAPHY W/CPAP	Yes	MCM 2055	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95812	ELECTROENCEPHALOGRAM (EEG)	Yes	CIM 50-39	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95813	ELECTROENCEPHALOGRAM (EEG)	Yes	CIM 50-39	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95816	ELECTROENCEPHALOGRAM (EEG)	Yes	CIM 50-39	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95819	ELECTROENCEPHALOGRAM (EEG)	Yes	CIM 50-39	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95822	SLEEP ELECTROENCEPHALOGRAM	Yes	MCM 2055, MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95824	ELECTROENCEPHALOGRAPHY	Yes	CIM 50-39	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95827	NIGHT ELECTROENCEPHALOGRAM	Yes	MCM 2055, MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95829	SURGERY ELECTROCORTICOGRAM	Yes	MCM 2070, CIM 35-57	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95831	LIMB MUSCLE TESTING, MANUAL	Yes	MCM 2070 SNF 532	0	NA	Fee		SNFs must bill this therapy service
95832	HAND MUSCLE TESTING, MANUAL	Yes	MCM 2070 SNF 532	0	NA	Fee		SNFs must bill this therapy service
95833	BODY MUSCLE TESTING, MANUAL	Yes	MCM 2070 SNF 532	0	NA	Fee		SNFs must bill this therapy service
95834	BODY MUSCLE TESTING, MANUAL	Yes	MCM 2070 SNF 532	0	NA	Fee		SNFs must bill this therapy service
95851	RANGE OF MOTION MEASUREMENTS	Yes	MCM 2210.3 SNF 532	0	NA	Fee		SNFs must bill this therapy service
95852	RANGE OF MOTION MEASUREMENTS	Yes	MCM 2210.3 SNF 532	0	NA	Fee		SNFs must bill this therapy service
95858	TENSILON TEST & MYOGRAM	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95860	MUSCLE TEST, ONE LIMB	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95861	MUSCLE TEST, TWO LIMBS	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95863	MUSCLE TEST, 3 LIMBS	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95864	MUSCLE TEST, 4 LIMBS	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95867	MUSCLE TEST, HEAD OR NECK	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95868	MUSCLE TEST, HEAD OR NECK	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95869	MUSCLE TEST, THOR PARASPINAL	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95870	MUSCLE TEST, NONPARASPINAL	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95872	MUSCLE TEST, ONE FIBER	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95875	LIMB EXERCISE TEST	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95900	MOTOR NERVE CONDUCTION TEST	Yes	CIM 50-17	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
95903	MOTOR NERVE CONDUCTION TEST	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95904	SENSE/MIXED N CONDUCTION TST	Yes	CIM 50-17	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95920	INTRAOP NERVE TEST ADD-ON	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95921	AUTONOMIC NERV FUNCTION TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95922	AUTONOMIC NERV FUNCTION TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95923	AUTONOMIC NERV FUNCTION TEST	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95925	SOMATOSENSORY TESTING	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95926	SOMATOSENSORY TESTING	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95927	SOMATOSENSORY TESTING	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95930	VISUAL EVOKED POTENTIAL TEST	Yes	CIM 50-31	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95933	BLINK REFLEX TEST	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95934	H-REFLEX TEST	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95936	H-REFLEX TEST	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95937	NEUROMUSCULAR JUNCTION TEST	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95950	AMBULATORY EEG MONITORING	Yes	CIM 50-39	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95951	EEG MONITORING/VIDEORECORD	Yes	CIM 50-39	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95953	EEG MONITORING/COMPUTER	Yes	CIM 50-39	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95954	EEG MONITORING/GIVING DRUGS	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95955	EEG DURING SURGERY	Yes	CIM 35-57	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95956	EEG MONITORING, CABLE/RADIO	Yes	CIM 50-39	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95957	EEG DIGITAL ANALYSIS	Yes		1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95958	EEG MONITORING/FUNCTION TEST	Yes	MCM 2070	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95961	ELECTRODE STIMULATION, BRAIN	Yes	CIM 50-40	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
95962	ELECTRODE STIM, BRAIN ADD-ON	Yes	CIM 50-40	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
96105	ASSESSMENT OF APHASIA	Yes	SNF 532	0	NA	Fee		SNFs must bill this therapy service
96111	DEVELOPMENTAL TEST, EXTEND	Yes	MCM 2070 SNF 532	066	NA	Fee		SNFs must bill this therapy service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
96115	NEUROBEHAVIOR STATUS EXAM	Yes	MCM 2070 SNF 532	0	NA	Fee		SNFs must bill this therapy service
96900	ULTRAVIOLET LIGHT THERAPY	Yes	CIM 35-66	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
96910	PHOTOCHEMOTHERAPY WITH UV-B	Yes	CIM 35-66	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
96912	PHOTOCHEMOTHERAPY WITH UV-A	Yes	CIM 35-66	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
96913	PHOTOCHEMOTHERAPY, UV-A OR B	Yes	CIM 35-66	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
97001	PT EVALUATION	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97002	PT RE-EVALUATION	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97003	OT EVALUATION	Yes	MCM 2217 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97004	OT RE-EVALUATION	Yes	MCM 2217 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97012	MECHANICAL TRACTION THERAPY	Yes	MCM 2200 MCM 2215 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97014	ELECTRIC STIMULATION THERAPY	Yes	CIM 35-20 CIM 35-77 CIM 35-98 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97016	VASOPNEUMATIC DEVICE THERAPY	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97018	PARAFFIN BATH THERAPY	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97020	MICROWAVE THERAPY	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97022	WHIRLPOOL THERAPY	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97024	DIATHERMY TREATMENT	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97026	INFRARED THERAPY	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97028	ULTRAVIOLET THERAPY	Yes	MCM 2200 MCM 2215 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97032	ELECTRICAL STIMULATION	Yes	CIM 35-20 CIM 35-77 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97033	ELECTRIC CURRENT THERAPY	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97034	CONTRAST BATH THERAPY	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97035	ULTRASOUND THERAPY	Yes	MCM 2200 MCM 2210.3 MCM 2215 CIM 35-3 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97036	HYDROTHERAPY	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97039	PHYSICAL THERAPY TREATMENT	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97110	THERAPEUTIC EXERCISES	Yes	MCM 2210.3 SNF 532	7	NA	Fee		SNFs must bill this therapy service



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
97112	NEUROMUSCULAR REEDUCATION	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97113	AQUATIC THERAPY/EXERCISES	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97116	GAIT TRAINING THERAPY	Yes	MCM 2210.3 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97124	MASSAGE THERAPY	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97139	PHYSICAL MEDICINE PROCEDURE	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97140	MANUAL THERAPY	Yes	CIM 35-2 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97150	GROUP THERAPEUTIC PROCEDURES	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97504	ORTHOTIC TRAINING	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97520	PROSTHETIC TRAINING	Yes	MCM 2217 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97530	THERAPEUTIC ACTIVITIES	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97532	COGNITIVE SKILLS DEVELOPMENT	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97533	SENSORY INTEGRATION	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97535	SELF CARE MNGMENT TRAINING	Yes	MCM 2217 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97537	COMMUNITY/WORK REINTEGRATION	Yes	MCM 2217 SNF 532	7	NA	Fee		SNFs must bill this therapy service
97542	WHEELCHAIR MNGMENT TRAINING	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97703	PROSTHETIC CHECKOUT	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97750	PHYSICAL PERFORMANCE TEST	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service
97770	COGNITIVE SKILLS DEVELOPMENT	Yes	SNF 532	7	NA	Fee		SNFs must bill this therapy service. Special instructions apply for determining whether therapy or mental health.
99175	INDUCTION OF VOMITING	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
99185	REGIONAL HYPOTHERMIA	Yes	CIM 45-21	5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
99186	TOTAL BODY HYPOTHERMIA	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
99195	PHLEBOTOMY	Yes		5	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
A0420	AMBULANCE WAITING TIME (ALS OR BLS), ONE HALF (1/2) HOUR INCREMENTS	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0424	EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICAL REVIEW)	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0425	GROUND MILEAGE, PER STATUTE MILE	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1(ALS1-EMERGENCY)	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0432	PARAMEDIC INTERCEPT (PI), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0434	SPECIALTY CARE TRANSPORT (SCT)	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	No	SNF 516.2	9	NA	Fee	52	Fee schedule delayed Refer to PM AB-00-103 and PM AB-00-88
A4214	STERILE SALINE OR WATER, 30 CC VIAL	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	Yes	MCM 15030 SNF 534	9	NA	Fee	11	Rendering provider may bill or SNF may bill under arrangements
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
A4300	IMPLANTABLE ACCESS CATHETER (VENOUS, ARTERIAL, EPIDURAL OR PERITONEAL), EXTERNAL ACCESS	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	11	Rendering provider may bill or SNF may bill under arrangements
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4319	STERILE WATER IRRIGATION SOLUTION, 1000 ML.	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4321	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4323	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4324	MALE EXTERNAL CATHETER, WITH ADHESIVE COATING, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4325	MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE, EG; INFLATABLE, FACEPLATE, ETC., EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4329	EXTERNAL CATHETER STARTER SET, MALE/FEMALE, INCLUDES CATHETERS/URINARY COLLECTION DEVICE, BAG/POUCH AND ACCESSORIES (TUBING, CLAMPS, ETC.), 7 DAY SUPPLY	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	Yes	SNF 534	970	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4347	MALE EXTERNAL CATHETER WITH OR WITHOUT ADHESIVE, WITH OR WITHOUT ANTI-REFLUX DEVICE; PER DOZEN	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4348	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION COMPARTMENT, EXTENDED WEAR, EACH (E.G., 2 PER MONTH)	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4358	URINARY LEG BAG; VINYL, WITH OR WITHOUT TUBE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4359	URINARY SUSPENSORY WITHOUT LEG BAG, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4361	OSTOMY FACEPLATE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4363	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.) POWDER OR PASTE; PER OZ.	Yes	MCM 2130 SNF 260.4 SNF 534	NA	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4364	ADHESIVE LIQUID, FOR USE WITH FACIAL PROSTHESIS ONLY, PER OZ.	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
A4365	ADHESIVE REMOVER WIPES, ANY TYPE PER 50	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4367	OSTOMY BELT, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4368	OSTOMY FILTER, ANY TYPE, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4370	OSTOMY SKIN BARRIER, PASTE, PER OZ	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), STANDARD WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4374	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE PLASTIC, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4386	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4387	OSTOMY POUCH CLOSED, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4389	OSTOMY POUCH, DRAINABLE, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4394	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4400	OSTOMY IRRIGATION SET	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A4402	LUBRICANT, PER OUNCE	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4404	OSTOMY RING, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4454	TAPE, ALL TYPES, ALL SIZES	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4460	ELASTIC BANDAGE, PER ROLL (E.G. COMPRESSION BANDAGE)	Yes	MCM 2079 SNF 535 SNF 260.4	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A4462	ABDOMINAL DRESSING HOLDER/BINDER, EACH	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	Yes	SNF 260.4	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	Yes	SNF 260.4	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4550	SURGICAL TRAYS	Yes	MCM 15030 SNF 534	9	NA	Fee	11	Rendering provider may bill or SNF may bill under arrangements
A4561	PESSARY, RUBBER, ANY TYPE	Yes	SNF 536	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
A4562	PESSARY, NON RUBBER, ANY TYPE	Yes	SNF 537	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
A4622	TRACHEOSTOMY OR LARYNGECTOMY TUBE	Yes	CIM 65-16 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)	Yes	CIM 65-16 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	Yes	SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5051	POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5052	POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5053	POUCH, CLOSED; FOR USE ON FACEPLATE	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5054	POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5055	STOMA CAP	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5061	POUCH, DRAINABLE; WITH BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5062	POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A5063	POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5071	POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5072	POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5073	POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5093	OSTOMY ACCESSORY; CONVEX INSERT	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5112	URINARY LEG BAG; LATEX	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5119	SKIN BARRIER; WIPES, BOX PER 50	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5123	SKIN BARRIER; WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), ANY SIZE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A6021	COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6023	COLLAGEN DRESSING PAD SIZE MORE THAN 48 SQ. IN., EACH	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6154	WOUND POUCH, EACH	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill



HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A6196	ALGINATE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6197	ALGINATE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6198	ALGINATE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6199	ALGINATE DRESSING, WOUND FILLER, PER 6 INCHES	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	976	NA	Fee	35	Category is surgical dressings SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE OR HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN., OR LESS, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6233	GAUZE, IMPREGNATED, HYUDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT ELSEWHERE CLASSIFIED	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED	Yes	SNF 535	9	NA	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6263	GAUZE, ELASTIC, NON-STERILE, ALL TYPES, PER LINEAR YARD	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6264	GAUZE, NON-ELASTIC, NON-STERILE, PER LINEAR YARD	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6265	TAPE, ALL TYPES, PER 18 SQUARE INCHES	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, ANY WIDTH, PER LINEAR YARD	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A6405	GAUZE, ELASTIC, STERILE, ALL TYPES, PER LINEAR YARD	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
A6406	GAUZE, NON-ELASTIC, STERILE, ALL TYPES, PER LINEAR YARD	Yes	SNF 535	9	NA	Fee	35	Category is surgical dressings SNF or supplier may bill
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINOR, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINOR, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	Yes	SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINOR, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E0441	OXYGEN CONTENTS, GASEOUS, (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE GASEOUS SYSTEM ARE OWNED)	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E0442	OXYGEN CONTENTS, LIQUID, (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE LIQUID SYSTEM ARE OWNED)	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED)	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E0444	PORTABLE OXYGEN CONTENTS, LIQUID (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED)	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E0753	IMPLANTABLE NEUROSTIMULATOR ELECTRODES, PER GROUP OF FOUR	Yes	SNF 534, CIM 65-8	NA	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
E0756	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR	Yes	CIM 65-8	NA	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
E0757	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Yes	CIM 65-8	NA	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0758	RADIOFREQUENCY TRANSMITOR (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Yes	CIM 65-8	NA	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Yes	CIM 60-14 SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E1390	OXYGEN CONCENTRATOR, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Yes	SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E1400	LITERS PER MINUTE, AT 85 PERCENT OR GREATER CONCENTRATION.	Yes	SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E1401	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 2 LITERS PER MINUTE, DOES NOT EXCEED 3 LITERS PER MINUTE, AT 85 PERCENT OR GREATER CONCENTRATION	Yes	SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E1402	LITERS PER MINUTE, DOES NOT EXCEED 4 LITERS PER MINUTE, AT 85 PERCENT OR GREATER CONCENTRATION	Yes	SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E1403	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 4 LITERS PER MINUTE, DOES NOT EXCEED 5 LITERS PER MINUTE, AT 85 PERCENT OR GREATER CONCENTRATION	Yes	SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E1404	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 5 LITERS PER MINUTE, AT 85 PERCENT OR GREATER CONCENTRATION	Yes	SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Yes	SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	Yes	SNF 534	NA	NA	Fee	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
G0001	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)	Yes	MIM 3628E SNF 541	9	NA	Fee	22	Rendering provider may bill or SNF may bill under arrangements
G0002	OFFICE PROCEDURE, INSERTION OF TEMPORARY INDWELLING CATHETER, FOLEY TYPE (SEPARATE PROCEDURE)	Yes		0	NA	Fee	11	Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
G0004	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; INCLUDES TRANSMISSION, PHYSICIAN REVIEW AND INTERPRETATION	Yes	CIM 50-15	4	NA	Fee	11	Rendering provider may bill this code. SNFs must bill with code that represents the technical component
G0005	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; RECORDING (INCLUDES HOOK-UP, RECORDING AND DISCONNECTION)	Yes	CIM 50-15	3	NA	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0006	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; 24 HOUR ATTENDED MONITORING, RECEIPT OF TRANSMISSIONS, AND ANALYSIS	Yes	CIM 50-15	3	NA	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0007	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; PHYSICIAN REVIEW AND INTERPRETATION ONLY	Yes	CIM 50-15	2	NA	Fee	11	Physician billing to Carrier
G0015	POST-SYMPTOM TELEPHONIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRIP(S) AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; TRACING ONLY	Yes	CIM 50-15	3	NA	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0016	POST-SYMPTOM TELEPHONIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRPS(S) AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; PHYSICIAN REVIEW AND INTERPRETATION ONLY	Yes	CIM 50-15	2	NA	Fee	11	Physician billing to Carrier
G0025	COLLAGEN SKIN TEST KIT	Yes	CIM 65-9	9	NA	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0026	FECAL LEUCOCYTE EXAMINATION	Yes	SNF 260.1	9	NA	Fee	21	SNFs cannot bill for this service
G0027	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM EXCLUDING HUHNER	Yes	SNF 260.1	9	NA	Fee	21	SNFs cannot bill for this service



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G0030	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING PREVIOUS PET, G0030-G0047); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0031	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING PREVIOUS PET, G0030-G0047); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0032	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST SPECT, 78464); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0033	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST SPECT, 78464); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0034	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS SPECT, 78465); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0035	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS SPECT, 78465); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0036	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING CORONARY ANGIOGRAPHY, 93510-93529); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0037	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING CORONARY ANGIOGRAPHY, 93510-93529); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0038	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS PLANAR MYOCARDIAL PERFUSION, 78460); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0039	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS PLANAR MYOCARDIAL PERFUSION, 78460); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
G0040	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECHOCARDIOGRAM, 93350); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0041	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECHOCARDIOGRAM, 93350); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0042	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS NUCLEAR VENTRICULOGRAM, 78481 OR 78483); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0043	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS NUCLEAR VENTRICULOGRAM, 78481 OR 78483); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0044	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST ECG, 93000); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0045	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST ECG, 93000); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0046	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECG, 93015); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0047	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECG, 93015); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0050	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND	Yes		3	NA	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	No	CIM 50-55, MCM 4182	0	NA	Fee	11	Physician billing to Carrier
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	No	CIM 50-55, MCM 4182, E56	0	NA	Fee	11	Physician billing to Carrier
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA), TOTAL	No	SNF 260.1	9	NA	Fee	21	SNFs cannot bill for this service
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	No		0	NA	Fee	11	Physician billing to Carrier

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G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	No		0	NA	Fee	11	Physician billing to Carrier
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY, BARIUM ENEMA	No	MIM 3660.17	1	Yes	Fee	11	SNFs must bill this service
G0107	COLORECTAL CANCER SCREENING; FECAL-OCCULT BLOOD TEST, 1-3 SIMULTANEOUS DETERMINATIONS	No	MIM 3660.17	9	NA	Fee	21	SNFs must bill this service Lab cert not required
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTES	Yes		0	NA	Fee	11	Physician billing to Carrier
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE), PER 30 MINUTES	Yes		0	NA	Fee	11	Physician billing to Carrier
G0110	NETT PULM-REHAB; EDUCATION/SKILLS TRAINING, INDIVIDUAL	Yes		0	NA	Fee	11	Physician billing to Carrier
G0111	NETT PULM-REHAB; EDUCATION/SKILLS TRAINING, GROUP	Yes	CIM 35-93	0	NA	Fee	11	Physician billing to Carrier
G0112	NETT PULM-REHAB; NUTRITIONAL GUIDANCE, INITIAL	Yes	CIM 35-93	0	NA	Fee	11	Physician billing to Carrier
G0113	NETT PULM-REHAB; NUTRITIONAL GUIDANCE, SUBSEQUENT	Yes	CIM 35-93	0	NA	Fee	11	Physician billing to Carrier
G0114	NETT PULM-REHAB; PSYCHOSOCIAL CONSULTATION	Yes	CIM 35-93	0	NA	Fee	11	Physician billing to Carrier
G0115	NETT PULM-REHAB; PSYCHOLOGICAL TESTING	Yes	CIM 35-93	0	NA	Fee	11	Physician billing to Carrier
G0116	NETT PULM-REHAB; PSYCHOSOCIAL COUNSELING	Yes	CIM 35-93	0	NA	Fee	11	Physician billing to Carrier
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY, BARIUM ENEMA.	No	MIM 3660.17	1	Yes	Fee	11	SNFs must bill this service
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, SCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	No	MIM 3628.1 CIM 50-20,	9	NA	Fee	11	SNFs must bill this service
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, REQUIRING INTERPRETATION BY PHYSICIAN	Yes	CIM 50-36, MCM 4174 MIM 3628.1	0	NA	Fee	12	Physician billing to Carrier
G0125	PET imaging regional or whole body; single pulmonary nodule	Yes	CIM 50-36, MCM 4173	1	NA	Fee	13	Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
G0126	PET LUNG IMAGING OF SOLITARY PULMONARY NODULES, USING 2-(FLUORINE-18)-FLUORO-2-DEOXY-D-GLUCOSE (FDG), FOLLOWING CT (71250/71260 OR 71270); INITIAL STAGING OF PATHOLOGICALLY DIAGNOSED NON-SMALL CELL LUNG CANCER	Yes	MCM 2323, MCM 4120	1	Yes	Fee	11	Discontinued after 6/30/01
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	Yes		0	NA	Fee	11	Physician billing to Carrier
G0128	DIRECT (FACE-TO-FACE WITH PATIENT) SKILLED NURSING SERVICES OF A REGISTERED NURSE PROVIDED IN A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY, EACH 10 MINUTES BEYOND THE FIRST 5 MINUTES	Yes		NA	NA	Fee	99	SNFs cannot bill for this service
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)	Yes	CIM 50-44 SNF 533	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM, WITH MANUAL RESCREENING, REQUIRING INTERPRETATION BY PHYSICIAN	Yes		0		Fee	11	Physician billing to Carrier
G0143	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH MANUAL SCREENING AND RESCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	No	MIM 3628.1 SNF 541.2	9	NA	Fee	21	SNFs must bill this service
G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	No	MIM 3628.1 SNF 541.2	9	NA	Fee	21	SNFs must bill this service

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G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER PHYSICIAN SUPERVISION	No	MIM 3628.1 SNF 541.2	9	NA	Fee	21	SNFs must bill this service
G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION	No	MIM 3628.1 SNF 541.2	9	NA	Fee	21	SNFs must bill this service
G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM WITH MANUAL RESCREENING	No	MIM 3628.1 SNF 541.2	9	NA	Fee	21	SNFs must bill this service
G0163	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR RECURRENCE OF COLORECTAL METASTATIC CANCER	Yes	CIM 50-36, MCM 4173 SNF 533	1	Yes	Fee	11	Discontinued after 6/30/01
G0164	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR STAGING AND CHARACTERIZATION OF LYMPHOMA	Yes	CIM 50-36, MCM 4173 SNF 533	1	Yes	Fee	11	Discontinued after 6/30/01
G0165	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR RECURRENCE OF MELANOMA OR MELANOMA METASTATIC CANCER	Yes	CIM 35-74 SNF 533	1	Yes	Fee	11	Discontinued after 6/30/01
G0210	PET Imaging whole body; diagnosis; lung cancer, non-small cell	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0211	PET Imaging whole body; initial staging; lung cancer; non-small cell(replaces G0126)	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0212	PET Imaging whole body; restaging; lung cancer; non-small cell	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0213	PET Imaging whole body; diagnosis; colorectal cancer	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0214	PET Imaging whole body; initial staging; colorectal cancer	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0215	PET Imaging whole body; restaging; colorectal cancer (replaces G0163)	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0216	PET Imaging whole body; diagnosis; melanoma	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0217	PET Imaging whole body; initial staging; melanoma	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0218	PET Imaging whole body; restaging; melanoma (replaces G0165)	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0219	PET Imaging whole body; melanoma for non-covered indications	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
G0220	PET Imaging whole body; diagnosis; lymphoma	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0221	PET Imaging whole body; initial staging; lymphoma (replaces G0164)	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0222	PET Imaging whole body; restaging; lymphoma (replaces G0164)	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0223	PET Imaging whole body or regional; diagnosis; head and neck cancer; excluding thyroid and CNS cancers	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0224	PET Imaging whole body or regional; initial staging; head and neck cancer; excluding thyroid and CNS cancers	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0225	PET Imaging whole body or regional; restaging head and neck cancer, excluding thyroid and CNS cancers	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0226	PET Imaging whole body; diagnosis; esophageal cancer	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0227	PET Imaging whole body; initial staging; esophageal cancer	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0228	PET Imaging whole body; restaging; esophageal cancer	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0229	PET Imaging; Metabolic brain imaging for pre-surgical evaluation of refractory seizures	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
G0230	PET Imaging; Metabolic assessment for myocardial viability following inconclusive SPECT study	Yes	CIM 50-36, MCM 4173	_	NA	Fee	_	Rendering provider may bill or SNF may bill under arrangements
J0150	INJECTION, ADENOSINE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	Yes	MCM 2049 SNF 533.3	9	NA	Fee	51	Rendering provider may bill or SNF may bill under arrangements
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	Yes	MCM 2049 MCM 15030 SNF 536 SNF 533.21	9	NA	Fee	51	Rendering provider may bill or SNF may bill under arrangements
K0112	TRUNK SUPPORT DEVICE, VEST TYPE, WITH INNER FRAME, PREFABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
K0113	TRUNK SUPPORT DEVICE, VEST TYPE, WITHOUT INNER FRAME, PREFABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
K0400	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
L0100	CERVICAL, CRANIOSTENOSIS, HELMET MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0110	CERVICAL, CRANIOSTENOSIS, HELMET, NON-MOLDED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0210	THORACIC, RIB BELT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0300	THORACIC-LUMBAR-SACRAL-ORTHOISIS (TLSO), FLEXIBLE (DORSO-LUMBAR SURGICAL SUPPORT)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0310	TLISO, FLEXIBLE, (DORSO-LUMBAR SURGICAL SUPPORT), CUSTOM FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0315	TLISO, FLEXIBLE DORSO-LUMBAR SURGICAL SUPPORT, ELASTIC TYPE, WITH RIGID POSTERIOR PANEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0317	TLISO, FLEXIBLE DORSO-LUMBAR SURGICAL SUPPORT, HYPEREXTENSION, ELASTIC TYPE, WITH RIGID POSTERIOR PANEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0320	TLISO, ANTERIOR-POSTERIOR CONTROL (TAYLOR TYPE), WITH APRON FRONT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0330	TLISO, ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT-TAYLOR TYPE), WITH APRON FRONT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L0340	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL (ARNOLD, MAGNUSON, STEINDLER TYPES), WITH APRON FRONT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0350	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, FLEXION COMPRESSION JACKET, CUSTOM FITTED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0360	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, FLEXION COMPRESSION JACKET MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0370	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, HYPEREXTENSION (JEWETT, LENNOX, BAKER, CASH TYPES)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0380	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, WITH EXTENSIONS	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0390	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0400	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0410	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, TWO-PIECE CONSTRUCTION, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0420	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, TWO PIECE CONSTRUCTION MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0430	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL L CUSTOM FITTED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0440	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH OVERLAPPING FRONT SECTION, SPRING STEEL FRONT, CUSTOM FITTED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0500	LUMBAR-SACRAL-ORTHOSIS (LSO), FLEXIBLE, (LUMBO-SACRAL SURGICAL SUPPORT)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0510	LSO, FLEXIBLE (LUMBO-SACRAL SURGICAL SUPPORT), CUSTOM FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0515	LSO, FLEXIBLE, LUMBO-SACRAL SURGICAL SUPPORT ELASTIC TYPE, WITH RIGID POSTERIOR PANEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0520	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT, WILCOX TYPES), WITH APRON FRONT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill



HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L0530	LSO, ANTERIOR-POSTERIOR CONTROL (MACAUSLAND TYPE), WITH APRON FRONT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0540	LSO, LUMBAR FLEXION (WILLIAMS FLEXION TYPE)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0550	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0560	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0565	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, CUSTOM FITTED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0600	SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT),	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0610	SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT), CUSTOM FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0620	SACROILIAC, SEMI-RIGID (GOLDTHWAITE, OSGOOD TYPES), WITH APRON FRONT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0860	ADDITION TO HALO PROCEDURES, MAGNETIC REASONANCE IMAGE COMPATIBLE SYSTEM	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0900	TORSO SUPPORT, PTOSIS SUPPORT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0910	TORSO SUPPORT, PTOSIS SUPPORT, CUSTOM FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0920	TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0930	TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT, CUSTOM FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L0940	TORSO SUPPORT, POSTSURGICAL SUPPORT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0950	TORSO SUPPORT, POST SURGICAL SUPPORT, CUSTOM FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0960	TORSO SUPPORT, POST SURGICAL SUPPORT, PADS FOR POST SURGICAL SUPPORT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0970	TLSO, CORSET FRONT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0972	LSO, CORSET FRONT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0974	TLSO, FULL CORSET	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0976	LSO, FULL CORSET	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0978	AXILLARY CRUTCH EXTENSION	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0980	PERONEAL STRAPS, PAIR	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0984	PROTECTIVE BODY SOCK, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L1500	THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO), MOBILITY FRAME (NEWINGTON, PARAPODIUM TYPES)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1510	THKAO, STANDING FRAME	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1520	THKAO, SWIVEL WALKER	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1710	(NEWINGTON TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1750	LEGG PERTHES ORTHOSIS, LEGG PERTHES SLING (SAM BROWN TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1800	KNEE ORTHOSIS, ELASTIC WITH STAYS, PREFBRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1815	KNEE ORTHOSIS, ELASTIC OR OTHER ELASTIC TYPE MATERIAL WITH CONDYLAR PAD(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1825	KNEE ORTHOSIS, ELASTIC KNEE CAP, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1855	KNEE ORTHOSIS, MOLDED PLASTIC, THIGH AND CALF SECTIONS, WITH DOUBLE UPRIGHT KNEE JOINTS, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1858	KNEE ORTHOSIS, MOLDED PLASTIC, POLYCENTRIC KNEE JOINTS, PNEUMATIC KNEE PADS (CTI), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1870	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF LACERS, MOLDED TO PATIENT MODEL WITH KNEE JOINTS, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1880	KNEE ORTHOSIS, DOUBLE UPRIGHT, NON-MOLDED THIGH AND CALF CUFFS/LACERS WITH KNEE JOINTS, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1885	KNEE ORTHOSIS, SINGLE OR DOUBLE UPRIGHT, THIGH AND CALF, WITH FUNCTIONAL ACTIVE RESISTANCE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1900	ANKLE-FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L1902	ANKLE-FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1904	ANKLE-FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1906	ANKLE-FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1910	ANKLE-FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1920	ANKLE-FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1930	ANKLE-FOOT ORTHOSIS, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1940	ANKLE-FOOT ORTHOSIS, MOLDED TO PATIENT MODEL, PLASTIC, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1945	ANKLE-FOOT ORTHOSIS, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1950	ANKLE-FOOT ORTHOSIS, SPIRAL, (IRM TYPE), PLASTIC, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1960	ANKLE-FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1970	ANKLE-FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1980	ANKLE-FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1990	ANKLE-FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2000	KNEE-ANKLE-FOOT-ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L2010	KNEE-ANKLE-FOOT-ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2020	KNEE-ANKLE-FOOT-ORTHOSIS, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2030	KNEE-ANKLE-FOOT-ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2035	KNEE-ANKLE-FOOT-ORTHOSIS, FULL PLASTIC, STATIC, (PEDIATRIC SIZE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2036	KNEE-ANKLE-FOOT-ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2037	KNEE-ANKLE-FOOT-ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2038	KNEE-ANKLE-FOOT-ORTHOSIS, FULL PLASTIC, WITHOUT KNEE JOINT, MULTI-AXIS ANKLE,(LIVELY ORTHOSIS OR EQUAL), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2039	KNEE-ANKLE-FOOT-ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, POLY-AXIAL HINGE, MEDIAL LATERAL ROTATION CONTROL, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2040	HIP-KNEE-ANKLE-FOOT ORTHOSIS TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2050	HIP-KNEE-ANKLE-FOOT ORTHOSIS , TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2060	HIP-KNEE-ANKLE-FOOT ORTHOSIS , TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill



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L2070	HIP-KNEE-ANKLE-FOOT ORTHOSIS , TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2080	HIP-KNEE-ANKLE-FOOT ORTHOSIS , TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2090	HIP-KNEE-ANKLE-FOOT ORTHOSIS , TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2106	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2108	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2112	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2114	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2116	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2124	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SYNTHETIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2126	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2128	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L2132	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2134	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2136	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	Yes	SNF 534	NA01	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION (T) STRAP, PADDED/LINED OR MALLEOLUS PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2415	ADDITION TO KNEE JOINT, CAM LOCK (SWISS, FRENCH, BAIL TYPES) EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2435	ADDITION TO KNEE JOINT, POLYCENTRIC JOINT, EACH JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRILATERAL BRIM, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRILATERAL BRIM, CUSTOM FITTED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, CARBON GRAPHITE LAMINATION	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2770	ADDITION TO LOWER EXTREMITY ORTHOSIS, ANY MATERIAL - PER BAR OR JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Yes	MCM 2323D SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Yes	MCM 2323D SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3650	SHOULDER ORTHOSIS, FIGURE OF '8' DESIGN ABDUCTION RE- STRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L3660	SHOULDER ORTHOSIS, FIGURE OF '8' DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE) PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE, OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3700	ELBOW ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3800	WRIST-HAND-FINGER-ORTHOSIS SHORT OPPONENS, NO ATTACHMENTS, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3805	WRIST-HAND-FINGER-ORTHOSIS , LONG OPPONENS, NO ATTACHMENT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3807	WRIST-HAND-FINGER-ORTHOSIS , EXTENSION ASSIST, WITH INFLATABLE PALMER AIR SUPPORT, WITH OR WITHOUT THUMB EXTENSION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L3810	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, THUMB ABDUCTION ('C') BAR	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3815	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, SECOND M.P. ABDUCTION ASSIST	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3820	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, I.P. EXTENSION ASSIST, WITH M.P. EXTENSION STOP	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3825	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION STOP	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3830	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION ASSIST	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3835	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, M.P. SPRING EXTENSION ASSIST	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3840	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, SPRING SWIVEL THUMB	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3845	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, THUMB I.P. EXTENSION ASSIST, WITH M.P. STOP	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3850	WHO, ADDITION TO SHORT AND LONG OPPONENS, ACTION WRIST, WITH DORSIFLEXION ASSIST	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3855	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3860	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL AND I.P.	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3900	WRIST-HAND-FINGER-ORTHOSIS , DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3901	WRIST-HAND-FINGER-ORTHOSIS , DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill



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L3902	WRIST-HAND-FINGER-ORTHOSIS , EXTERNAL POWERED, COMPRESSED GAS, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3904	WRIST-HAND-FINGER-ORTHOSIS , EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3906	WHO, WRIST GAUNTLET, MOLDED TO PATIENT MODEL, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3907	WRIST-HAND-FINGER-ORTHOSIS , WRIST GAUNTLET WITH THUMB SPICA, MOLDED TO PATIENT MODEL, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3910	WRIST-HAND-FINGER-ORTHOSIS , SWANSON DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3912	HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3914	WRIST HAND ORTHOSIS, WRIST EXTENSION COCK-UP, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3916	WRIST-HAND-FINGER-ORTHOSIS , WRIST EXTENSION COCK-UP, WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3918	HAND FINGER ORTHOSIS, KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3920	HAND FINGER ORTHOSIS,, KNUCKLE BENDER, WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3922	HAND FINGER ORTHOSIS,, KNUCKLE BENDER, TWO SEGMENT TO FLEX JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3924	WRIST-HAND-FINGER-ORTHOSIS , OPPENHEIMER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3926	WRIST-HAND-FINGER-ORTHOSIS , THOMAS SUSPENSION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L3928	HAND FINGER ORTHOSIS,, FINGER EXTENSION, WITH CLOCK SPRING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3930	WRIST-HAND-FINGER-ORTHOSIS , FINGER EXTENSION, WITH WRIST SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3932	FINGER ORTHOSIS, SAFETY PIN, SPRING WIRE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3934	FINGER ORTHOSIS, SAFETY PIN, MODIFIED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3936	WRIST-HAND-FINGER-ORTHOSIS , PALMER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3938	WRIST-HAND-FINGER-ORTHOSIS , DORSAL WRIST, WITH OUTRIGGER ATTACHMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3940	WRIST-HAND-FINGER-ORTHOSIS , DORSAL WRIST, WITH OUTRIGGER ATTACHMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3942	HAND FINGER ORTHOSIS,, REVERSE KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3944	HAND FINGER ORTHOSIS,, REVERSE KNUCKLE BENDER, WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3946	HAND FINGER ORTHOSIS,, COMPOSITE ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3948	FINGER ORTHOSIS, FINGER KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3950	WRIST-HAND-FINGER-ORTHOSIS , COMBINATION OPPENHEIMER, WITH KNUCKLE BENDER AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3952	WRIST-HAND-FINGER-ORTHOSIS , COMBINATION OPPENHEIMER, WITH REVERSE KNUCKLE AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L3954	HAND FINGER ORTHOSIS, SPREADING HAND, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3960	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3962	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3963	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS, MOLDED SHOULDER, ARM, FOREARM, AND WRIST, WITH ARTICULATING ELBOW JOINT, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3964	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3965	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3966	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3968	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3969	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE ARM SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L3970	SHOULDER ELBOW ORTHOSIS, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	Yes	SNF 534	NA	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3972	SHOULDER ELBOW ORTHOSIS, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	Yes	SNF 534	NA	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3974	SHOULDER ELBOW ORTHOSIS, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	Yes	SNF 534	NA	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3985	UPPER EXTREMITY FRACTURE ORTHOSIS, FOREARM, HAND WITH WRIST HINGE, CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3986	UPPER EXTREMITY FRACTURE ORTHOSIS, COMBINATION OF HUMERAL, RADIUS/ULNAR, WRIST, (EXAMPLE-- COLLES FRACTURE), CUSTOM-FABRICATED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L4000	REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4010	REPLACE TRILATERAL SOCKET BRIM	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4040	REPLACE MOLDED THIGH LACER	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4045	REPLACE NON-MOLDED THIGH LACER	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4050	REPLACE MOLDED CALF LACER	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4055	REPLACE NON-MOLDED CALF LACER	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L4060	REPLACE HIGH ROLL CUFF	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KNEE-ANKLE-FOOT-ORTHOSIS	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4080	REPLACE METAL BANDS KNEE-ANKLE-FOOT-ORTHOSIS, PROXIMAL THIGH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4090	REPLACE METAL BANDS KNEE-ANKLE-FOOT-ORTHOSIS-AFO, CALF OR DISTAL THIGH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4100	REPLACE LEATHER CUFF KNEE-ANKLE-FOOT-ORTHOSIS, PROXIMAL THIGH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4110	REPLACE LEATHER CUFF KNEE-ANKLE-FOOT-ORTHOSIS-AFO, CALF OR DISTAL THIGH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4130	REPLACE PRETIBIAL SHELL	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Yes	MCM 2100.4 SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Yes	MCM 2133, MCM 2100.4, MCM 2130D SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L4350	PNEUMATIC ANKLE CONTROL SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4360	PNEUMATIC WALKING SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4370	PNEUMATIC FULL LEG SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4380	PNEUMATIC KNEE SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4396	STATIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, FOR POSITIONING, PRESSURE REDUCTION, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Yes	MCM 2323 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Yes	MCM 2323 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Yes	MCM 2323 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK OR KNEE DISARTICULATION	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUSPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L6000	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	Yes	SNF 535	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	Yes	SNF 536	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6020	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	Yes	SNF 537	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	Yes	SNF 534	NA13	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6890	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, PRODUCTION GLOVE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6895	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, CUSTOM GLOVE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L7500	REPAIR OF PROSTHETIC DEVICE, HOURLY RATE (EXCLUDES V5335 REPAIR OF ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX)	Yes	MCM 2100.4, MCM 2130D, MCM 2133 SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS (EXCLUDES V5335 REPAIR OF ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX)	Yes	MCM 2100.4, MCM 2130D, MCM 2133 SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Yes	SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L7900	VACUUM ERECTION SYSTEM	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8000	BREAST PROSTHESIS, MASTECTOMY BRA	Yes	MCM 2130A SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	Yes	MCM 2130A SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	Yes	MCM 2130 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	Yes	MCM 2130A SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL	Yes	MCM 2130A SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	Yes	MCM 2130 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L8040	NASAL PROSTHEIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8041	MID FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8045	AURICULAR PROSWTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8047	NASAL SEPTAL PROSTHEIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L8239	GRADIENT COMPRESSION STOCKING, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements



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L8300	TRUSS, SINGLE WITH STANDARD PAD	Yes	MCM 2133, CIM 7-1, CIM 70-2 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8310	TRUSS, DOUBLE WITH STANDARD PADS	Yes	MCM 2133, CIM 7-1, CIM 70-2 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	Yes	MCM 2133, CIM 7-1, CIM 70-2 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	Yes	MCM 2133, CIM 7-1, CIM 70-2 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	Yes	MCM 2133 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8490	ADDITION TO PROSTHETIC SHEATH/SOCK, AIR SEAL SUCTION RETENTION SYSTEM	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	Yes	SNF 534	NA	NA	Fee	57	Rendering provider may bill or SNF may bill under arrangements
L8500	ARTIFICIAL LARYNX, ANY TYPE	Yes	MCM 2130, CIM 65-5	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8501	TRACHEOSTOMY SPEAKING VALVE	Yes	CIM 65-16	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	Yes	MCM 2130, CIM 35-47	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	Yes	CIM 65.9 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, 1 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	Yes	SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8610	OCULAR IMPLANT	Yes	MCM 2130 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8612	AQUEOUS SHUNT	Yes	MCM 2130 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8613	OSSICULA IMPLANT	Yes	MCM 2130 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8614	COCHLEAR DEVICE/SYSTEM	Yes	MCM 2130, CIM 65-14 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	Yes	CIM 65-14 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8630	METACARPPOPHALANGEAL JOINT IMPLANT	Yes	MCM 2130 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8641	METATARSAL JOINT IMPLANT	Yes	MCM 2130 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8642	HALLUX IMPLANT	Yes	MCM 2130 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8658	INTERPHALANGEAL JOINT IMPLANT	Yes	MCM 2130 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	Yes	MCM 2130 SNF 534	NA	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE	Yes	SNF 534	NA	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
M0064	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPTIONS USED IN THE TREATMENT OF MENTAL PSYCHONEUROTIC AND PERSONALITY DISORDERS	No	MCM 2476.3	0	NA	Fee	11	SNFs cannot bill for this service
M0302	ASSESSMENT OF CARDIAC OUTPUT BY ELECTRICAL BIOIMPEDANCE	No	Non-Covered by Medicare CIM 50-54	1	NA	Fee	57	SNFs cannot bill for this service
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)	Yes	CIM 50-34	9	NA	Fee	21	SNFs cannot bill for this service
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION	No	CIM 50-20 SNF 541.2	9	NA	Fee	21	SNFs must bill this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN	No	CIM 50-20 SNF 541.2	0	NA	Fee	11	Physician billing to Carrier
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME BOUND OR NURSING HOME BOUND PATIENT; PRORATED MILES ACTUALLY TRAVELLED.	Yes	MCM 51141K SNF 541C	9	NA	Fee	22	Fee established by Carrier SNFs may bill this service
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME BOUND OR NURSING HOME BOUND PATIENT; PRORATED TRIP CHARGE.	Yes	MCM 51141K SNF 541C	9	NA	Fee	22	Fee established by Carrier SNFs may bill this service
P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN (S) (MULTIPLE PATIENTS)	Yes	MCM 51141D SNF 541	9	NA	Fee	57	SNFs may bill this service
Q0035	CARDIOKYOGRAPHY	Yes	CIM 50-51	1	Yes	Fee	11	Rendering provider may bill or SNF may bill under arrangements
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	No	CIM 50-20	0	NA	Fee	11	SNFs cannot bill for this service
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	Yes	MCM 2070.4	9	NA	Fee	11	Rendering provider may bill or SNF may bill under arrangements
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	Yes	SNF 541.2D	9	NA	Fee	21	Rendering provider bills
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	Yes	SNF 541.2D	9	NA	Fee	21	Rendering provider bills
Q0113	PINWORM EXAMINATIONS	Yes	SNF 541.2D	9	NA	Fee	21	Rendering provider bills
Q0114	FERN TEST	Yes	SNF 541.2D	9	NA	Fee	21	Rendering provider bills
Q0115	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MUCOUS	Yes	SNF 541.2E	9	NA	Fee	21	Rendering provider bills
Q0183	DERMAL TISSUE, OF HUMAN ORIGIN, WITH AND WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, BUT WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Yes		9	NA	Fee	46	SNFs cannot bill for this service
Q0184	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Yes		9	NA	Fee	46	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
Q0185	DERMAL AND EPIDERMAL, TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Yes		9	NA	Fee	46	SNFs cannot bill for this service
Q4001	Cast supplies, body cast adult, with or without head, plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4002	Cast supplies, body cast adult, with or without head, fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4003	Cast supplies, application of shoulder cast, adult (11 years +), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4004	Cast supplies, application of shoulder cast, adult (11 years +), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand, pediatric (0-10 years), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4029	Cast supplies, long leg cast, adult (11 years +) plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4030	Cast supplies, long leg cast, adult (11 years +) fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4049	Finger splint, static	Yes	Prog.Memo AB-01-60	_	NA	Fee	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2116	LENTICULAR LENS, NONASPHERIC, PER LENS, SINGLE VISION	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2117	LENTICULAR, ASPHERIC, PER LENS, SINGLE VISION	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2118	ANISEIKONIC LENS, SINGLE VISION	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER,PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2216	LENTICULAR, NONASPHERIC, PER LENS, BIFOCAL	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2217	LENTICULAR, ASPHERIC LENS, BIFOCAL	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2218	ANISEIKONIC, PER LENS, BIFOCAL	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2219	BIFOCAL SEG WIDTH OVER 28MM	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2220	BIFOCAL ADD OVER 3.25D	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2316	LENTICULAR NONASPHERIC, PER LENS, TRIFOCAL	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2317	LENTICULAR, ASPHERIC LENS, TRIFOCAL	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2318	ANISEIKONIC LENS, TRIFOCAL	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2320	TRIFOCAL ADD OVER 3.25D	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	Yes	CIM 45-7 CIM 65-1 SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	Yes	CIM 45-7 CIM 65-1 SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS	Yes	CIM 45-7 CIM 65-1 SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	Yes	CIM 45-7 CIM 65-1 SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	Yes	CIM 65-3 SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	Yes	MCM 2133 SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2626	REDUCTION OF OCULAR PROSTHESIS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2627	SCLERAL COVER SHELL	Yes	CIM 65-3 SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
V2700	BALANCE LENS, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2715	PRISM, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2740	TINT, PLASTIC, ROSE 1 OR 2 PER LENS	Yes	MCM 2130B SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2741	TINT, PLASTIC, OTHER THAN ROSE 1-2, PER LENS	Yes	MCM 2130B SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2742	TINT, GLASS ROSE 1 OR 2, PER LENS	Yes	MCM 2130B SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2743	TINT, GLASS OTHER THAN ROSE 1 OR 2, PER LENS	Yes	MCM 2130B SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2744	TINT, PHOTOCHROMATIC, PER LENS	Yes	MCM 2130B SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2750	ANTI-REFLECTIVE COATING, PER LENS	Yes	MCM 2130B SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2755	U-V LENS, PER LENS	Yes	MCM 2130B SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2760	SCRATCH RESISTANT COATING, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2770	OCCLUDER LENS, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
V2780	OVERSIZE LENS, PER LENS	Yes	SNF 534	9	NA	Fee	38	Category is orthotics & prosthetics SNF or supplier may bill
74300	X-RAY BILE DUCTS/PANCREAS	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
76499	RADIOGRAPHIC PROCEDURE	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
76999	ECHO EXAMINATION PROCEDURE	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
78099	ENDOCRINE NUCLEAR PROCEDURE	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
78172	TOTAL BODY IRON ESTIMATION	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
78199	BLOOD/LYMPH NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
78299	GI NUCLEAR PROCEDURE	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
78399	MUSCULOSKELETAL NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
78499	CARDIOVASCULAR NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
78599	RESPIRATORY NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	127	Yes	IC		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
78700	KIDNEY IMAGING, STATIC	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
78799	GENITOURINARY NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
78999	NUCLEAR DIAGNOSTIC EXAM	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
79900	PROVIDE THER RADIOPHARM(S)	Yes	SNF 260.1 SNF 533.2H	3	NA	IC		Rendering provider may bill or SNF may bill under arrangements
79999	NUCLEAR MEDICINE THERAPY	Yes	SNF 260.1 SNF 533	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
80299	QUANTITATIVE ASSAY, DRUG	Yes	SNF 260.1 SNF 541	9	NA	IC		Rendering provider bills
81099	URINALYSIS TEST PROCEDURE	Yes	SNF 260.1 SNF 541	9	NA	IC		Rendering provider bills
83499	ASSAY OF PROGESTERONE	Yes	SNF 260.1 SNF 541	9	NA	IC		Rendering provider bills
84999	CLINICAL CHEMISTRY TEST	Yes	SNF 260.1 SNF 541	9	NA	IC		Rendering provider bills
85999	HEMATOLOGY PROCEDURE	Yes	SNF 260.1 SNF 541	9	NA	IC		Rendering provider bills
86485	SKIN TEST, CANDIDA	Yes	SNF 260.1 SNF 541	3	NA	IC		Rendering provider bills
86586	SKIN TEST, UNLISTED	Yes	SNF 260.1 SNF 541	3	NA	IC		Rendering provider bills
86999	TRANSFUSION PROCEDURE	Yes	SNF 260.1 SNF 541	9	NA	IC		Rendering provider bills
87299	ANTIBODY DETECTION, NOS, IF	Yes	SNF 260.1 SNF 541	9	NA	IC		Rendering provider bills
87799	DETECT AGENT NOS, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	NA	IC		Rendering provider bills
87899	AGENT NOS ASSAY W/OPTIC	Yes	MCM 2070.1 MCM 5114.1 SNF 541	9	NA	IC		CLIA waved test. SNF or rendering provider may bill
87999	MICROBIOLOGY PROCEDURE	Yes	SNF 260.1 SNF 541	9	NA	IC		Rendering provider bills
88199	CYTOPATHOLOGY PROCEDURE	Yes	SNF 260.1 SNF 541	1	Yes	IC		Rendering provider bills
88399	SURGICAL PATHOLOGY PROCEDURE	Yes	SNF 260.1 SNF 541	1	Yes	IC		Rendering provider bills
89399	PATHOLOGY LAB PROCEDURE	Yes	SNF 260.1 SNF 541	1	Yes	IC		Rendering provider bills
90742	Immunization, passive, specific hyperimmune serum globulin, (eg, Hepatitis B, measles, pertussis, rabies, RHO(D), tetanus, vaccina, varicella-zoster)	Yes	MCM 2050, MCM 2055, MCM 2320	NA	NA	IC		Review manual references for special billing instructions
91132	ELECTROGASTROGRAPHY	Yes		1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
91133	ELECTROGASTROGRAPHY W/TEST	Yes		1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
91299	GASTROENTEROLOGY PROCEDURE	Yes		1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
92499	EYE SERVICE OR PROCEDURE	Yes	MCM 2320, MCM 2130	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
92599	ENT PROCEDURE/SERVICE	Yes		1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
93318	ECHO TRANSESOPHAGEAL INTRAOP	Yes		1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
93621	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-78, CIM 50-3	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
93622	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-78, CIM 50-3	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
93623	STIMULATION, PACING HEART	Yes	CIM 35-78, CIM 50-3	1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
93799	CARDIOVASCULAR PROCEDURE	Yes		1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
94642	AEROSOL INHALATION TREATMENT	Yes	MCM 2050.6	5	NA	IC		Rendering provider may bill or SNF may bill under arrangements
94772	BREATH RECORDING, INFANT	Yes		1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
94799	PULMONARY SERVICE/PROCEDURE	Yes		1	Yes	IC		Rendering provider may bill or SNF may bill under arrangements
96110	DEVELOPMENTAL TEST, LIM	Yes	SNF 532	0	NA	IC		SNFs must bill this therapy service
97545	WORK HARDENING	Yes	MCM 2217 SNF 532	7	NA	IC		SNFs must bill this therapy service
97546	WORK HARDENING ADD-ON	Yes	MCM 2217 SNF 532	7	NA	IC		SNFs must bill this therapy service
97799	PHYSICAL MEDICINE PROCEDURE	Yes		7	NA	IC		SNFs must bill this therapy service
A0999	UNLISTED AMBULANCE SERVICE	No	MCM 2120.1 MCM 2125 SNF 516.2	9	NA	IC	57	Refer to PM AB-00-103 and PM AB-00-88
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	Yes	SNF 534	9	NA	IC	13	Price established by Carrier SNF or provider may bill
A6020	COLLAGEN BASED WOUND DRESSING, EACH DRESSING	Yes	SNF 534	9	NA	IC	35	Category is surgical dressings SNF or supplier may bill
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND REFILL ADAPTOR	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	NA	IC	00	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Yes	SNF 534	NA	NA	IC	00	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	Yes	SNF 534	NA	NA	IC	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Yes	SNF 534	NA	NA	IC	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E1353	REGULATOR	Yes	MCM 4107.9 CIM 60-4	NA	NA	IC	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
E1355	STAND/RACK	Yes	MCM 4107.9 CIM 60-4	NA	NA	IC	33	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
G0167	HYPERBARIC OXYGEN TREATMENT NOT REQUIRING PHYSICIAN ATTENDANCE, PER TREATMENT SESSION	Yes	CIM 35-10	5	NA	IC	11	Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
G0183	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOLORIDAL NEOVASCULARIZATION); OCULAR PHOTODYNAMIC THERAPY (INCLUDES INTRAVENOUS INFUSION)	Yes		9	NA	IC	11	Rendering provider may bill or SNF may bill under arrangements
G0188	FULL LENGTH RADIOGRAPHY OF LOWER EXTREMITY, WHICH INCLUDES HIP, KNEE AND ANKLE	Yes		1	Yes	IC	11	Rendering provider may bill or SNF may bill under arrangements
G0190	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, INTRAMUSCULAR AND JET INJECTIONS; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	Yes		9	NA	IC	11	Rendering provider may bill or SNF may bill under arrangements
G0191	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, INTRAMUSCULAR AND JET INJECTIONS; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) LIST SEPARTELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Yes		9	NA	IC	11	Rendering provider may bill or SNF may bill under arrangements
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	No	SNF 534	NA	NA	IC	45	Discontinued after 6/30/01
Q0068	EXTRACORPOREAL PLASMAPHERESIS: IMMUNOADSORPTION WITH STAPHYLOCOCCAL PROTEIN A COLUMNS	Yes	CIM 35-90	NA	NA	IC	11	Rendering provider may bill or SNF may bill under arrangements
Q4050	Cast supplies, for unlisted types and material c	Yes	Prog.Memo AB-01-60	_	NA	IC	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies	Yes	Prog.Memo AB-01-60	_	NA	IC	_	New code effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCATION, ONE PATIENT SEEN	Yes	MCM 2070.4 MCM 5244.B	3	NA	IC	13	SNFs may bill this service
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCATION, MORE THAN ONE PATIENT SEEN, PER PATIENT	Yes	MCM 2070.4 MCM 5244.B	3	NA	IC	13	SNFs may bill this service
V5299	HEARING SERVICE, MISCELLANEOUS	Yes	MCM 2320 SNF 532	0	NA	IC	13	SNFs must bill this therapy service
V5362	SPEECH SCREENING	Yes	MCM 2320 SNF 532	0	NA	IC	13	SNFs must bill this therapy service
V5363	LANGUAGE SCREENING	Yes	MCM 2320 SNF 532	0	NA	IC	13	SNFs must bill this therapy service
V5364	DYSYPHAGIA SCREENING	Yes	MCM 2320 SNF 532	0	NA	IC	13	SNFs must bill this therapy service
10040	ACNE SURGERY OF SKIN ABSCESS	Yes	SNF 516	130	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
10060	DRAINAGE OF SKIN ABSCESS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
10061	DRAINAGE OF SKIN ABSCESS	No		0	NA	NA		Physician billing to Carrier
10080	DRAINAGE OF PILONIDAL CYST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
10081	DRAINAGE OF PILONIDAL CYST	No		0	NA	NA		Physician billing to Carrier
10120	REMOVE FOREIGN BODY	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
10121	REMOVE FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
10140	DRAINAGE OF HEMATOMA/FLUID	No		0	NA	NA		Physician billing to Carrier
10160	PUNCTURE DRAINAGE OF LESION	No		0	NA	NA		Physician billing to Carrier
10180	COMPLEX DRAINAGE, WOUND	No		0	NA	NA		Physician billing to Carrier
11000	DEBRIDE INFECTED SKIN	No		0	NA	NA		Physician billing to Carrier
11001	DEBRIDE INFECTED SKIN ADD-ON	No		0	NA	NA		Physician billing to Carrier
11010	DEBRIDE SKIN, FX	No		0	NA	NA		Physician billing to Carrier
11011	DEBRIDE SKIN/MUSCLE, FX	No		0	NA	NA		Physician billing to Carrier
11012	DEBRIDE SKIN/MUSCLE/BONE, FX	No		0	NA	NA		Physician billing to Carrier
11040	DEBRIDE SKIN, PARTIAL	Yes	SNF 516 SNF532	0	NA	NA		Physician billing to Carrier
11041	DEBRIDE SKIN, FULL	Yes	SNF 516 SNF532	0	NA	NA		Physician billing to Carrier
11042	DEBRIDE SKIN/TISSUE	Yes	SNF 516 SNF532	0	NA	NA		Physician billing to Carrier
11043	DEBRIDE TISSUE/MUSCLE	Yes	SNF 516 SNF532	0	NA	NA		Physician billing to Carrier
11044	DEBRIDE TISSUE/MUSCLE/BONE	Yes	SNF 516 SNF532	0	NA	NA		Physician billing to Carrier
11055	TRIM SKIN LESION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11056	TRIM SKIN LESIONS, 2 TO 4	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11057	TRIM SKIN LESIONS, OVER 4	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11100	BIOPSY OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11101	BIOPSY, SKIN ADD-ON	No		0	NA	NA		Physician billing to Carrier
11200	REMOVAL OF SKIN TAGS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11201	REMOVE SKIN TAGS ADD-ON	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11300	SHAVE SKIN LESION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11301	SHAVE SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11302	SHAVE SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11303	SHAVE SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11305	SHAVE SKIN LESION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11306	SHAVE SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11307	SHAVE SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11308	SHAVE SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11310	SHAVE SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11311	SHAVE SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11312	SHAVE SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11313	SHAVE SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11400	REMOVAL OF SKIN LESION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11401	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11402	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11403	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11404	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11406	REMOVAL OF SKIN LESION	No		031	NA	NA		Physician billing to Carrier



HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
11420	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11421	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11422	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11423	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11424	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11426	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11440	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11441	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11442	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11443	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11444	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11446	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11450	REMOVAL, SWEAT GLAND LESION	No		0	NA	NA		Physician billing to Carrier
11451	REMOVAL, SWEAT GLAND LESION	No		0	NA	NA		Physician billing to Carrier
11462	REMOVAL, SWEAT GLAND LESION	No		0	NA	NA		Physician billing to Carrier
11463	REMOVAL, SWEAT GLAND LESION	No		0	NA	NA		Physician billing to Carrier
11470	REMOVAL, SWEAT GLAND LESION	No		0	NA	NA		Physician billing to Carrier
11471	REMOVAL, SWEAT GLAND LESION	No		0	NA	NA		Physician billing to Carrier
11600	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11601	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11602	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11603	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11604	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11606	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11620	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11621	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11622	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11623	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11624	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11626	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11640	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11641	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11642	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11643	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11644	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11646	REMOVAL OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
11719	TRIM NAIL(S)	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11720	DEBRIDE NAIL, 1-5	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11721	DEBRIDE NAIL, 6 OR MORE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11730	REMOVAL OF NAIL PLATE	No		0	NA	NA		Physician billing to Carrier
11732	REMOVE NAIL PLATE, ADD-ON	No		0	NA	NA		Physician billing to Carrier
11740	DRAIN BLOOD FROM UNDER NAIL	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11750	REMOVAL OF NAIL BED	No		0	NA	NA		Physician billing to Carrier
11752	REMOVE NAIL BED/FINGER TIP	No		0 32	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
11755	BIOPSY, NAIL UNIT	No		0	NA	NA		Physician billing to Carrier
11760	REPAIR OF NAIL BED	No		0	NA	NA		Physician billing to Carrier
11762	RECONSTRUCTION OF NAIL BED	No		0	NA	NA		Physician billing to Carrier
11765	EXCISION OF NAIL FOLD, TOE	No		0	NA	NA		Physician billing to Carrier
11770	REMOVAL OF PILONIDAL LESION	No		0	NA	NA		Physician billing to Carrier
11771	REMOVAL OF PILONIDAL LESION	No		0	NA	NA		Physician billing to Carrier
11772	REMOVAL OF PILONIDAL LESION	No		0	NA	NA		Physician billing to Carrier
11900	INJECTION INTO SKIN LESIONS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11901	ADDED SKIN LESIONS INJECTION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11920	CORRECT SKIN COLOR DEFECTS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11921	CORRECT SKIN COLOR DEFECTS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11922	CORRECT SKIN COLOR DEFECTS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11950	THERAPY FOR CONTOUR DEFECTS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11951	THERAPY FOR CONTOUR DEFECTS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11952	THERAPY FOR CONTOUR DEFECTS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11954	THERAPY FOR CONTOUR DEFECTS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11960	INSERT TISSUE EXPANDER(S)	No		0	NA	NA		Physician billing to Carrier
11970	REPLACE TISSUE EXPANDER	No		0	NA	NA		Physician billing to Carrier
11971	REMOVE TISSUE EXPANDER(S)	No		0	NA	NA		Physician billing to Carrier
11975	INSERT CONTRACEPTIVE CAP	Yes	SNF 516	9	NA	NA		Physician billing to Carrier
11976	REMOVAL OF CONTRACEPTIVE CAP	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
11977	REMOVAL/REINSERT CONTRA CAP	Yes	SNF 516	9	NA	NA		Physician billing to Carrier
11980	IMPLANT HORMONE PELLET(S)	No		0	NA	NA		Physician billing to Carrier
12001	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12002	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12004	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12005	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12006	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12007	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12011	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12013	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12014	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12015	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12016	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12017	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12018	REPAIR SUPERFICIAL WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12020	CLOSURE OF SPLIT WOUND	No		0	NA	NA		Physician billing to Carrier
12021	CLOSURE OF SPLIT WOUND	No		0	NA	NA		Physician billing to Carrier
12031	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12032	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12034	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12035	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12036	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12037	LAYER CLOSURE OF WOUND(S)	No		033	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
12041	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12042	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12044	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12045	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12046	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12047	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12051	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12052	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12053	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12054	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12055	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12056	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
12057	LAYER CLOSURE OF WOUND(S)	No		0	NA	NA		Physician billing to Carrier
13100	REPAIR OF WOUND OR LESION	No		0	NA	NA		Physician billing to Carrier
13101	REPAIR OF WOUND OR LESION	No		0	NA	NA		Physician billing to Carrier
13102	REPAIR WOUND/LESION ADD-ON	No		0	NA	NA		Physician billing to Carrier
13120	REPAIR OF WOUND OR LESION	No		0	NA	NA		Physician billing to Carrier
13121	REPAIR OF WOUND OR LESION	No		0	NA	NA		Physician billing to Carrier
13122	REPAIR WOUND/LESION ADD-ON	No		0	NA	NA		Physician billing to Carrier
13131	REPAIR OF WOUND OR LESION	No		0	NA	NA		Physician billing to Carrier
13132	REPAIR OF WOUND OR LESION	No		0	NA	NA		Physician billing to Carrier
13133	REPAIR WOUND/LESION ADD-ON	No		0	NA	NA		Physician billing to Carrier
13150	REPAIR OF WOUND OR LESION	No		0	NA	NA		Physician billing to Carrier
13151	REPAIR OF WOUND OR LESION	No		0	NA	NA		Physician billing to Carrier
13152	REPAIR OF WOUND OR LESION	No		0	NA	NA		Physician billing to Carrier
13153	REPAIR WOUND/LESION ADD-ON	No		0	NA	NA		Physician billing to Carrier
13160	LATE CLOSURE OF WOUND	No		0	NA	NA		Physician billing to Carrier
14000	SKIN TISSUE REARRANGEMENT	No		0	NA	NA		Physician billing to Carrier
14001	SKIN TISSUE REARRANGEMENT	No		0	NA	NA		Physician billing to Carrier
14020	SKIN TISSUE REARRANGEMENT	No		0	NA	NA		Physician billing to Carrier
14021	SKIN TISSUE REARRANGEMENT	No		0	NA	NA		Physician billing to Carrier
14040	SKIN TISSUE REARRANGEMENT	No		0	NA	NA		Physician billing to Carrier
14041	SKIN TISSUE REARRANGEMENT	No		0	NA	NA		Physician billing to Carrier
14060	SKIN TISSUE REARRANGEMENT	No		0	NA	NA		Physician billing to Carrier
14061	SKIN TISSUE REARRANGEMENT	No		0	NA	NA		Physician billing to Carrier
14300	SKIN TISSUE REARRANGEMENT	No		0	NA	NA		Physician billing to Carrier
14350	SKIN TISSUE REARRANGEMENT	No		0	NA	NA		Physician billing to Carrier
15000	SKIN GRAFT	No		0	NA	NA		Physician billing to Carrier
15001	SKIN GRAFT ADD-ON	No		0	NA	NA		Physician billing to Carrier
15050	SKIN PINCH GRAFT	No		0	NA	NA		Physician billing to Carrier
15100	SKIN SPLIT GRAFT	No		0	NA	NA		Physician billing to Carrier
15101	SKIN SPLIT GRAFT ADD-ON	No		0	NA	NA		Physician billing to Carrier
15120	SKIN SPLIT GRAFT	No		0	NA	NA		Physician billing to Carrier
15121	SKIN SPLIT GRAFT ADD-ON	No		0 34	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
15200	SKIN FULL GRAFT	No		0	NA	NA		Physician billing to Carrier
15201	SKIN FULL GRAFT ADD-ON	No		0	NA	NA		Physician billing to Carrier
15220	SKIN FULL GRAFT	No		0	NA	NA		Physician billing to Carrier
15221	SKIN FULL GRAFT ADD-ON	No		0	NA	NA		Physician billing to Carrier
15240	SKIN FULL GRAFT	No		0	NA	NA		Physician billing to Carrier
15241	SKIN FULL GRAFT ADD-ON	No		0	NA	NA		Physician billing to Carrier
15260	SKIN FULL GRAFT	No		0	NA	NA		Physician billing to Carrier
15261	SKIN FULL GRAFT ADD-ON	No		0	NA	NA		Physician billing to Carrier
15342	CULTURED SKIN GRAFT, 25 CM	No		0	NA	NA		Physician billing to Carrier
15343	CULTURE SKN GRAFT ADDL 25 CM	No		0	NA	NA		Physician billing to Carrier
15350	SKIN HOMOGRAFT	No		0	NA	NA		Physician billing to Carrier
15351	SKIN HOMOGRAFT ADD-ON	No		0	NA	NA		Physician billing to Carrier
15400	SKIN HETEROGRAFT	No		0	NA	NA		Physician billing to Carrier
15401	SKIN HETEROGRAFT ADD-ON	No		0	NA	NA		Physician billing to Carrier
15570	FORM SKIN PEDICLE FLAP	No		0	NA	NA		Physician billing to Carrier
15572	FORM SKIN PEDICLE FLAP	No		0	NA	NA		Physician billing to Carrier
15574	FORM SKIN PEDICLE FLAP	No		0	NA	NA		Physician billing to Carrier
15576	FORM SKIN PEDICLE FLAP	No		0	NA	NA		Physician billing to Carrier
15600	SKIN GRAFT	No		0	NA	NA		Physician billing to Carrier
15610	SKIN GRAFT	No		0	NA	NA		Physician billing to Carrier
15620	SKIN GRAFT	No		0	NA	NA		Physician billing to Carrier
15630	SKIN GRAFT	No		0	NA	NA		Physician billing to Carrier
15650	TRANSFER SKIN PEDICLE FLAP	No		0	NA	NA		Physician billing to Carrier
15732	MUSCLE-SKIN GRAFT, HEAD/NECK	No		0	NA	NA		Physician billing to Carrier
15734	MUSCLE-SKIN GRAFT, TRUNK	No		0	NA	NA		Physician billing to Carrier
15736	MUSCLE-SKIN GRAFT, ARM	No		0	NA	NA		Physician billing to Carrier
15738	MUSCLE-SKIN GRAFT, LEG	No		0	NA	NA		Physician billing to Carrier
15740	ISLAND PEDICLE FLAP GRAFT	No		0	NA	NA		Physician billing to Carrier
15750	NEUROVASCULAR PEDICLE GRAFT	No		0	NA	NA		Physician billing to Carrier
15756	FREE MUSCLE FLAP, MICROVASC	No		0	NA	NA		Physician billing to Carrier
15757	FREE SKIN FLAP, MICROVASC	No		0	NA	NA		Physician billing to Carrier
15758	FREE FASCIAL FLAP, MICROVASC	No		0	NA	NA		Physician billing to Carrier
15760	COMPOSITE SKIN GRAFT	No		0	NA	NA		Physician billing to Carrier
15770	DERMA-FAT-FASCIA GRAFT	No		0	NA	NA		Physician billing to Carrier
15775	HAIR TRANSPLANT PUNCH GRAFTS	No		0	NA	NA		Physician billing to Carrier
15776	HAIR TRANSPLANT PUNCH GRAFTS	No		0	NA	NA		Physician billing to Carrier
15780	ABRASION TREATMENT OF SKIN	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
15781	ABRASION TREATMENT OF SKIN	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
15782	ABRASION TREATMENT OF SKIN	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
15783	ABRASION TREATMENT OF SKIN	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
15786	ABRASION, LESION, SINGLE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
15787	ABRASION, LESIONS, ADD-ON	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
15788	CHEMICAL PEEL, FACE, EPIDERM	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
15789	CHEMICAL PEEL, FACE, DERMAL	Yes	SNF 516	0 35	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
15792	CHEMICAL PEEL, NONFACIAL	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
15793	CHEMICAL PEEL, NONFACIAL	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
15810	SALABRASION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
15811	SALABRASION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
15819	PLASTIC SURGERY, NECK	No		0	NA	NA		Physician billing to Carrier
15820	REVISION OF LOWER EYELID	No		0	NA	NA		Physician billing to Carrier
15821	REVISION OF LOWER EYELID	No		0	NA	NA		Physician billing to Carrier
15822	REVISION OF UPPER EYELID	No		0	NA	NA		Physician billing to Carrier
15823	REVISION OF UPPER EYELID	No		0	NA	NA		Physician billing to Carrier
15824	REMOVAL OF FOREHEAD WRINKLES	No		0	NA	NA		Physician billing to Carrier
15825	REMOVAL OF NECK WRINKLES	No		0	NA	NA		Physician billing to Carrier
15826	REMOVAL OF BROW WRINKLES	No		0	NA	NA		Physician billing to Carrier
15828	REMOVAL OF FACE WRINKLES	No		0	NA	NA		Physician billing to Carrier
15829	REMOVAL OF SKIN WRINKLES	No		0	NA	NA		Physician billing to Carrier
15831	EXCISE EXCESSIVE SKIN TISSUE	No		0	NA	NA		Physician billing to Carrier
15832	EXCISE EXCESSIVE SKIN TISSUE	No		0	NA	NA		Physician billing to Carrier
15833	EXCISE EXCESSIVE SKIN TISSUE	No		0	NA	NA		Physician billing to Carrier
15834	EXCISE EXCESSIVE SKIN TISSUE	No		0	NA	NA		Physician billing to Carrier
15835	EXCISE EXCESSIVE SKIN TISSUE	No		0	NA	NA		Physician billing to Carrier
15836	EXCISE EXCESSIVE SKIN TISSUE	No		0	NA	NA		Physician billing to Carrier
15837	EXCISE EXCESSIVE SKIN TISSUE	No		0	NA	NA		Physician billing to Carrier
15838	EXCISE EXCESSIVE SKIN TISSUE	No		0	NA	NA		Physician billing to Carrier
15839	EXCISE EXCESSIVE SKIN TISSUE	No		0	NA	NA		Physician billing to Carrier
15840	GRAFT FOR FACE NERVE PALSY	No		0	NA	NA		Physician billing to Carrier
15841	GRAFT FOR FACE NERVE PALSY	No		0	NA	NA		Physician billing to Carrier
15842	FLAP FOR FACE NERVE PALSY	No		0	NA	NA		Physician billing to Carrier
15845	SKIN AND MUSCLE REPAIR, FACE	No		0	NA	NA		Physician billing to Carrier
15850	REMOVAL OF SUTURES	No		9	NA	NA		SNFs cannot bill for this service
15851	REMOVAL OF SUTURES	No		0	NA	NA		Physician billing to Carrier
15852	DRESSING CHANGE,NOT FOR BURN	No		0	NA	NA		Physician billing to Carrier
15860	TEST FOR BLOOD FLOW IN GRAFT	No		0	NA	NA		Physician billing to Carrier
15876	SUCTION ASSISTED LIPECTOMY	No		0	NA	NA		Physician billing to Carrier
15877	SUCTION ASSISTED LIPECTOMY	No		0	NA	NA		Physician billing to Carrier
15878	SUCTION ASSISTED LIPECTOMY	No		0	NA	NA		Physician billing to Carrier
15879	SUCTION ASSISTED LIPECTOMY	No		0	NA	NA		Physician billing to Carrier
15920	REMOVAL OF TAIL BONE ULCER	No		0	NA	NA		Physician billing to Carrier
15922	REMOVAL OF TAIL BONE ULCER	No		0	NA	NA		Physician billing to Carrier
15931	REMOVE SACRUM PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15933	REMOVE SACRUM PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15934	REMOVE SACRUM PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15935	REMOVE SACRUM PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15936	REMOVE SACRUM PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15937	REMOVE SACRUM PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15940	REMOVE HIP PRESSURE SORE	No		036	NA	NA		Physician billing to Carrier

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
15941	REMOVE HIP PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15944	REMOVE HIP PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15945	REMOVE HIP PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15946	REMOVE HIP PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15950	REMOVE THIGH PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15951	REMOVE THIGH PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15952	REMOVE THIGH PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15953	REMOVE THIGH PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15956	REMOVE THIGH PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15958	REMOVE THIGH PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
15999	REMOVAL OF PRESSURE SORE	No		0	NA	NA		Physician billing to Carrier
16000	INITIAL TREATMENT OF BURN(S)	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
16010	TREATMENT OF BURN(S)	No		0	NA	NA		Physician billing to Carrier
16015	TREATMENT OF BURN(S)	No		0	NA	NA		Physician billing to Carrier
16020	TREATMENT OF BURN(S)	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
16025	TREATMENT OF BURN(S)	No		0	NA	NA		Physician billing to Carrier
16030	TREATMENT OF BURN(S)	No		0	NA	NA		Physician billing to Carrier
16035	INCISION OF BURN SCAB, INITI	No		0	NA	NA		Physician billing to Carrier
16036	INCISE BURN SCAB, ADDL INCIS	No		0	NA	NA		Physician billing to Carrier
17000	DESTROY BENIGN/PREMAI LESION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
17003	DESTROY LESIONS, 2-14	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
17004	DESTROY LESIONS, 15 OR MORE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
17106	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17107	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17108	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17110	DESTRUCT LESION, 1-14	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
17111	DESTRUCT LESION, 15 OR MORE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
17250	CHEMICAL CAUTERY, TISSUE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
17260	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17261	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17262	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17263	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17264	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17266	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17270	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17271	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17272	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17273	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17274	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17276	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17280	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17281	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17282	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17283	DESTRUCTION OF SKIN LESIONS	No		037	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
17284	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17286	DESTRUCTION OF SKIN LESIONS	No		0	NA	NA		Physician billing to Carrier
17304	CHEMOSURGERY OF SKIN LESION	No		0	NA	NA		Physician billing to Carrier
17305	2ND STAGE CHEMOSURGERY	No		0	NA	NA		Physician billing to Carrier
17306	3RD STAGE CHEMOSURGERY	No		0	NA	NA		Physician billing to Carrier
17307	FOLLOWUP SKIN LESION THERAPY	No		0	NA	NA		Physician billing to Carrier
17310	EXTENSIVE SKIN CHEMOSURGERY	No		0	NA	NA		Physician billing to Carrier
17340	CRYOTHERAPY OF SKIN	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
17360	SKIN PEEL THERAPY	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
17380	HAIR REMOVAL BY ELECTROLYSIS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
17999	SKIN TISSUE PROCEDURE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
19000	DRAINAGE OF BREAST LESION	No		0	NA	NA		Physician billing to Carrier
19001	DRAIN BREAST LESION ADD-ON	No		0	NA	NA		Physician billing to Carrier
19020	INCISION OF BREAST LESION	No		0	NA	NA		Physician billing to Carrier
19030	INJECTION FOR BREAST X-RAY	No		0	NA	NA		Physician billing to Carrier
19100	BX BREAST PERCUT W/O IMAGE	No		0	NA	NA		Physician billing to Carrier
19101	BIOPSY OF BREAST, OPEN	No		0	NA	NA		Physician billing to Carrier
19102	BX BREAST PERCUT W/IMAGE	No		0	NA	NA		Physician billing to Carrier
19103	BX BREAST PERCUT W/DEVICE	No		0	NA	NA		Physician billing to Carrier
19110	NIPPLE EXPLORATION	No		0	NA	NA		Physician billing to Carrier
19112	EXCISE BREAST DUCT FISTULA	No		0	NA	NA		Physician billing to Carrier
19120	REMOVAL OF BREAST LESION	No		0	NA	NA		Physician billing to Carrier
19125	EXCISION, BREAST LESION	No		0	NA	NA		Physician billing to Carrier
19126	EXCISION, ADDL BREAST LESION	No		0	NA	NA		Physician billing to Carrier
19140	REMOVAL OF BREAST TISSUE	No		0	NA	NA		Physician billing to Carrier
19160	REMOVAL OF BREAST TISSUE	No		0	NA	NA		Physician billing to Carrier
19162	REMOVE BREAST TISSUE, NODES	No		0	NA	NA		Physician billing to Carrier
19180	REMOVAL OF BREAST	No		0	NA	NA		Physician billing to Carrier
19182	REMOVAL OF BREAST	No		0	NA	NA		Physician billing to Carrier
19200	REMOVAL OF BREAST	No		0	NA	NA		Physician billing to Carrier
19220	REMOVAL OF BREAST	No		0	NA	NA		Physician billing to Carrier
19240	REMOVAL OF BREAST	No		0	NA	NA		Physician billing to Carrier
19260	REMOVAL OF CHEST WALL LESION	No		0	NA	NA		Physician billing to Carrier
19271	REVISION OF CHEST WALL	No		0	NA	NA		Physician billing to Carrier
19272	EXTENSIVE CHEST WALL SURGERY	No		0	NA	NA		Physician billing to Carrier
19290	PLACE NEEDLE WIRE, BREAST	No		0	NA	NA		Physician billing to Carrier
19291	PLACE NEEDLE WIRE, BREAST	No		0	NA	NA		Physician billing to Carrier
19295	PLACE BREAST CLIP, PERCUT	No		9	NA	NA		SNFs cannot bill for this service
19316	SUSPENSION OF BREAST	No		0	NA	NA		Physician billing to Carrier
19318	REDUCTION OF LARGE BREAST	No		0	NA	NA		Physician billing to Carrier
19324	ENLARGE BREAST	No		0	NA	NA		Physician billing to Carrier
19325	ENLARGE BREAST WITH IMPLANT	No		0	NA	NA		Physician billing to Carrier
19328	REMOVAL OF BREAST IMPLANT	No		0	NA	NA		Physician billing to Carrier
19330	REMOVAL OF IMPLANT MATERIAL	No		0 38	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
19340	IMMEDIATE BREAST PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
19342	DELAYED BREAST PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
19350	BREAST RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
19355	CORRECT INVERTED NIPPLE(S)	No		0	NA	NA		Physician billing to Carrier
19357	BREAST RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
19361	BREAST RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
19364	BREAST RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
19366	BREAST RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
19367	BREAST RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
19368	BREAST RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
19369	BREAST RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
19370	SURGERY OF BREAST CAPSULE	No		0	NA	NA		Physician billing to Carrier
19371	REMOVAL OF BREAST CAPSULE	No		0	NA	NA		Physician billing to Carrier
19380	REVISE BREAST RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
19396	DESIGN CUSTOM BREAST IMPLANT	No		0	NA	NA		Physician billing to Carrier
19499	BREAST SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
20000	INCISION OF ABSCESS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
20005	INCISION OF DEEP ABSCESS	No		0	NA	NA		Physician billing to Carrier
20100	EXPLORE WOUND, NECK	No		0	NA	NA		Physician billing to Carrier
20101	EXPLORE WOUND, CHEST	No		0	NA	NA		Physician billing to Carrier
20102	EXPLORE WOUND, ABDOMEN	No		0	NA	NA		Physician billing to Carrier
20103	EXPLORE WOUND, EXTREMITY	No		0	NA	NA		Physician billing to Carrier
20150	EXCISE EPIPHYSEAL BAR	No		0	NA	NA		Physician billing to Carrier
20200	MUSCLE BIOPSY	No		0	NA	NA		Physician billing to Carrier
20205	DEEP MUSCLE BIOPSY	No		0	NA	NA		Physician billing to Carrier
20206	NEEDLE BIOPSY, MUSCLE	No		0	NA	NA		Physician billing to Carrier
20220	BONE BIOPSY, TROCAR/NEEDLE	No	CIM 50-44	0	NA	NA		Physician billing to Carrier
20225	BONE BIOPSY, TROCAR/NEEDLE	No	CIM 50-44	0	NA	NA		Physician billing to Carrier
20240	BONE BIOPSY, EXCISIONAL	No	CIM 50-44	0	NA	NA		Physician billing to Carrier
20245	BONE BIOPSY, EXCISIONAL	No	CIM 50-44	0	NA	NA		Physician billing to Carrier
20250	OPEN BONE BIOPSY	No	CIM 50-44	0	NA	NA		Physician billing to Carrier
20251	OPEN BONE BIOPSY	No	CIM 50-44	0	NA	NA		Physician billing to Carrier
20500	INJECTION OF SINUS TRACT	No		0	NA	NA		Physician billing to Carrier
20501	INJECT SINUS TRACT FOR X-RAY	No		0	NA	NA		Physician billing to Carrier
20520	REMOVAL OF FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
20525	REMOVAL OF FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
20550	INJECT TENDON/LIGAMENT/CYST	No		0	NA	NA		Physician billing to Carrier
20600	DRAIN/INJECT, JOINT/BURSA	No		0	NA	NA		Physician billing to Carrier
20605	DRAIN/INJECT, JOINT/BURSA	No		0	NA	NA		Physician billing to Carrier
20610	DRAIN/INJECT, JOINT/BURSA	No		0	NA	NA		Physician billing to Carrier
20615	TREATMENT OF BONE CYST	No		0	NA	NA		Physician billing to Carrier
20650	INSERT AND REMOVE BONE PIN	No		0	NA	NA		Physician billing to Carrier
20660	APPLY,REMOVE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
20661	APPLICATION OF HEAD BRACE	No		039	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
20662	APPLICATION OF PELVIS BRACE	No		0	NA	NA		Physician billing to Carrier
20663	APPLICATION OF THIGH BRACE	No		0	NA	NA		Physician billing to Carrier
20664	HALO BRACE APPLICATION	No		0	NA	NA		Physician billing to Carrier
20665	REMOVAL OF FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
20670	REMOVAL OF SUPPORT IMPLANT	No		0	NA	NA		Physician billing to Carrier
20680	REMOVAL OF SUPPORT IMPLANT	No		0	NA	NA		Physician billing to Carrier
20690	APPLY BONE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
20692	APPLY BONE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
20693	ADJUST BONE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
20694	REMOVE BONE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
20802	REPLANTATION, ARM, COMPLETE	No		0	NA	NA		Physician billing to Carrier
20805	REPLANT, FOREARM, COMPLETE	No		0	NA	NA		Physician billing to Carrier
20808	REPLANTATION HAND, COMPLETE	No		0	NA	NA		Physician billing to Carrier
20816	REPLANTATION DIGIT, COMPLETE	No		0	NA	NA		Physician billing to Carrier
20822	REPLANTATION DIGIT, COMPLETE	No		0	NA	NA		Physician billing to Carrier
20824	REPLANTATION THUMB, COMPLETE	No		0	NA	NA		Physician billing to Carrier
20827	REPLANTATION THUMB, COMPLETE	No		0	NA	NA		Physician billing to Carrier
20838	REPLANTATION FOOT, COMPLETE	No		0	NA	NA		Physician billing to Carrier
20900	REMOVAL OF BONE FOR GRAFT	No		0	NA	NA		Physician billing to Carrier
20902	REMOVAL OF BONE FOR GRAFT	No		0	NA	NA		Physician billing to Carrier
20910	REMOVE CARTILAGE FOR GRAFT	No		0	NA	NA		Physician billing to Carrier
20912	REMOVE CARTILAGE FOR GRAFT	No		0	NA	NA		Physician billing to Carrier
20920	REMOVAL OF FASCIA FOR GRAFT	No		0	NA	NA		Physician billing to Carrier
20922	REMOVAL OF FASCIA FOR GRAFT	No		0	NA	NA		Physician billing to Carrier
20924	REMOVAL OF TENDON FOR GRAFT	No		0	NA	NA		Physician billing to Carrier
20926	REMOVAL OF TISSUE FOR GRAFT	No		0	NA	NA		Physician billing to Carrier
20930	SPINAL BONE ALLOGRAFT	No		9	NA	NA		SNFs cannot bill for this service
20931	SPINAL BONE ALLOGRAFT	No		0	NA	NA		Physician billing to Carrier
20936	SPINAL BONE AUTOGRAFT	No		9	NA	NA		SNFs cannot bill for this service
20937	SPINAL BONE AUTOGRAFT	No		0	NA	NA		Physician billing to Carrier
20938	SPINAL BONE AUTOGRAFT	No		0	NA	NA		Physician billing to Carrier
20950	FLUID PRESSURE, MUSCLE	No		0	NA	NA		Physician billing to Carrier
20955	FIBULA BONE GRAFT, MICROVASC	No		0	NA	NA		Physician billing to Carrier
20956	ILIAC BONE GRAFT, MICROVASC	No		0	NA	NA		Physician billing to Carrier
20957	MT BONE GRAFT, MICROVASC	No		0	NA	NA		Physician billing to Carrier
20962	OTHER BONE GRAFT, MICROVASC	No		0	NA	NA		Physician billing to Carrier
20969	BONE/SKIN GRAFT, MICROVASC	No		0	NA	NA		Physician billing to Carrier
20970	BONE/SKIN GRAFT, ILIAC CREST	No		0	NA	NA		Physician billing to Carrier
20972	BONE/SKIN GRAFT, METATARSAL	No		0	NA	NA		Physician billing to Carrier
20973	BONE/SKIN GRAFT, GREAT TOE	No		0	NA	NA		Physician billing to Carrier
20974	ELECTRICAL BONE STIMULATION	Yes	CIM 35-48 SNF 516	0	NA	NA		Physician billing to Carrier
20975	ELECTRICAL BONE STIMULATION	No	CIM 35-48	0	NA	NA		Physician billing to Carrier
20979	US BONE STIMULATION	No	CIM 35-48	0	NA	NA		Physician billing to Carrier
20999	MUSCULOSKELETAL SURGERY	No		040	NA	NA		Physician billing to Carrier

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
21010	INCISION OF JAW JOINT	No		0	NA	NA		Physician billing to Carrier
21015	RESECTION OF FACIAL TUMOR	No		0	NA	NA		Physician billing to Carrier
21025	EXCISION OF BONE, LOWER JAW	No		0	NA	NA		Physician billing to Carrier
21026	EXCISION OF FACIAL BONE(S)	No		0	NA	NA		Physician billing to Carrier
21029	CONTOUR OF FACE BONE LESION	No		0	NA	NA		Physician billing to Carrier
21030	REMOVAL OF FACE BONE LESION	No		0	NA	NA		Physician billing to Carrier
21031	REMOVE EXOSTOSIS, MANDIBLE	No		0	NA	NA		Physician billing to Carrier
21032	REMOVE EXOSTOSIS, MAXILLA	No		0	NA	NA		Physician billing to Carrier
21034	REMOVAL OF FACE BONE LESION	No		0	NA	NA		Physician billing to Carrier
21040	REMOVAL OF JAW BONE LESION	No		0	NA	NA		Physician billing to Carrier
21041	REMOVAL OF JAW BONE LESION	No		0	NA	NA		Physician billing to Carrier
21044	REMOVAL OF JAW BONE LESION	No		0	NA	NA		Physician billing to Carrier
21045	EXTENSIVE JAW SURGERY	No		0	NA	NA		Physician billing to Carrier
21050	REMOVAL OF JAW JOINT	No		0	NA	NA		Physician billing to Carrier
21060	REMOVE JAW JOINT CARTILAGE	No		0	NA	NA		Physician billing to Carrier
21070	REMOVE CORONOID PROCESS	No		0	NA	NA		Physician billing to Carrier
21076	PREPARE FACE/ORAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
21077	PREPARE FACE/ORAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
21079	PREPARE FACE/ORAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
21080	PREPARE FACE/ORAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
21081	PREPARE FACE/ORAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
21082	PREPARE FACE/ORAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
21083	PREPARE FACE/ORAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
21084	PREPARE FACE/ORAL PROSTHESIS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
21085	PREPARE FACE/ORAL PROSTHESIS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
21086	PREPARE FACE/ORAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
21087	PREPARE FACE/ORAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
21088	PREPARE FACE/ORAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
21089	PREPARE FACE/ORAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
21100	MAXILLOFACIAL FIXATION	No		0	NA	NA		Physician billing to Carrier
21110	INTERDENTAL FIXATION	No		0	NA	NA		Physician billing to Carrier
21116	INJECTION, JAW JOINT X-RAY	No		0	NA	NA		Physician billing to Carrier
21120	RECONSTRUCTION OF CHIN	No		0	NA	NA		Physician billing to Carrier
21121	RECONSTRUCTION OF CHIN	No		0	NA	NA		Physician billing to Carrier
21122	RECONSTRUCTION OF CHIN	No		0	NA	NA		Physician billing to Carrier
21123	RECONSTRUCTION OF CHIN	No		0	NA	NA		Physician billing to Carrier
21125	AUGMENTATION, LOWER JAW BONE	No		0	NA	NA		Physician billing to Carrier
21127	AUGMENTATION, LOWER JAW BONE	No		0	NA	NA		Physician billing to Carrier
21137	REDUCTION OF FOREHEAD	No		0	NA	NA		Physician billing to Carrier
21138	REDUCTION OF FOREHEAD	No		0	NA	NA		Physician billing to Carrier
21139	REDUCTION OF FOREHEAD	No		0	NA	NA		Physician billing to Carrier
21141	RECONSTRUCT MIDFACE, LEFORT	No		0	NA	NA		Physician billing to Carrier
21142	RECONSTRUCT MIDFACE, LEFORT	No		0	NA	NA		Physician billing to Carrier
21143	RECONSTRUCT MIDFACE, LEFORT	No		041	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
21145	RECONSTRUCT MIDFACE, LEFORT	No		0	NA	NA		Physician billing to Carrier
21146	RECONSTRUCT MIDFACE, LEFORT	No		0	NA	NA		Physician billing to Carrier
21147	RECONSTRUCT MIDFACE, LEFORT	No		0	NA	NA		Physician billing to Carrier
21150	RECONSTRUCT MIDFACE, LEFORT	No		0	NA	NA		Physician billing to Carrier
21151	RECONSTRUCT MIDFACE, LEFORT	No		0	NA	NA		Physician billing to Carrier
21154	RECONSTRUCT MIDFACE, LEFORT	No		0	NA	NA		Physician billing to Carrier
21155	RECONSTRUCT MIDFACE, LEFORT	No		0	NA	NA		Physician billing to Carrier
21159	RECONSTRUCT MIDFACE, LEFORT	No		0	NA	NA		Physician billing to Carrier
21160	RECONSTRUCT MIDFACE, LEFORT	No		0	NA	NA		Physician billing to Carrier
21172	RECONSTRUCT ORBIT/FOREHEAD	No		0	NA	NA		Physician billing to Carrier
21175	RECONSTRUCT ORBIT/FOREHEAD	No		0	NA	NA		Physician billing to Carrier
21179	RECONSTRUCT ENTIRE FOREHEAD	No		0	NA	NA		Physician billing to Carrier
21180	RECONSTRUCT ENTIRE FOREHEAD	No		0	NA	NA		Physician billing to Carrier
21181	CONTOUR CRANIAL BONE LESION	No		0	NA	NA		Physician billing to Carrier
21182	RECONSTRUCT CRANIAL BONE	No		0	NA	NA		Physician billing to Carrier
21183	RECONSTRUCT CRANIAL BONE	No		0	NA	NA		Physician billing to Carrier
21184	RECONSTRUCT CRANIAL BONE	No		0	NA	NA		Physician billing to Carrier
21188	RECONSTRUCTION OF MIDFACE	No		0	NA	NA		Physician billing to Carrier
21193	RECONST LWR JAW W/O GRAFT	No		0	NA	NA		Physician billing to Carrier
21194	RECONST LWR JAW W/GRAFT	No		0	NA	NA		Physician billing to Carrier
21195	RECONST LWR JAW W/O FIXATION	No		0	NA	NA		Physician billing to Carrier
21196	RECONST LWR JAW W/FIXATION	No		0	NA	NA		Physician billing to Carrier
21198	RECONSTR LWR JAW SEGMENT	No		0	NA	NA		Physician billing to Carrier
21199	RECONSTR LWR JAW W/ADVANCE	No		0	NA	NA		Physician billing to Carrier
21206	RECONSTRUCT UPPER JAW BONE	No		0	NA	NA		Physician billing to Carrier
21208	AUGMENTATION OF FACIAL BONES	No		0	NA	NA		Physician billing to Carrier
21209	REDUCTION OF FACIAL BONES	No		0	NA	NA		Physician billing to Carrier
21210	FACE BONE GRAFT	No		0	NA	NA		Physician billing to Carrier
21215	LOWER JAW BONE GRAFT	No		0	NA	NA		Physician billing to Carrier
21230	RIB CARTILAGE GRAFT	No		0	NA	NA		Physician billing to Carrier
21235	EAR CARTILAGE GRAFT	No		0	NA	NA		Physician billing to Carrier
21240	RECONSTRUCTION OF JAW JOINT	No		0	NA	NA		Physician billing to Carrier
21242	RECONSTRUCTION OF JAW JOINT	No		0	NA	NA		Physician billing to Carrier
21243	RECONSTRUCTION OF JAW JOINT	No		0	NA	NA		Physician billing to Carrier
21244	RECONSTRUCTION OF LOWER JAW	No		0	NA	NA		Physician billing to Carrier
21245	RECONSTRUCTION OF JAW	No		0	NA	NA		Physician billing to Carrier
21246	RECONSTRUCTION OF JAW	No		0	NA	NA		Physician billing to Carrier
21247	RECONSTRUCT LOWER JAW BONE	No		0	NA	NA		Physician billing to Carrier
21248	RECONSTRUCTION OF JAW	No		0	NA	NA		Physician billing to Carrier
21249	RECONSTRUCTION OF JAW	No		0	NA	NA		Physician billing to Carrier
21255	RECONSTRUCT LOWER JAW BONE	No		0	NA	NA		Physician billing to Carrier
21256	RECONSTRUCTION OF ORBIT	No		0	NA	NA		Physician billing to Carrier
21260	REVISE EYE SOCKETS	No		0	NA	NA		Physician billing to Carrier
21261	REVISE EYE SOCKETS	No		042	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
21263	REVISE EYE SOCKETS	No		0	NA	NA		Physician billing to Carrier
21267	REVISE EYE SOCKETS	No		0	NA	NA		Physician billing to Carrier
21268	REVISE EYE SOCKETS	No		0	NA	NA		Physician billing to Carrier
21270	AUGMENTATION, CHEEK BONE	No		0	NA	NA		Physician billing to Carrier
21275	REVISION, ORBITOFACIAL BONES	No		0	NA	NA		Physician billing to Carrier
21280	REVISION OF EYELID	No		0	NA	NA		Physician billing to Carrier
21282	REVISION OF EYELID	No		0	NA	NA		Physician billing to Carrier
21295	REVISION OF JAW MUSCLE/BONE	No		0	NA	NA		Physician billing to Carrier
21296	REVISION OF JAW MUSCLE/BONE	No		0	NA	NA		Physician billing to Carrier
21299	CRANIO/MAXILLOFACIAL SURGERY	No		0	NA	NA		Physician billing to Carrier
21300	TREATMENT OF SKULL FRACTURE	No		0	NA	NA		Physician billing to Carrier
21310	TREATMENT OF NOSE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21315	TREATMENT OF NOSE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21320	TREATMENT OF NOSE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21325	TREATMENT OF NOSE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21330	TREATMENT OF NOSE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21335	TREATMENT OF NOSE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21336	TREAT NASAL SEPTAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
21337	TREAT NASAL SEPTAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
21338	TREAT NASOETHMOID FRACTURE	No		0	NA	NA		Physician billing to Carrier
21339	TREAT NASOETHMOID FRACTURE	No		0	NA	NA		Physician billing to Carrier
21340	TREATMENT OF NOSE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21343	TREATMENT OF SINUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
21344	TREATMENT OF SINUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
21345	TREAT NOSE/JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21346	TREAT NOSE/JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21347	TREAT NOSE/JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21348	TREAT NOSE/JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21355	TREAT CHEEK BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21356	TREAT CHEEK BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21360	TREAT CHEEK BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21365	TREAT CHEEK BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21366	TREAT CHEEK BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21385	TREAT EYE SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
21386	TREAT EYE SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
21387	TREAT EYE SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
21390	TREAT EYE SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
21395	TREAT EYE SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
21400	TREAT EYE SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
21401	TREAT EYE SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
21406	TREAT EYE SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
21407	TREAT EYE SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
21408	TREAT EYE SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
21421	TREAT MOUTH ROOF FRACTURE	No		043	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
21422	TREAT MOUTH ROOF FRACTURE	No		0	NA	NA		Physician billing to Carrier
21423	TREAT MOUTH ROOF FRACTURE	No		0	NA	NA		Physician billing to Carrier
21431	TREAT CRANIOFACIAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
21432	TREAT CRANIOFACIAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
21433	TREAT CRANIOFACIAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
21435	TREAT CRANIOFACIAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
21436	TREAT CRANIOFACIAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
21440	TREAT DENTAL RIDGE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21445	TREAT DENTAL RIDGE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21450	TREAT LOWER JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21451	TREAT LOWER JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21452	TREAT LOWER JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21453	TREAT LOWER JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21454	TREAT LOWER JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21461	TREAT LOWER JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21462	TREAT LOWER JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21465	TREAT LOWER JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21470	TREAT LOWER JAW FRACTURE	No		0	NA	NA		Physician billing to Carrier
21480	RESET DISLOCATED JAW	No		0	NA	NA		Physician billing to Carrier
21485	RESET DISLOCATED JAW	No	CIM 35-2	0	NA	NA		Physician billing to Carrier
21490	REPAIR DISLOCATED JAW	No		0	NA	NA		Physician billing to Carrier
21493	TREAT HYOID BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21494	TREAT HYOID BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21495	TREAT HYOID BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
21497	INTERDENTAL WIRING	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
21499	HEAD SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
21501	DRAIN NECK/CHEST LESION	No		0	NA	NA		Physician billing to Carrier
21502	DRAIN CHEST LESION	No		0	NA	NA		Physician billing to Carrier
21510	DRAINAGE OF BONE LESION	No		0	NA	NA		Physician billing to Carrier
21550	BIOPSY OF NECK/CHEST	No		0	NA	NA		Physician billing to Carrier
21555	REMOVE LESION, NECK/CHEST	No		0	NA	NA		Physician billing to Carrier
21556	REMOVE LESION, NECK/CHEST	No		0	NA	NA		Physician billing to Carrier
21557	REMOVE TUMOR, NECK/CHEST	No		0	NA	NA		Physician billing to Carrier
21600	PARTIAL REMOVAL OF RIB	No		0	NA	NA		Physician billing to Carrier
21610	PARTIAL REMOVAL OF RIB	No		0	NA	NA		Physician billing to Carrier
21615	REMOVAL OF RIB	No		0	NA	NA		Physician billing to Carrier
21616	REMOVAL OF RIB AND NERVES	No		0	NA	NA		Physician billing to Carrier
21620	PARTIAL REMOVAL OF STERNUM	No		0	NA	NA		Physician billing to Carrier
21627	STERNAL DEBRIDEMENT	No		0	NA	NA		Physician billing to Carrier
21630	EXTENSIVE STERNUM SURGERY	No		0	NA	NA		Physician billing to Carrier
21632	EXTENSIVE STERNUM SURGERY	No		0	NA	NA		Physician billing to Carrier
21700	REVISION OF NECK MUSCLE	No		0	NA	NA		Physician billing to Carrier
21705	REVISION OF NECK MUSCLE/RIB	No		0	NA	NA		Physician billing to Carrier
21720	REVISION OF NECK MUSCLE	No		044	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
21725	REVISION OF NECK MUSCLE	No		0	NA	NA		Physician billing to Carrier
21740	RECONSTRUCTION OF STERNUM	No		0	NA	NA		Physician billing to Carrier
21750	REPAIR OF STERNUM SEPARATION	No		0	NA	NA		Physician billing to Carrier
21800	TREATMENT OF RIB FRACTURE	No		0	NA	NA		Physician billing to Carrier
21805	TREATMENT OF RIB FRACTURE	No		0	NA	NA		Physician billing to Carrier
21810	TREATMENT OF RIB FRACTURE(S)	No		0	NA	NA		Physician billing to Carrier
21820	TREAT STERNUM FRACTURE	No		0	NA	NA		Physician billing to Carrier
21825	TREAT STERNUM FRACTURE	No		0	NA	NA		Physician billing to Carrier
21899	NECK/CHEST SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
21920	BIOPSY SOFT TISSUE OF BACK	No		0	NA	NA		Physician billing to Carrier
21925	BIOPSY SOFT TISSUE OF BACK	No		0	NA	NA		Physician billing to Carrier
21930	REMOVE LESION, BACK OR FLANK	No		0	NA	NA		Physician billing to Carrier
21935	REMOVE TUMOR, BACK	No		0	NA	NA		Physician billing to Carrier
22100	REMOVE PART OF NECK VERTEBRA	No		0	NA	NA		Physician billing to Carrier
22101	REMOVE PART, THORAX VERTEBRA	No		0	NA	NA		Physician billing to Carrier
22102	REMOVE PART, LUMBAR VERTEBRA	No		0	NA	NA		Physician billing to Carrier
22103	REMOVE EXTRA SPINE SEGMENT	No		0	NA	NA		Physician billing to Carrier
22110	REMOVE PART OF NECK VERTEBRA	No		0	NA	NA		Physician billing to Carrier
22112	REMOVE PART, THORAX VERTEBRA	No		0	NA	NA		Physician billing to Carrier
22114	REMOVE PART, LUMBAR VERTEBRA	No		0	NA	NA		Physician billing to Carrier
22116	REMOVE EXTRA SPINE SEGMENT	No		0	NA	NA		Physician billing to Carrier
22210	REVISION OF NECK SPINE	No		0	NA	NA		Physician billing to Carrier
22212	REVISION OF THORAX SPINE	No		0	NA	NA		Physician billing to Carrier
22214	REVISION OF LUMBAR SPINE	No		0	NA	NA		Physician billing to Carrier
22216	REVISE, EXTRA SPINE SEGMENT	No		0	NA	NA		Physician billing to Carrier
22220	REVISION OF NECK SPINE	No		0	NA	NA		Physician billing to Carrier
22222	REVISION OF THORAX SPINE	No		0	NA	NA		Physician billing to Carrier
22224	REVISION OF LUMBAR SPINE	No		0	NA	NA		Physician billing to Carrier
22226	REVISE, EXTRA SPINE SEGMENT	No		0	NA	NA		Physician billing to Carrier
22305	TREAT SPINE PROCESS FRACTURE	No		0	NA	NA		Physician billing to Carrier
22310	TREAT SPINE FRACTURE	No		0	NA	NA		Physician billing to Carrier
22315	TREAT SPINE FRACTURE	No		0	NA	NA		Physician billing to Carrier
22318	TREAT ODONTOID FX W/O GRAFT	No		0	NA	NA		Physician billing to Carrier
22319	TREAT ODONTOID FX W/GRAFT	No		0	NA	NA		Physician billing to Carrier
22325	TREAT SPINE FRACTURE	No		0	NA	NA		Physician billing to Carrier
22326	TREAT NECK SPINE FRACTURE	No		0	NA	NA		Physician billing to Carrier
22327	TREAT THORAX SPINE FRACTURE	No		0	NA	NA		Physician billing to Carrier
22328	TREAT EACH ADD SPINE FX	No		0	NA	NA		Physician billing to Carrier
22505	MANIPULATION OF SPINE	No		0	NA	NA		Physician billing to Carrier
22520	PERCUT VERTEBROPLASTY THOR	No		0	NA	NA		Physician billing to Carrier
22521	PERCUT VERTEBROPLASTY LUMB	No		0	NA	NA		Physician billing to Carrier
22522	PERCUT VERTEBROPLASTY ADDL	No		0	NA	NA		Physician billing to Carrier
22548	NECK SPINE FUSION	No		0	NA	NA		Physician billing to Carrier
22554	NECK SPINE FUSION	No		045	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
22556	THORAX SPINE FUSION	No		0	NA	NA		Physician billing to Carrier
22558	LUMBAR SPINE FUSION	No		0	NA	NA		Physician billing to Carrier
22585	ADDITIONAL SPINAL FUSION	No		0	NA	NA		Physician billing to Carrier
22590	SPINE & SKULL SPINAL FUSION	No		0	NA	NA		Physician billing to Carrier
22595	NECK SPINAL FUSION	No		0	NA	NA		Physician billing to Carrier
22600	NECK SPINE FUSION	No		0	NA	NA		Physician billing to Carrier
22610	THORAX SPINE FUSION	No		0	NA	NA		Physician billing to Carrier
22612	LUMBAR SPINE FUSION	No		0	NA	NA		Physician billing to Carrier
22614	SPINE FUSION, EXTRA SEGMENT	No		0	NA	NA		Physician billing to Carrier
22630	LUMBAR SPINE FUSION	No		0	NA	NA		Physician billing to Carrier
22632	SPINE FUSION, EXTRA SEGMENT	No		0	NA	NA		Physician billing to Carrier
22800	FUSION OF SPINE	No		0	NA	NA		Physician billing to Carrier
22802	FUSION OF SPINE	No		0	NA	NA		Physician billing to Carrier
22804	FUSION OF SPINE	No		0	NA	NA		Physician billing to Carrier
22808	FUSION OF SPINE	No		0	NA	NA		Physician billing to Carrier
22810	FUSION OF SPINE	No		0	NA	NA		Physician billing to Carrier
22812	FUSION OF SPINE	No		0	NA	NA		Physician billing to Carrier
22818	KYPHECTOMY, 1-2 SEGMENTS	No		0	NA	NA		Physician billing to Carrier
22819	KYPHECTOMY, 3 OR MORE	No		0	NA	NA		Physician billing to Carrier
22830	EXPLORATION OF SPINAL FUSION	No		0	NA	NA		Physician billing to Carrier
22840	INSERT SPINE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22841	INSERT SPINE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22842	INSERT SPINE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22843	INSERT SPINE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22844	INSERT SPINE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22845	INSERT SPINE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22846	INSERT SPINE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22847	INSERT SPINE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22848	INSERT PELV FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22849	REINSERT SPINAL FIXATION	No		0	NA	NA		Physician billing to Carrier
22850	REMOVE SPINE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22851	APPLY SPINE PROSTH DEVICE	No		0	NA	NA		Physician billing to Carrier
22852	REMOVE SPINE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22855	REMOVE SPINE FIXATION DEVICE	No		0	NA	NA		Physician billing to Carrier
22899	SPINE SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
22900	REMOVE ABDOMINAL WALL LESION	No		0	NA	NA		Physician billing to Carrier
22999	ABDOMEN SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
23000	REMOVAL OF CALCIUM DEPOSITS	No		0	NA	NA		Physician billing to Carrier
23020	RELEASE SHOULDER JOINT	No		0	NA	NA		Physician billing to Carrier
23030	DRAIN SHOULDER LESION	No		0	NA	NA		Physician billing to Carrier
23031	DRAIN SHOULDER BURSA	No		0	NA	NA		Physician billing to Carrier
23035	DRAIN SHOULDER BONE LESION	No		0	NA	NA		Physician billing to Carrier
23040	EXPLORATORY SHOULDER SURGERY	No		0	NA	NA		Physician billing to Carrier
23044	EXPLORATORY SHOULDER SURGERY	No		046	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
23065	BIOPSY SHOULDER TISSUES	No		0	NA	NA		Physician billing to Carrier
23066	BIOPSY SHOULDER TISSUES	No		0	NA	NA		Physician billing to Carrier
23075	REMOVAL OF SHOULDER LESION	No		0	NA	NA		Physician billing to Carrier
23076	REMOVAL OF SHOULDER LESION	No		0	NA	NA		Physician billing to Carrier
23077	REMOVE TUMOR OF SHOULDER	No		0	NA	NA		Physician billing to Carrier
23100	BIOPSY OF SHOULDER JOINT	No		0	NA	NA		Physician billing to Carrier
23101	SHOULDER JOINT SURGERY	No		0	NA	NA		Physician billing to Carrier
23105	REMOVE SHOULDER JOINT LINING	No		0	NA	NA		Physician billing to Carrier
23106	INCISION OF COLLARBONE JOINT	No		0	NA	NA		Physician billing to Carrier
23107	EXPLORE TREAT SHOULDER JOINT	No		0	NA	NA		Physician billing to Carrier
23120	PARTIAL REMOVAL, COLLAR BONE	No		0	NA	NA		Physician billing to Carrier
23125	REMOVAL OF COLLAR BONE	No		0	NA	NA		Physician billing to Carrier
23130	REMOVE SHOULDER BONE, PART	No		0	NA	NA		Physician billing to Carrier
23140	REMOVAL OF BONE LESION	No		0	NA	NA		Physician billing to Carrier
23145	REMOVAL OF BONE LESION	No		0	NA	NA		Physician billing to Carrier
23146	REMOVAL OF BONE LESION	No		0	NA	NA		Physician billing to Carrier
23150	REMOVAL OF HUMERUS LESION	No		0	NA	NA		Physician billing to Carrier
23155	REMOVAL OF HUMERUS LESION	No		0	NA	NA		Physician billing to Carrier
23156	REMOVAL OF HUMERUS LESION	No		0	NA	NA		Physician billing to Carrier
23170	REMOVE COLLAR BONE LESION	No		0	NA	NA		Physician billing to Carrier
23172	REMOVE SHOULDER BLADE LESION	No		0	NA	NA		Physician billing to Carrier
23174	REMOVE HUMERUS LESION	No		0	NA	NA		Physician billing to Carrier
23180	REMOVE COLLAR BONE LESION	No		0	NA	NA		Physician billing to Carrier
23182	REMOVE SHOULDER BLADE LESION	No		0	NA	NA		Physician billing to Carrier
23184	REMOVE HUMERUS LESION	No		0	NA	NA		Physician billing to Carrier
23190	PARTIAL REMOVAL OF SCAPULA	No		0	NA	NA		Physician billing to Carrier
23195	REMOVAL OF HEAD OF HUMERUS	No		0	NA	NA		Physician billing to Carrier
23200	REMOVAL OF COLLAR BONE	No		0	NA	NA		Physician billing to Carrier
23210	REMOVAL OF SHOULDER BLADE	No		0	NA	NA		Physician billing to Carrier
23220	PARTIAL REMOVAL OF HUMERUS	No		0	NA	NA		Physician billing to Carrier
23221	PARTIAL REMOVAL OF HUMERUS	No		0	NA	NA		Physician billing to Carrier
23222	PARTIAL REMOVAL OF HUMERUS	No		0	NA	NA		Physician billing to Carrier
23330	REMOVE SHOULDER FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
23331	REMOVE SHOULDER FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
23332	REMOVE SHOULDER FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
23350	INJECTION FOR SHOULDER X-RAY	No		0	NA	NA		Physician billing to Carrier
23395	MUSCLE TRANSFER,SHOULDER/ARM	No		0	NA	NA		Physician billing to Carrier
23397	MUSCLE TRANSFERS	No		0	NA	NA		Physician billing to Carrier
23400	FIXATION OF SHOULDER BLADE	No		0	NA	NA		Physician billing to Carrier
23405	INCISION OF TENDON & MUSCLE	No		0	NA	NA		Physician billing to Carrier
23406	INCISE TENDON(S) & MUSCLE(S)	No		0	NA	NA		Physician billing to Carrier
23410	REPAIR OF TENDON(S)	No		0	NA	NA		Physician billing to Carrier
23412	REPAIR OF TENDON(S)	No		0	NA	NA		Physician billing to Carrier
23415	RELEASE OF SHOULDER LIGAMENT	No		047	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
23420	REPAIR OF SHOULDER	No		0	NA	NA		Physician billing to Carrier
23430	REPAIR BICEPS TENDON	No		0	NA	NA		Physician billing to Carrier
23440	REMOVE/TRANSPLANT TENDON	No		0	NA	NA		Physician billing to Carrier
23450	REPAIR SHOULDER CAPSULE	No		0	NA	NA		Physician billing to Carrier
23455	REPAIR SHOULDER CAPSULE	No		0	NA	NA		Physician billing to Carrier
23460	REPAIR SHOULDER CAPSULE	No		0	NA	NA		Physician billing to Carrier
23462	REPAIR SHOULDER CAPSULE	No		0	NA	NA		Physician billing to Carrier
23465	REPAIR SHOULDER CAPSULE	No		0	NA	NA		Physician billing to Carrier
23466	REPAIR SHOULDER CAPSULE	No		0	NA	NA		Physician billing to Carrier
23470	RECONSTRUCT SHOULDER JOINT	No		0	NA	NA		Physician billing to Carrier
23472	RECONSTRUCT SHOULDER JOINT	No		0	NA	NA		Physician billing to Carrier
23480	REVISION OF COLLAR BONE	No		0	NA	NA		Physician billing to Carrier
23485	REVISION OF COLLAR BONE	No		0	NA	NA		Physician billing to Carrier
23490	REINFORCE CLAVICLE	No		0	NA	NA		Physician billing to Carrier
23491	REINFORCE SHOULDER BONES	No		0	NA	NA		Physician billing to Carrier
23500	TREAT CLAVICLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
23505	TREAT CLAVICLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
23515	TREAT CLAVICLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
23520	TREAT CLAVICLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
23525	TREAT CLAVICLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
23530	TREAT CLAVICLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
23532	TREAT CLAVICLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
23540	TREAT CLAVICLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
23545	TREAT CLAVICLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
23550	TREAT CLAVICLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
23552	TREAT CLAVICLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
23570	TREAT SHOULDER BLADE FX	No		0	NA	NA		Physician billing to Carrier
23575	TREAT SHOULDER BLADE FX	No		0	NA	NA		Physician billing to Carrier
23585	TREAT SCAPULA FRACTURE	No		0	NA	NA		Physician billing to Carrier
23600	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
23605	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
23615	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
23616	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
23620	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
23625	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
23630	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
23650	TREAT SHOULDER DISLOCATION	No		0	NA	NA		Physician billing to Carrier
23655	TREAT SHOULDER DISLOCATION	No		0	NA	NA		Physician billing to Carrier
23660	TREAT SHOULDER DISLOCATION	No		0	NA	NA		Physician billing to Carrier
23665	TREAT DISLOCATION/FRACTURE	No		0	NA	NA		Physician billing to Carrier
23670	TREAT DISLOCATION/FRACTURE	No		0	NA	NA		Physician billing to Carrier
23675	TREAT DISLOCATION/FRACTURE	No		0	NA	NA		Physician billing to Carrier
23680	TREAT DISLOCATION/FRACTURE	No		0	NA	NA		Physician billing to Carrier
23700	FIXATION OF SHOULDER	No		048	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
23800	FUSION OF SHOULDER JOINT	No		0	NA	NA		Physician billing to Carrier
23802	FUSION OF SHOULDER JOINT	No		0	NA	NA		Physician billing to Carrier
23900	AMPUTATION OF ARM & GIRDLE	No		0	NA	NA		Physician billing to Carrier
23920	AMPUTATION AT SHOULDER JOINT	No		0	NA	NA		Physician billing to Carrier
23921	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
23929	SHOULDER SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
23930	DRAINAGE OF ARM LESION	No		0	NA	NA		Physician billing to Carrier
23931	DRAINAGE OF ARM BURSA	No		0	NA	NA		Physician billing to Carrier
23935	DRAIN ARM/ELBOW BONE LESION	No		0	NA	NA		Physician billing to Carrier
24000	EXPLORATORY ELBOW SURGERY	No		0	NA	NA		Physician billing to Carrier
24006	RELEASE ELBOW JOINT	No		0	NA	NA		Physician billing to Carrier
24065	BIOPSY ARM/ELBOW SOFT TISSUE	No		0	NA	NA		Physician billing to Carrier
24066	BIOPSY ARM/ELBOW SOFT TISSUE	No		0	NA	NA		Physician billing to Carrier
24075	REMOVE ARM/ELBOW LESION	No		0	NA	NA		Physician billing to Carrier
24076	REMOVE ARM/ELBOW LESION	No		0	NA	NA		Physician billing to Carrier
24077	REMOVE TUMOR OF ARM/ELBOW	No		0	NA	NA		Physician billing to Carrier
24100	BIOPSY ELBOW JOINT LINING	No		0	NA	NA		Physician billing to Carrier
24101	EXPLORE/TREAT ELBOW JOINT	No		0	NA	NA		Physician billing to Carrier
24102	REMOVE ELBOW JOINT LINING	No		0	NA	NA		Physician billing to Carrier
24105	REMOVAL OF ELBOW BURSA	No		0	NA	NA		Physician billing to Carrier
24110	REMOVE HUMERUS LESION	No		0	NA	NA		Physician billing to Carrier
24115	REMOVE/GRAFT BONE LESION	No		0	NA	NA		Physician billing to Carrier
24116	REMOVE/GRAFT BONE LESION	No		0	NA	NA		Physician billing to Carrier
24120	REMOVE ELBOW LESION	No		0	NA	NA		Physician billing to Carrier
24125	REMOVE/GRAFT BONE LESION	No		0	NA	NA		Physician billing to Carrier
24126	REMOVE/GRAFT BONE LESION	No		0	NA	NA		Physician billing to Carrier
24130	REMOVAL OF HEAD OF RADIUS	No		0	NA	NA		Physician billing to Carrier
24134	REMOVAL OF ARM BONE LESION	No		0	NA	NA		Physician billing to Carrier
24136	REMOVE RADIUS BONE LESION	No		0	NA	NA		Physician billing to Carrier
24138	REMOVE ELBOW BONE LESION	No		0	NA	NA		Physician billing to Carrier
24140	PARTIAL REMOVAL OF ARM BONE	No		0	NA	NA		Physician billing to Carrier
24145	PARTIAL REMOVAL OF RADIUS	No		0	NA	NA		Physician billing to Carrier
24147	PARTIAL REMOVAL OF ELBOW	No		0	NA	NA		Physician billing to Carrier
24149	RADICAL RESECTION OF ELBOW	No		0	NA	NA		Physician billing to Carrier
24150	EXTENSIVE HUMERUS SURGERY	No		0	NA	NA		Physician billing to Carrier
24151	EXTENSIVE HUMERUS SURGERY	No		0	NA	NA		Physician billing to Carrier
24152	EXTENSIVE RADIUS SURGERY	No		0	NA	NA		Physician billing to Carrier
24153	EXTENSIVE RADIUS SURGERY	No		0	NA	NA		Physician billing to Carrier
24155	REMOVAL OF ELBOW JOINT	No		0	NA	NA		Physician billing to Carrier
24160	REMOVE ELBOW JOINT IMPLANT	No		0	NA	NA		Physician billing to Carrier
24164	REMOVE RADIUS HEAD IMPLANT	No		0	NA	NA		Physician billing to Carrier
24200	REMOVAL OF ARM FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
24201	REMOVAL OF ARM FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
24220	INJECTION FOR ELBOW X-RAY	No		049	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
24301	MUSCLE/TENDON TRANSFER	No		0	NA	NA		Physician billing to Carrier
24305	ARM TENDON LENGTHENING	No		0	NA	NA		Physician billing to Carrier
24310	REVISION OF ARM TENDON	No		0	NA	NA		Physician billing to Carrier
24320	REPAIR OF ARM TENDON	No		0	NA	NA		Physician billing to Carrier
24330	REVISION OF ARM MUSCLES	No		0	NA	NA		Physician billing to Carrier
24331	REVISION OF ARM MUSCLES	No		0	NA	NA		Physician billing to Carrier
24340	REPAIR OF BICEPS TENDON	No		0	NA	NA		Physician billing to Carrier
24341	REPAIR ARM TENDON/MUSCLE	No		0	NA	NA		Physician billing to Carrier
24342	REPAIR OF RUPTURED TENDON	No		0	NA	NA		Physician billing to Carrier
24350	REPAIR OF TENNIS ELBOW	No		0	NA	NA		Physician billing to Carrier
24351	REPAIR OF TENNIS ELBOW	No		0	NA	NA		Physician billing to Carrier
24352	REPAIR OF TENNIS ELBOW	No		0	NA	NA		Physician billing to Carrier
24354	REPAIR OF TENNIS ELBOW	No		0	NA	NA		Physician billing to Carrier
24356	REVISION OF TENNIS ELBOW	No		0	NA	NA		Physician billing to Carrier
24360	RECONSTRUCT ELBOW JOINT	No		0	NA	NA		Physician billing to Carrier
24361	RECONSTRUCT ELBOW JOINT	No		0	NA	NA		Physician billing to Carrier
24362	RECONSTRUCT ELBOW JOINT	No		0	NA	NA		Physician billing to Carrier
24363	REPLACE ELBOW JOINT	No		0	NA	NA		Physician billing to Carrier
24365	RECONSTRUCT HEAD OF RADIUS	No		0	NA	NA		Physician billing to Carrier
24366	RECONSTRUCT HEAD OF RADIUS	No		0	NA	NA		Physician billing to Carrier
24400	REVISION OF HUMERUS	No		0	NA	NA		Physician billing to Carrier
24410	REVISION OF HUMERUS	No		0	NA	NA		Physician billing to Carrier
24420	REVISION OF HUMERUS	No		0	NA	NA		Physician billing to Carrier
24430	REPAIR OF HUMERUS	No		0	NA	NA		Physician billing to Carrier
24435	REPAIR HUMERUS WITH GRAFT	No		0	NA	NA		Physician billing to Carrier
24470	REVISION OF ELBOW JOINT	No		0	NA	NA		Physician billing to Carrier
24495	DECOMPRESSION OF FOREARM	No		0	NA	NA		Physician billing to Carrier
24498	REINFORCE HUMERUS	No		0	NA	NA		Physician billing to Carrier
24500	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24505	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24515	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24516	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24530	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24535	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24538	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24545	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24546	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24560	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24565	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24566	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24575	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24576	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24577	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24579	TREAT HUMERUS FRACTURE	No		050	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
24582	TREAT HUMERUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24586	TREAT ELBOW FRACTURE	No		0	NA	NA		Physician billing to Carrier
24587	TREAT ELBOW FRACTURE	No		0	NA	NA		Physician billing to Carrier
24600	TREAT ELBOW DISLOCATION	No		0	NA	NA		Physician billing to Carrier
24605	TREAT ELBOW DISLOCATION	No		0	NA	NA		Physician billing to Carrier
24615	TREAT ELBOW DISLOCATION	No		0	NA	NA		Physician billing to Carrier
24620	TREAT ELBOW FRACTURE	No		0	NA	NA		Physician billing to Carrier
24635	TREAT ELBOW FRACTURE	No		0	NA	NA		Physician billing to Carrier
24640	TREAT ELBOW DISLOCATION	No		0	NA	NA		Physician billing to Carrier
24650	TREAT RADIUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24655	TREAT RADIUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24665	TREAT RADIUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24666	TREAT RADIUS FRACTURE	No		0	NA	NA		Physician billing to Carrier
24670	TREAT ULNAR FRACTURE	No		0	NA	NA		Physician billing to Carrier
24675	TREAT ULNAR FRACTURE	No		0	NA	NA		Physician billing to Carrier
24685	TREAT ULNAR FRACTURE	No		0	NA	NA		Physician billing to Carrier
24800	FUSION OF ELBOW JOINT	No		0	NA	NA		Physician billing to Carrier
24802	FUSION/GRAFT OF ELBOW JOINT	No		0	NA	NA		Physician billing to Carrier
24900	AMPUTATION OF UPPER ARM	No		0	NA	NA		Physician billing to Carrier
24920	AMPUTATION OF UPPER ARM	No		0	NA	NA		Physician billing to Carrier
24925	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
24930	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
24931	AMPUTATE UPPER ARM & IMPLANT	No		0	NA	NA		Physician billing to Carrier
24935	REVISION OF AMPUTATION	No		0	NA	NA		Physician billing to Carrier
24940	REVISION OF UPPER ARM	No		0	NA	NA		Physician billing to Carrier
24999	UPPER ARM/ELBOW SURGERY	No		0	NA	NA		Physician billing to Carrier
25000	INCISION OF TENDON SHEATH	No		0	NA	NA		Physician billing to Carrier
25020	DECOMPRESSION OF FOREARM	No		0	NA	NA		Physician billing to Carrier
25023	DECOMPRESSION OF FOREARM	No		0	NA	NA		Physician billing to Carrier
25028	DRAINAGE OF FOREARM LESION	No		0	NA	NA		Physician billing to Carrier
25031	DRAINAGE OF FOREARM BURSA	No		0	NA	NA		Physician billing to Carrier
25035	TREAT FOREARM BONE LESION	No		0	NA	NA		Physician billing to Carrier
25040	EXPLORE/TREAT WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25065	BIOPSY FOREARM SOFT TISSUES	No		0	NA	NA		Physician billing to Carrier
25066	BIOPSY FOREARM SOFT TISSUES	No		0	NA	NA		Physician billing to Carrier
25075	REMOVAL OF FOREARM LESION	No		0	NA	NA		Physician billing to Carrier
25076	REMOVAL OF FOREARM LESION	No		0	NA	NA		Physician billing to Carrier
25077	REMOVE TUMOR, FOREARM/WRIST	No		0	NA	NA		Physician billing to Carrier
25085	INCISION OF WRIST CAPSULE	No		0	NA	NA		Physician billing to Carrier
25100	BIOPSY OF WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25101	EXPLORE/TREAT WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25105	REMOVE WRIST JOINT LINING	No		0	NA	NA		Physician billing to Carrier
25107	REMOVE WRIST JOINT CARTILAGE	No		0	NA	NA		Physician billing to Carrier
25110	REMOVE WRIST TENDON LESION	No		051	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
25111	REMOVE WRIST TENDON LESION	No		0	NA	NA		Physician billing to Carrier
25112	REREMOVE WRIST TENDON LESION	No		0	NA	NA		Physician billing to Carrier
25115	REMOVE WRIST/FOREARM LESION	No		0	NA	NA		Physician billing to Carrier
25116	REMOVE WRIST/FOREARM LESION	No		0	NA	NA		Physician billing to Carrier
25118	EXCISE WRIST TENDON SHEATH	No		0	NA	NA		Physician billing to Carrier
25119	PARTIAL REMOVAL OF ULNA	No		0	NA	NA		Physician billing to Carrier
25120	REMOVAL OF FOREARM LESION	No		0	NA	NA		Physician billing to Carrier
25125	REMOVE/GRAFT FOREARM LESION	No		0	NA	NA		Physician billing to Carrier
25126	REMOVE/GRAFT FOREARM LESION	No		0	NA	NA		Physician billing to Carrier
25130	REMOVAL OF WRIST LESION	No		0	NA	NA		Physician billing to Carrier
25135	REMOVE & GRAFT WRIST LESION	No		0	NA	NA		Physician billing to Carrier
25136	REMOVE & GRAFT WRIST LESION	No		0	NA	NA		Physician billing to Carrier
25145	REMOVE FOREARM BONE LESION	No		0	NA	NA		Physician billing to Carrier
25150	PARTIAL REMOVAL OF ULNA	No		0	NA	NA		Physician billing to Carrier
25151	PARTIAL REMOVAL OF RADIUS	No		0	NA	NA		Physician billing to Carrier
25170	EXTENSIVE FOREARM SURGERY	No		0	NA	NA		Physician billing to Carrier
25210	REMOVAL OF WRIST BONE	No		0	NA	NA		Physician billing to Carrier
25215	REMOVAL OF WRIST BONES	No		0	NA	NA		Physician billing to Carrier
25230	PARTIAL REMOVAL OF RADIUS	No		0	NA	NA		Physician billing to Carrier
25240	PARTIAL REMOVAL OF ULNA	No		0	NA	NA		Physician billing to Carrier
25246	INJECTION FOR WRIST X-RAY	No		0	NA	NA		Physician billing to Carrier
25248	REMOVE FOREARM FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
25250	REMOVAL OF WRIST PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
25251	REMOVAL OF WRIST PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
25260	REPAIR FOREARM TENDON/MUSCLE	No		0	NA	NA		Physician billing to Carrier
25263	REPAIR FOREARM TENDON/MUSCLE	No		0	NA	NA		Physician billing to Carrier
25265	REPAIR FOREARM TENDON/MUSCLE	No		0	NA	NA		Physician billing to Carrier
25270	REPAIR FOREARM TENDON/MUSCLE	No		0	NA	NA		Physician billing to Carrier
25272	REPAIR FOREARM TENDON/MUSCLE	No		0	NA	NA		Physician billing to Carrier
25274	REPAIR FOREARM TENDON/MUSCLE	No		0	NA	NA		Physician billing to Carrier
25280	REVISE WRIST/FOREARM TENDON	No		0	NA	NA		Physician billing to Carrier
25290	INCISE WRIST/FOREARM TENDON	No		0	NA	NA		Physician billing to Carrier
25295	RELEASE WRIST/FOREARM TENDON	No		0	NA	NA		Physician billing to Carrier
25300	FUSION OF TENDONS AT WRIST	No		0	NA	NA		Physician billing to Carrier
25301	FUSION OF TENDONS AT WRIST	No		0	NA	NA		Physician billing to Carrier
25310	TRANSPLANT FOREARM TENDON	No		0	NA	NA		Physician billing to Carrier
25312	TRANSPLANT FOREARM TENDON	No		0	NA	NA		Physician billing to Carrier
25315	REVISE PALSY HAND TENDON(S)	No		0	NA	NA		Physician billing to Carrier
25316	REVISE PALSY HAND TENDON(S)	No		0	NA	NA		Physician billing to Carrier
25320	REPAIR/REVISE WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25332	REVISE WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25335	REALIGNMENT OF HAND	No		0	NA	NA		Physician billing to Carrier
25337	RECONSTRUCT ULNA/RADIOULNAR	No		0	NA	NA		Physician billing to Carrier
25350	REVISION OF RADIUS	No		052	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
25355	REVISION OF RADIUS	No		0	NA	NA		Physician billing to Carrier
25360	REVISION OF ULNA	No		0	NA	NA		Physician billing to Carrier
25365	REVISE RADIUS & ULNA	No		0	NA	NA		Physician billing to Carrier
25370	REVISE RADIUS OR ULNA	No		0	NA	NA		Physician billing to Carrier
25375	REVISE RADIUS & ULNA	No		0	NA	NA		Physician billing to Carrier
25390	SHORTEN RADIUS OR ULNA	No		0	NA	NA		Physician billing to Carrier
25391	LENGTHEN RADIUS OR ULNA	No		0	NA	NA		Physician billing to Carrier
25392	SHORTEN RADIUS & ULNA	No		0	NA	NA		Physician billing to Carrier
25393	LENGTHEN RADIUS & ULNA	No		0	NA	NA		Physician billing to Carrier
25400	REPAIR RADIUS OR ULNA	No		0	NA	NA		Physician billing to Carrier
25405	REPAIR/GRAFT RADIUS OR ULNA	No		0	NA	NA		Physician billing to Carrier
25415	REPAIR RADIUS & ULNA	No		0	NA	NA		Physician billing to Carrier
25420	REPAIR/GRAFT RADIUS & ULNA	No		0	NA	NA		Physician billing to Carrier
25425	REPAIR/GRAFT RADIUS OR ULNA	No		0	NA	NA		Physician billing to Carrier
25426	REPAIR/GRAFT RADIUS & ULNA	No		0	NA	NA		Physician billing to Carrier
25440	REPAIR/GRAFT WRIST BONE	No		0	NA	NA		Physician billing to Carrier
25441	RECONSTRUCT WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25442	RECONSTRUCT WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25443	RECONSTRUCT WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25444	RECONSTRUCT WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25445	RECONSTRUCT WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25446	WRIST REPLACEMENT	No		0	NA	NA		Physician billing to Carrier
25447	REPAIR WRIST JOINT(S)	No		0	NA	NA		Physician billing to Carrier
25449	REMOVE WRIST JOINT IMPLANT	No		0	NA	NA		Physician billing to Carrier
25450	REVISION OF WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25455	REVISION OF WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25490	REINFORCE RADIUS	No		0	NA	NA		Physician billing to Carrier
25491	REINFORCE ULNA	No		0	NA	NA		Physician billing to Carrier
25492	REINFORCE RADIUS AND ULNA	No		0	NA	NA		Physician billing to Carrier
25500	TREAT FRACTURE OF RADIUS	No		0	NA	NA		Physician billing to Carrier
25505	TREAT FRACTURE OF RADIUS	No		0	NA	NA		Physician billing to Carrier
25515	TREAT FRACTURE OF RADIUS	No		0	NA	NA		Physician billing to Carrier
25520	TREAT FRACTURE OF RADIUS	No		0	NA	NA		Physician billing to Carrier
25525	TREAT FRACTURE OF RADIUS	No		0	NA	NA		Physician billing to Carrier
25526	TREAT FRACTURE OF RADIUS	No		0	NA	NA		Physician billing to Carrier
25530	TREAT FRACTURE OF ULNA	No		0	NA	NA		Physician billing to Carrier
25535	TREAT FRACTURE OF ULNA	No		0	NA	NA		Physician billing to Carrier
25545	TREAT FRACTURE OF ULNA	No		0	NA	NA		Physician billing to Carrier
25560	TREAT FRACTURE RADIUS & ULNA	No		0	NA	NA		Physician billing to Carrier
25565	TREAT FRACTURE RADIUS & ULNA	No		0	NA	NA		Physician billing to Carrier
25574	TREAT FRACTURE RADIUS & ULNA	No		0	NA	NA		Physician billing to Carrier
25575	TREAT FRACTURE RADIUS/ULNA	No		0	NA	NA		Physician billing to Carrier
25600	TREAT FRACTURE RADIUS/ULNA	No		0	NA	NA		Physician billing to Carrier
25605	TREAT FRACTURE RADIUS/ULNA	No		053	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
25611	TREAT FRACTURE RADIUS/ULNA	No		0	NA	NA		Physician billing to Carrier
25620	TREAT FRACTURE RADIUS/ULNA	No		0	NA	NA		Physician billing to Carrier
25622	TREAT WRIST BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
25624	TREAT WRIST BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
25628	TREAT WRIST BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
25630	TREAT WRIST BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
25635	TREAT WRIST BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
25645	TREAT WRIST BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
25650	TREAT WRIST BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
25660	TREAT WRIST DISLOCATION	No		0	NA	NA		Physician billing to Carrier
25670	TREAT WRIST DISLOCATION	No		0	NA	NA		Physician billing to Carrier
25675	TREAT WRIST DISLOCATION	No		0	NA	NA		Physician billing to Carrier
25676	TREAT WRIST DISLOCATION	No		0	NA	NA		Physician billing to Carrier
25680	TREAT WRIST FRACTURE	No		0	NA	NA		Physician billing to Carrier
25685	TREAT WRIST FRACTURE	No		0	NA	NA		Physician billing to Carrier
25690	TREAT WRIST DISLOCATION	No		0	NA	NA		Physician billing to Carrier
25695	TREAT WRIST DISLOCATION	No		0	NA	NA		Physician billing to Carrier
25800	FUSION OF WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25805	FUSION/GRAFT OF WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25810	FUSION/GRAFT OF WRIST JOINT	No		0	NA	NA		Physician billing to Carrier
25820	FUSION OF HAND BONES	No		0	NA	NA		Physician billing to Carrier
25825	FUSE HAND BONES WITH GRAFT	No		0	NA	NA		Physician billing to Carrier
25830	FUSION, RADIOULNAR JNT/ULNA	No		0	NA	NA		Physician billing to Carrier
25900	AMPUTATION OF FOREARM	No		0	NA	NA		Physician billing to Carrier
25905	AMPUTATION OF FOREARM	No		0	NA	NA		Physician billing to Carrier
25907	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
25909	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
25915	AMPUTATION OF FOREARM	No		0	NA	NA		Physician billing to Carrier
25920	AMPUTATE HAND AT WRIST	No		0	NA	NA		Physician billing to Carrier
25922	AMPUTATE HAND AT WRIST	No		0	NA	NA		Physician billing to Carrier
25924	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
25927	AMPUTATION OF HAND	No		0	NA	NA		Physician billing to Carrier
25929	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
25931	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
25999	FOREARM OR WRIST SURGERY	No		0	NA	NA		Physician billing to Carrier
26010	DRAINAGE OF FINGER ABSCESS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
26011	DRAINAGE OF FINGER ABSCESS	No		0	NA	NA		Physician billing to Carrier
26020	DRAIN HAND TENDON SHEATH	No		0	NA	NA		Physician billing to Carrier
26025	DRAINAGE OF PALM BURSA	No		0	NA	NA		Physician billing to Carrier
26030	DRAINAGE OF PALM BURSA(S)	No		0	NA	NA		Physician billing to Carrier
26034	TREAT HAND BONE LESION	No		0	NA	NA		Physician billing to Carrier
26035	DECOMPRESS FINGERS/HAND	No		0	NA	NA		Physician billing to Carrier
26037	DECOMPRESS FINGERS/HAND	No		0	NA	NA		Physician billing to Carrier
26040	RELEASE PALM CONTRACTURE	No		054	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
26045	RELEASE PALM CONTRACTURE	No		0	NA	NA		Physician billing to Carrier
26055	INCISE FINGER TENDON SHEATH	No		0	NA	NA		Physician billing to Carrier
26060	INCISION OF FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26070	EXPLORE/TREAT HAND JOINT	No		0	NA	NA		Physician billing to Carrier
26075	EXPLORE/TREAT FINGER JOINT	No		0	NA	NA		Physician billing to Carrier
26080	EXPLORE/TREAT FINGER JOINT	No		0	NA	NA		Physician billing to Carrier
26100	BIOPSY HAND JOINT LINING	No		0	NA	NA		Physician billing to Carrier
26105	BIOPSY FINGER JOINT LINING	No		0	NA	NA		Physician billing to Carrier
26110	BIOPSY FINGER JOINT LINING	No		0	NA	NA		Physician billing to Carrier
26115	REMOVAL OF HAND LESION	No		0	NA	NA		Physician billing to Carrier
26116	REMOVAL OF HAND LESION	No		0	NA	NA		Physician billing to Carrier
26117	REMOVE TUMOR, HAND/FINGER	No		0	NA	NA		Physician billing to Carrier
26121	RELEASE PALM CONTRACTURE	No		0	NA	NA		Physician billing to Carrier
26123	RELEASE PALM CONTRACTURE	No		0	NA	NA		Physician billing to Carrier
26125	RELEASE PALM CONTRACTURE	No		0	NA	NA		Physician billing to Carrier
26130	REMOVE WRIST JOINT LINING	No		0	NA	NA		Physician billing to Carrier
26135	REVISE FINGER JOINT, EACH	No		0	NA	NA		Physician billing to Carrier
26140	REVISE FINGER JOINT, EACH	No		0	NA	NA		Physician billing to Carrier
26145	TENDON EXCISION, PALM/FINGER	No		0	NA	NA		Physician billing to Carrier
26160	REMOVE TENDON SHEATH LESION	No		0	NA	NA		Physician billing to Carrier
26170	REMOVAL OF PALM TENDON, EACH	No		0	NA	NA		Physician billing to Carrier
26180	REMOVAL OF FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26185	REMOVE FINGER BONE	No		0	NA	NA		Physician billing to Carrier
26200	REMOVE HAND BONE LESION	No		0	NA	NA		Physician billing to Carrier
26205	REMOVE/GRAFT BONE LESION	No		0	NA	NA		Physician billing to Carrier
26210	REMOVAL OF FINGER LESION	No		0	NA	NA		Physician billing to Carrier
26215	REMOVE/GRAFT FINGER LESION	No		0	NA	NA		Physician billing to Carrier
26230	PARTIAL REMOVAL OF HAND BONE	No		0	NA	NA		Physician billing to Carrier
26235	PARTIAL REMOVAL, FINGER BONE	No		0	NA	NA		Physician billing to Carrier
26236	PARTIAL REMOVAL, FINGER BONE	No		0	NA	NA		Physician billing to Carrier
26250	EXTENSIVE HAND SURGERY	No		0	NA	NA		Physician billing to Carrier
26255	EXTENSIVE HAND SURGERY	No		0	NA	NA		Physician billing to Carrier
26260	EXTENSIVE FINGER SURGERY	No		0	NA	NA		Physician billing to Carrier
26261	EXTENSIVE FINGER SURGERY	No		0	NA	NA		Physician billing to Carrier
26262	PARTIAL REMOVAL OF FINGER	No		0	NA	NA		Physician billing to Carrier
26320	REMOVAL OF IMPLANT FROM HAND	No		0	NA	NA		Physician billing to Carrier
26350	REPAIR FINGER/HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26352	REPAIR/GRAFT HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26356	REPAIR FINGER/HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26357	REPAIR FINGER/HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26358	REPAIR/GRAFT HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26370	REPAIR FINGER/HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26372	REPAIR/GRAFT HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26373	REPAIR FINGER/HAND TENDON	No		055	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
26390	REVISE HAND/FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26392	REPAIR/GRAFT HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26410	REPAIR HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26412	REPAIR/GRAFT HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26415	EXCISION, HAND/FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26416	GRAFT HAND OR FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26418	REPAIR FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26420	REPAIR/GRAFT FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26426	REPAIR FINGER/HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26428	REPAIR/GRAFT FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26432	REPAIR FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26433	REPAIR FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26434	REPAIR/GRAFT FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26437	REALIGNMENT OF TENDONS	No		0	NA	NA		Physician billing to Carrier
26440	RELEASE PALM/FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26442	RELEASE PALM & FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26445	RELEASE HAND/FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26449	RELEASE FOREARM/HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26450	INCISION OF PALM TENDON	No		0	NA	NA		Physician billing to Carrier
26455	INCISION OF FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26460	INCISE HAND/FINGER TENDON	No		0	NA	NA		Physician billing to Carrier
26471	FUSION OF FINGER TENDONS	No		0	NA	NA		Physician billing to Carrier
26474	FUSION OF FINGER TENDONS	No		0	NA	NA		Physician billing to Carrier
26476	TENDON LENGTHENING	No		0	NA	NA		Physician billing to Carrier
26477	TENDON SHORTENING	No		0	NA	NA		Physician billing to Carrier
26478	LENGTHENING OF HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26479	SHORTENING OF HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26480	TRANSPLANT HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26483	TRANSPLANT/GRAFT HAND TENDON	No		0	NA	NA		Physician billing to Carrier
26485	TRANSPLANT PALM TENDON	No		0	NA	NA		Physician billing to Carrier
26489	TRANSPLANT/GRAFT PALM TENDON	No		0	NA	NA		Physician billing to Carrier
26490	REVISE THUMB TENDON	No		0	NA	NA		Physician billing to Carrier
26492	TENDON TRANSFER WITH GRAFT	No		0	NA	NA		Physician billing to Carrier
26494	HAND TENDON/MUSCLE TRANSFER	No		0	NA	NA		Physician billing to Carrier
26496	REVISE THUMB TENDON	No		0	NA	NA		Physician billing to Carrier
26497	FINGER TENDON TRANSFER	No		0	NA	NA		Physician billing to Carrier
26498	FINGER TENDON TRANSFER	No		0	NA	NA		Physician billing to Carrier
26499	REVISION OF FINGER	No		0	NA	NA		Physician billing to Carrier
26500	HAND TENDON RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
26502	HAND TENDON RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
26504	HAND TENDON RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
26508	RELEASE THUMB CONTRACTURE	No		0	NA	NA		Physician billing to Carrier
26510	THUMB TENDON TRANSFER	No		0	NA	NA		Physician billing to Carrier
26516	FUSION OF KNUCKLE JOINT	No		056	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
26517	FUSION OF KNUCKLE JOINTS	No		0	NA	NA		Physician billing to Carrier
26518	FUSION OF KNUCKLE JOINTS	No		0	NA	NA		Physician billing to Carrier
26520	RELEASE KNUCKLE CONTRACTURE	No		0	NA	NA		Physician billing to Carrier
26525	RELEASE FINGER CONTRACTURE	No		0	NA	NA		Physician billing to Carrier
26530	REVISE KNUCKLE JOINT	No		0	NA	NA		Physician billing to Carrier
26531	REVISE KNUCKLE WITH IMPLANT	No		0	NA	NA		Physician billing to Carrier
26535	REVISE FINGER JOINT	No		0	NA	NA		Physician billing to Carrier
26536	REVISE/IMPLANT FINGER JOINT	No		0	NA	NA		Physician billing to Carrier
26540	REPAIR HAND JOINT	No		0	NA	NA		Physician billing to Carrier
26541	REPAIR HAND JOINT WITH GRAFT	No		0	NA	NA		Physician billing to Carrier
26542	REPAIR HAND JOINT WITH GRAFT	No		0	NA	NA		Physician billing to Carrier
26545	RECONSTRUCT FINGER JOINT	No		0	NA	NA		Physician billing to Carrier
26546	REPAIR NONUNION HAND	No		0	NA	NA		Physician billing to Carrier
26548	RECONSTRUCT FINGER JOINT	No		0	NA	NA		Physician billing to Carrier
26550	CONSTRUCT THUMB REPLACEMENT	No		0	NA	NA		Physician billing to Carrier
26551	GREAT TOE-HAND TRANSFER	No		0	NA	NA		Physician billing to Carrier
26553	SINGLE TRANSFER, TOE-HAND	No		0	NA	NA		Physician billing to Carrier
26554	DOUBLE TRANSFER, TOE-HAND	No		0	NA	NA		Physician billing to Carrier
26555	POSITIONAL CHANGE OF FINGER	No		0	NA	NA		Physician billing to Carrier
26556	TOE JOINT TRANSFER	No		0	NA	NA		Physician billing to Carrier
26560	REPAIR OF WEB FINGER	No		0	NA	NA		Physician billing to Carrier
26561	REPAIR OF WEB FINGER	No		0	NA	NA		Physician billing to Carrier
26562	REPAIR OF WEB FINGER	No		0	NA	NA		Physician billing to Carrier
26565	CORRECT METACARPAL FLAW	No		0	NA	NA		Physician billing to Carrier
26567	CORRECT FINGER DEFORMITY	No		0	NA	NA		Physician billing to Carrier
26568	LENGTHEN METACARPAL/FINGER	No		0	NA	NA		Physician billing to Carrier
26580	REPAIR HAND DEFORMITY	No		0	NA	NA		Physician billing to Carrier
26585	REPAIR FINGER DEFORMITY	No		0	NA	NA		Physician billing to Carrier
26587	RECONSTRUCT EXTRA FINGER	No		0	NA	NA		Physician billing to Carrier
26590	REPAIR FINGER DEFORMITY	No		0	NA	NA		Physician billing to Carrier
26591	REPAIR MUSCLES OF HAND	No		0	NA	NA		Physician billing to Carrier
26593	RELEASE MUSCLES OF HAND	No		0	NA	NA		Physician billing to Carrier
26596	EXCISION CONSTRICTING TISSUE	No		0	NA	NA		Physician billing to Carrier
26597	RELEASE OF SCAR CONTRACTURE	No		0	NA	NA		Physician billing to Carrier
26600	TREAT METACARPAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
26605	TREAT METACARPAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
26607	TREAT METACARPAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
26608	TREAT METACARPAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
26615	TREAT METACARPAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
26641	TREAT THUMB DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26645	TREAT THUMB FRACTURE	No		0	NA	NA		Physician billing to Carrier
26650	TREAT THUMB FRACTURE	No		0	NA	NA		Physician billing to Carrier
26665	TREAT THUMB FRACTURE	No		0	NA	NA		Physician billing to Carrier
26670	TREAT HAND DISLOCATION	No		057	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
26675	TREAT HAND DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26676	PIN HAND DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26685	TREAT HAND DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26686	TREAT HAND DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26700	TREAT KNUCKLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26705	TREAT KNUCKLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26706	PIN KNUCKLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26715	TREAT KNUCKLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26720	TREAT FINGER FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
26725	TREAT FINGER FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
26727	TREAT FINGER FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
26735	TREAT FINGER FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
26740	TREAT FINGER FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
26742	TREAT FINGER FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
26746	TREAT FINGER FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
26750	TREAT FINGER FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
26755	TREAT FINGER FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
26756	PIN FINGER FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
26765	TREAT FINGER FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
26770	TREAT FINGER DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26775	TREAT FINGER DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26776	PIN FINGER DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26785	TREAT FINGER DISLOCATION	No		0	NA	NA		Physician billing to Carrier
26820	THUMB FUSION WITH GRAFT	No		0	NA	NA		Physician billing to Carrier
26841	FUSION OF THUMB	No		0	NA	NA		Physician billing to Carrier
26842	THUMB FUSION WITH GRAFT	No		0	NA	NA		Physician billing to Carrier
26843	FUSION OF HAND JOINT	No		0	NA	NA		Physician billing to Carrier
26844	FUSION/GRAFT OF HAND JOINT	No		0	NA	NA		Physician billing to Carrier
26850	FUSION OF KNUCKLE	No		0	NA	NA		Physician billing to Carrier
26852	FUSION OF KNUCKLE WITH GRAFT	No		0	NA	NA		Physician billing to Carrier
26860	FUSION OF FINGER JOINT	No		0	NA	NA		Physician billing to Carrier
26861	FUSION OF FINGER JNT, ADD-ON	No		0	NA	NA		Physician billing to Carrier
26862	FUSION/GRAFT OF FINGER JOINT	No		0	NA	NA		Physician billing to Carrier
26863	FUSE/GRAFT ADDED JOINT	No		0	NA	NA		Physician billing to Carrier
26910	AMPUTATE METACARPAL BONE	No		0	NA	NA		Physician billing to Carrier
26951	AMPUTATION OF FINGER/THUMB	No		0	NA	NA		Physician billing to Carrier
26952	AMPUTATION OF FINGER/THUMB	No		0	NA	NA		Physician billing to Carrier
26989	HAND/FINGER SURGERY	No		0	NA	NA		Physician billing to Carrier
26990	DRAINAGE OF PELVIS LESION	No		0	NA	NA		Physician billing to Carrier
26991	DRAINAGE OF PELVIS BURSA	No		0	NA	NA		Physician billing to Carrier
26992	DRAINAGE OF BONE LESION	No		0	NA	NA		Physician billing to Carrier
27000	INCISION OF HIP TENDON	No		0	NA	NA		Physician billing to Carrier
27001	INCISION OF HIP TENDON	No		0	NA	NA		Physician billing to Carrier
27003	INCISION OF HIP TENDON	No		058	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
27005	INCISION OF HIP TENDON	No		0	NA	NA		Physician billing to Carrier
27006	INCISION OF HIP TENDONS	No		0	NA	NA		Physician billing to Carrier
27025	INCISION OF HIP/THIGH FASCIA	No		0	NA	NA		Physician billing to Carrier
27030	DRAINAGE OF HIP JOINT	No		0	NA	NA		Physician billing to Carrier
27033	EXPLORATION OF HIP JOINT	No		0	NA	NA		Physician billing to Carrier
27035	DENERVATION OF HIP JOINT	No		0	NA	NA		Physician billing to Carrier
27036	EXCISION OF HIP JOINT/MUSCLE	No		0	NA	NA		Physician billing to Carrier
27040	BIOPSY OF SOFT TISSUES	No		0	NA	NA		Physician billing to Carrier
27041	BIOPSY OF SOFT TISSUES	No		0	NA	NA		Physician billing to Carrier
27047	REMOVE HIP/PELVIS LESION	No		0	NA	NA		Physician billing to Carrier
27048	REMOVE HIP/PELVIS LESION	No		0	NA	NA		Physician billing to Carrier
27049	REMOVE TUMOR, HIP/PELVIS	No		0	NA	NA		Physician billing to Carrier
27050	BIOPSY OF SACROILIAC JOINT	No		0	NA	NA		Physician billing to Carrier
27052	BIOPSY OF HIP JOINT	No		0	NA	NA		Physician billing to Carrier
27054	REMOVAL OF HIP JOINT LINING	No		0	NA	NA		Physician billing to Carrier
27060	REMOVAL OF ISCHIAL BURSA	No		0	NA	NA		Physician billing to Carrier
27062	REMOVE FEMUR LESION/BURSA	No		0	NA	NA		Physician billing to Carrier
27065	REMOVAL OF HIP BONE LESION	No		0	NA	NA		Physician billing to Carrier
27066	REMOVAL OF HIP BONE LESION	No		0	NA	NA		Physician billing to Carrier
27067	REMOVE/GRAFT HIP BONE LESION	No		0	NA	NA		Physician billing to Carrier
27070	PARTIAL REMOVAL OF HIP BONE	No		0	NA	NA		Physician billing to Carrier
27071	PARTIAL REMOVAL OF HIP BONE	No		0	NA	NA		Physician billing to Carrier
27075	EXTENSIVE HIP SURGERY	No		0	NA	NA		Physician billing to Carrier
27076	EXTENSIVE HIP SURGERY	No		0	NA	NA		Physician billing to Carrier
27077	EXTENSIVE HIP SURGERY	No		0	NA	NA		Physician billing to Carrier
27078	EXTENSIVE HIP SURGERY	No		0	NA	NA		Physician billing to Carrier
27079	EXTENSIVE HIP SURGERY	No		0	NA	NA		Physician billing to Carrier
27080	REMOVAL OF TAIL BONE	No		0	NA	NA		Physician billing to Carrier
27086	REMOVE HIP FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
27087	REMOVE HIP FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
27090	REMOVAL OF HIP PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
27091	REMOVAL OF HIP PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
27093	INJECTION FOR HIP X-RAY	No		0	NA	NA		Physician billing to Carrier
27095	INJECTION FOR HIP X-RAY	No		0	NA	NA		Physician billing to Carrier
27096	INJECT SACROILIAC JOINT	No		0	NA	NA		Physician billing to Carrier
27097	REVISION OF HIP TENDON	No		0	NA	NA		Physician billing to Carrier
27098	TRANSFER TENDON TO PELVIS	No		0	NA	NA		Physician billing to Carrier
27100	TRANSFER OF ABDOMINAL MUSCLE	No		0	NA	NA		Physician billing to Carrier
27105	TRANSFER OF SPINAL MUSCLE	No		0	NA	NA		Physician billing to Carrier
27110	TRANSFER OF ILIOPSOAS MUSCLE	No		0	NA	NA		Physician billing to Carrier
27111	TRANSFER OF ILIOPSOAS MUSCLE	No		0	NA	NA		Physician billing to Carrier
27120	RECONSTRUCTION OF HIP SOCKET	No		0	NA	NA		Physician billing to Carrier
27122	RECONSTRUCTION OF HIP SOCKET	No		0	NA	NA		Physician billing to Carrier
27125	PARTIAL HIP REPLACEMENT	No		059	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
27130	TOTAL HIP REPLACEMENT	No		0	NA	NA		Physician billing to Carrier
27132	TOTAL HIP REPLACEMENT	No		0	NA	NA		Physician billing to Carrier
27134	REVISE HIP JOINT REPLACEMENT	No		0	NA	NA		Physician billing to Carrier
27137	REVISE HIP JOINT REPLACEMENT	No		0	NA	NA		Physician billing to Carrier
27138	REVISE HIP JOINT REPLACEMENT	No		0	NA	NA		Physician billing to Carrier
27140	TRANSPLANT FEMUR RIDGE	No		0	NA	NA		Physician billing to Carrier
27146	INCISION OF HIP BONE	No		0	NA	NA		Physician billing to Carrier
27147	REVISION OF HIP BONE	No		0	NA	NA		Physician billing to Carrier
27151	INCISION OF HIP BONES	No		0	NA	NA		Physician billing to Carrier
27156	REVISION OF HIP BONES	No		0	NA	NA		Physician billing to Carrier
27158	REVISION OF PELVIS	No		0	NA	NA		Physician billing to Carrier
27161	INCISION OF NECK OF FEMUR	No		0	NA	NA		Physician billing to Carrier
27165	INCISION/FIXATION OF FEMUR	No		0	NA	NA		Physician billing to Carrier
27170	REPAIR/GRAFT FEMUR HEAD/NECK	No		0	NA	NA		Physician billing to Carrier
27175	TREAT SLIPPED EPIPHYSIS	No		0	NA	NA		Physician billing to Carrier
27176	TREAT SLIPPED EPIPHYSIS	No		0	NA	NA		Physician billing to Carrier
27177	TREAT SLIPPED EPIPHYSIS	No		0	NA	NA		Physician billing to Carrier
27178	TREAT SLIPPED EPIPHYSIS	No		0	NA	NA		Physician billing to Carrier
27179	REVISE HEAD/NECK OF FEMUR	No		0	NA	NA		Physician billing to Carrier
27181	TREAT SLIPPED EPIPHYSIS	No		0	NA	NA		Physician billing to Carrier
27185	REVISION OF FEMUR EPIPHYSIS	No		0	NA	NA		Physician billing to Carrier
27187	REINFORCE HIP BONES	No		0	NA	NA		Physician billing to Carrier
27193	TREAT PELVIC RING FRACTURE	No		0	NA	NA		Physician billing to Carrier
27194	TREAT PELVIC RING FRACTURE	No		0	NA	NA		Physician billing to Carrier
27200	TREAT TAIL BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27202	TREAT TAIL BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27215	TREAT PELVIC FRACTURE(S)	No		0	NA	NA		Physician billing to Carrier
27216	TREAT PELVIC RING FRACTURE	No		0	NA	NA		Physician billing to Carrier
27217	TREAT PELVIC RING FRACTURE	No		0	NA	NA		Physician billing to Carrier
27218	TREAT PELVIC RING FRACTURE	No		0	NA	NA		Physician billing to Carrier
27220	TREAT HIP SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
27222	TREAT HIP SOCKET FRACTURE	No		0	NA	NA		Physician billing to Carrier
27226	TREAT HIP WALL FRACTURE	No		0	NA	NA		Physician billing to Carrier
27227	TREAT HIP FRACTURE(S)	No		0	NA	NA		Physician billing to Carrier
27228	TREAT HIP FRACTURE(S)	No		0	NA	NA		Physician billing to Carrier
27230	TREAT THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27232	TREAT THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27235	TREAT THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27236	TREAT THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27238	TREAT THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27240	TREAT THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27244	TREAT THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27245	TREAT THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27246	TREAT THIGH FRACTURE	No		060	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
27248	TREAT THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27250	TREAT HIP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27252	TREAT HIP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27253	TREAT HIP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27254	TREAT HIP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27256	TREAT HIP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27257	TREAT HIP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27258	TREAT HIP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27259	TREAT HIP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27265	TREAT HIP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27266	TREAT HIP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27275	MANIPULATION OF HIP JOINT	No		0	NA	NA		Physician billing to Carrier
27280	FUSION OF SACROILIAC JOINT	No		0	NA	NA		Physician billing to Carrier
27282	FUSION OF PUBIC BONES	No		0	NA	NA		Physician billing to Carrier
27284	FUSION OF HIP JOINT	No		0	NA	NA		Physician billing to Carrier
27286	FUSION OF HIP JOINT	No		0	NA	NA		Physician billing to Carrier
27290	AMPUTATION OF LEG AT HIP	No		0	NA	NA		Physician billing to Carrier
27295	AMPUTATION OF LEG AT HIP	No		0	NA	NA		Physician billing to Carrier
27299	PELVIS/HIP JOINT SURGERY	No		0	NA	NA		Physician billing to Carrier
27301	DRAIN THIGH/KNEE LESION	No		0	NA	NA		Physician billing to Carrier
27303	DRAINAGE OF BONE LESION	No		0	NA	NA		Physician billing to Carrier
27305	INCISE THIGH TENDON & FASCIA	No		0	NA	NA		Physician billing to Carrier
27306	INCISION OF THIGH TENDON	No		0	NA	NA		Physician billing to Carrier
27307	INCISION OF THIGH TENDONS	No		0	NA	NA		Physician billing to Carrier
27310	EXPLORATION OF KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27315	PARTIAL REMOVAL, THIGH NERVE	No		0	NA	NA		Physician billing to Carrier
27320	PARTIAL REMOVAL, THIGH NERVE	No		0	NA	NA		Physician billing to Carrier
27323	BIOPSY, THIGH SOFT TISSUES	No		0	NA	NA		Physician billing to Carrier
27324	BIOPSY, THIGH SOFT TISSUES	No		0	NA	NA		Physician billing to Carrier
27327	REMOVAL OF THIGH LESION	No		0	NA	NA		Physician billing to Carrier
27328	REMOVAL OF THIGH LESION	No		0	NA	NA		Physician billing to Carrier
27329	REMOVE TUMOR, THIGH/KNEE	No		0	NA	NA		Physician billing to Carrier
27330	BIOPSY, KNEE JOINT LINING	No		0	NA	NA		Physician billing to Carrier
27331	EXPLORE/TREAT KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27332	REMOVAL OF KNEE CARTILAGE	No		0	NA	NA		Physician billing to Carrier
27333	REMOVAL OF KNEE CARTILAGE	No		0	NA	NA		Physician billing to Carrier
27334	REMOVE KNEE JOINT LINING	No		0	NA	NA		Physician billing to Carrier
27335	REMOVE KNEE JOINT LINING	No		0	NA	NA		Physician billing to Carrier
27340	REMOVAL OF KNEECAP BURSA	No		0	NA	NA		Physician billing to Carrier
27345	REMOVAL OF KNEE CYST	No		0	NA	NA		Physician billing to Carrier
27347	REMOVE KNEE CYST	No		0	NA	NA		Physician billing to Carrier
27350	REMOVAL OF KNEECAP	No		0	NA	NA		Physician billing to Carrier
27355	REMOVE FEMUR LESION	No		0	NA	NA		Physician billing to Carrier
27356	REMOVE FEMUR LESION/GRAFT	No		061	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
27357	REMOVE FEMUR LESION/GRAFT	No		0	NA	NA		Physician billing to Carrier
27358	REMOVE FEMUR LESION/FIXATION	No		0	NA	NA		Physician billing to Carrier
27360	PARTIAL REMOVAL, LEG BONE(S)	No		0	NA	NA		Physician billing to Carrier
27365	EXTENSIVE LEG SURGERY	No		0	NA	NA		Physician billing to Carrier
27370	INJECTION FOR KNEE X-RAY	No		0	NA	NA		Physician billing to Carrier
27372	REMOVAL OF FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
27380	REPAIR OF KNEECAP TENDON	No		0	NA	NA		Physician billing to Carrier
27381	REPAIR/GRAFT KNEECAP TENDON	No		0	NA	NA		Physician billing to Carrier
27385	REPAIR OF THIGH MUSCLE	No		0	NA	NA		Physician billing to Carrier
27386	REPAIR/GRAFT OF THIGH MUSCLE	No		0	NA	NA		Physician billing to Carrier
27390	INCISION OF THIGH TENDON	No		0	NA	NA		Physician billing to Carrier
27391	INCISION OF THIGH TENDONS	No		0	NA	NA		Physician billing to Carrier
27392	INCISION OF THIGH TENDONS	No		0	NA	NA		Physician billing to Carrier
27393	LENGTHENING OF THIGH TENDON	No		0	NA	NA		Physician billing to Carrier
27394	LENGTHENING OF THIGH TENDONS	No		0	NA	NA		Physician billing to Carrier
27395	LENGTHENING OF THIGH TENDONS	No		0	NA	NA		Physician billing to Carrier
27396	TRANSPLANT OF THIGH TENDON	No		0	NA	NA		Physician billing to Carrier
27397	TRANSPLANTS OF THIGH TENDONS	No		0	NA	NA		Physician billing to Carrier
27400	REVISE THIGH MUSCLES/TENDONS	No		0	NA	NA		Physician billing to Carrier
27403	REPAIR OF KNEE CARTILAGE	No		0	NA	NA		Physician billing to Carrier
27405	REPAIR OF KNEE LIGAMENT	No		0	NA	NA		Physician billing to Carrier
27407	REPAIR OF KNEE LIGAMENT	No		0	NA	NA		Physician billing to Carrier
27409	REPAIR OF KNEE LIGAMENTS	No		0	NA	NA		Physician billing to Carrier
27418	REPAIR DEGENERATED KNEECAP	No		0	NA	NA		Physician billing to Carrier
27420	REVISION OF UNSTABLE KNEECAP	No		0	NA	NA		Physician billing to Carrier
27422	REVISION OF UNSTABLE KNEECAP	No		0	NA	NA		Physician billing to Carrier
27424	REVISION/REMOVAL OF KNEECAP	No		0	NA	NA		Physician billing to Carrier
27425	LATERAL RETINACULAR RELEASE	No		0	NA	NA		Physician billing to Carrier
27427	RECONSTRUCTION, KNEE	No		0	NA	NA		Physician billing to Carrier
27428	RECONSTRUCTION, KNEE	No		0	NA	NA		Physician billing to Carrier
27429	RECONSTRUCTION, KNEE	No		0	NA	NA		Physician billing to Carrier
27430	REVISION OF THIGH MUSCLES	No		0	NA	NA		Physician billing to Carrier
27435	INCISION OF KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27437	REVISE KNEECAP	No		0	NA	NA		Physician billing to Carrier
27438	REVISE KNEECAP WITH IMPLANT	No		0	NA	NA		Physician billing to Carrier
27440	REVISION OF KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27441	REVISION OF KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27442	REVISION OF KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27443	REVISION OF KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27445	REVISION OF KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27446	REVISION OF KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27447	TOTAL KNEE REPLACEMENT	No		0	NA	NA		Physician billing to Carrier
27448	INCISION OF THIGH	No		0	NA	NA		Physician billing to Carrier
27450	INCISION OF THIGH	No		062	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
27454	REALIGNMENT OF THIGH BONE	No		0	NA	NA		Physician billing to Carrier
27455	REALIGNMENT OF KNEE	No		0	NA	NA		Physician billing to Carrier
27457	REALIGNMENT OF KNEE	No		0	NA	NA		Physician billing to Carrier
27465	SHORTENING OF THIGH BONE	No		0	NA	NA		Physician billing to Carrier
27466	LENGTHENING OF THIGH BONE	No		0	NA	NA		Physician billing to Carrier
27468	SHORTEN/LENGTHEN THIGHS	No		0	NA	NA		Physician billing to Carrier
27470	REPAIR OF THIGH	No		0	NA	NA		Physician billing to Carrier
27472	REPAIR/GRAFT OF THIGH	No		0	NA	NA		Physician billing to Carrier
27475	SURGERY TO STOP LEG GROWTH	No		0	NA	NA		Physician billing to Carrier
27477	SURGERY TO STOP LEG GROWTH	No		0	NA	NA		Physician billing to Carrier
27479	SURGERY TO STOP LEG GROWTH	No		0	NA	NA		Physician billing to Carrier
27485	SURGERY TO STOP LEG GROWTH	No		0	NA	NA		Physician billing to Carrier
27486	REVISE/REPLACE KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27487	REVISE/REPLACE KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27488	REMOVAL OF KNEE PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
27495	REINFORCE THIGH	No		0	NA	NA		Physician billing to Carrier
27496	DECOMPRESSION OF THIGH/KNEE	No		0	NA	NA		Physician billing to Carrier
27497	DECOMPRESSION OF THIGH/KNEE	No		0	NA	NA		Physician billing to Carrier
27498	DECOMPRESSION OF THIGH/KNEE	No		0	NA	NA		Physician billing to Carrier
27499	DECOMPRESSION OF THIGH/KNEE	No		0	NA	NA		Physician billing to Carrier
27500	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27501	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27502	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27503	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27506	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27507	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27508	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27509	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27510	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27511	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27513	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27514	TREATMENT OF THIGH FRACTURE	No		0	NA	NA		Physician billing to Carrier
27516	TREAT THIGH FX GROWTH PLATE	No		0	NA	NA		Physician billing to Carrier
27517	TREAT THIGH FX GROWTH PLATE	No		0	NA	NA		Physician billing to Carrier
27519	TREAT THIGH FX GROWTH PLATE	No		0	NA	NA		Physician billing to Carrier
27520	TREAT KNEECAP FRACTURE	No		0	NA	NA		Physician billing to Carrier
27524	TREAT KNEECAP FRACTURE	No		0	NA	NA		Physician billing to Carrier
27530	TREAT KNEE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27532	TREAT KNEE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27535	TREAT KNEE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27536	TREAT KNEE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27538	TREAT KNEE FRACTURE(S)	No		0	NA	NA		Physician billing to Carrier
27540	TREAT KNEE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27550	TREAT KNEE DISLOCATION	No		063	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
27552	TREAT KNEE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27556	TREAT KNEE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27557	TREAT KNEE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27558	TREAT KNEE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27560	TREAT KNEECAP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27562	TREAT KNEECAP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27566	TREAT KNEECAP DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27570	FIXATION OF KNEE JOINT	No		0	NA	NA		Physician billing to Carrier
27580	FUSION OF KNEE	No		0	NA	NA		Physician billing to Carrier
27590	AMPUTATE LEG AT THIGH	No		0	NA	NA		Physician billing to Carrier
27591	AMPUTATE LEG AT THIGH	No		0	NA	NA		Physician billing to Carrier
27592	AMPUTATE LEG AT THIGH	No		0	NA	NA		Physician billing to Carrier
27594	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
27596	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
27598	AMPUTATE LOWER LEG AT KNEE	No		0	NA	NA		Physician billing to Carrier
27599	LEG SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
27600	DECOMPRESSION OF LOWER LEG	No		0	NA	NA		Physician billing to Carrier
27601	DECOMPRESSION OF LOWER LEG	No		0	NA	NA		Physician billing to Carrier
27602	DECOMPRESSION OF LOWER LEG	No		0	NA	NA		Physician billing to Carrier
27603	DRAIN LOWER LEG LESION	No		0	NA	NA		Physician billing to Carrier
27604	DRAIN LOWER LEG BURSA	No		0	NA	NA		Physician billing to Carrier
27605	INCISION OF ACHILLES TENDON	No		0	NA	NA		Physician billing to Carrier
27606	INCISION OF ACHILLES TENDON	No		0	NA	NA		Physician billing to Carrier
27607	TREAT LOWER LEG BONE LESION	No		0	NA	NA		Physician billing to Carrier
27610	EXPLORE/TREAT ANKLE JOINT	No		0	NA	NA		Physician billing to Carrier
27612	EXPLORATION OF ANKLE JOINT	No		0	NA	NA		Physician billing to Carrier
27613	BIOPSY LOWER LEG SOFT TISSUE	No		0	NA	NA		Physician billing to Carrier
27614	BIOPSY LOWER LEG SOFT TISSUE	No		0	NA	NA		Physician billing to Carrier
27615	REMOVE TUMOR, LOWER LEG	No		0	NA	NA		Physician billing to Carrier
27618	REMOVE LOWER LEG LESION	No		0	NA	NA		Physician billing to Carrier
27619	REMOVE LOWER LEG LESION	No		0	NA	NA		Physician billing to Carrier
27620	EXPLORE/TREAT ANKLE JOINT	No		0	NA	NA		Physician billing to Carrier
27625	REMOVE ANKLE JOINT LINING	No		0	NA	NA		Physician billing to Carrier
27626	REMOVE ANKLE JOINT LINING	No		0	NA	NA		Physician billing to Carrier
27630	REMOVAL OF TENDON LESION	No		0	NA	NA		Physician billing to Carrier
27635	REMOVE LOWER LEG BONE LESION	No		0	NA	NA		Physician billing to Carrier
27637	REMOVE/GRAFT LEG BONE LESION	No		0	NA	NA		Physician billing to Carrier
27638	REMOVE/GRAFT LEG BONE LESION	No		0	NA	NA		Physician billing to Carrier
27640	PARTIAL REMOVAL OF TIBIA	No		0	NA	NA		Physician billing to Carrier
27641	PARTIAL REMOVAL OF FIBULA	No		0	NA	NA		Physician billing to Carrier
27645	EXTENSIVE LOWER LEG SURGERY	No		0	NA	NA		Physician billing to Carrier
27646	EXTENSIVE LOWER LEG SURGERY	No		0	NA	NA		Physician billing to Carrier
27647	EXTENSIVE ANKLE/HEEL SURGERY	No		0	NA	NA		Physician billing to Carrier
27648	INJECTION FOR ANKLE X-RAY	No		064	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
27650	REPAIR ACHILLES TENDON	No		0	NA	NA		Physician billing to Carrier
27652	REPAIR/GRAFT ACHILLES TENDON	No		0	NA	NA		Physician billing to Carrier
27654	REPAIR OF ACHILLES TENDON	No		0	NA	NA		Physician billing to Carrier
27656	REPAIR LEG FASCIA DEFECT	No		0	NA	NA		Physician billing to Carrier
27658	REPAIR OF LEG TENDON, EACH	No		0	NA	NA		Physician billing to Carrier
27659	REPAIR OF LEG TENDON, EACH	No		0	NA	NA		Physician billing to Carrier
27664	REPAIR OF LEG TENDON, EACH	No		0	NA	NA		Physician billing to Carrier
27665	REPAIR OF LEG TENDON, EACH	No		0	NA	NA		Physician billing to Carrier
27675	REPAIR LOWER LEG TENDONS	No		0	NA	NA		Physician billing to Carrier
27676	REPAIR LOWER LEG TENDONS	No		0	NA	NA		Physician billing to Carrier
27680	RELEASE OF LOWER LEG TENDON	No		0	NA	NA		Physician billing to Carrier
27681	RELEASE OF LOWER LEG TENDONS	No		0	NA	NA		Physician billing to Carrier
27685	REVISION OF LOWER LEG TENDON	No		0	NA	NA		Physician billing to Carrier
27686	REVISE LOWER LEG TENDONS	No		0	NA	NA		Physician billing to Carrier
27687	REVISION OF CALF TENDON	No		0	NA	NA		Physician billing to Carrier
27690	REVISE LOWER LEG TENDON	No		0	NA	NA		Physician billing to Carrier
27691	REVISE LOWER LEG TENDON	No		0	NA	NA		Physician billing to Carrier
27692	REVISE ADDITIONAL LEG TENDON	No		0	NA	NA		Physician billing to Carrier
27695	REPAIR OF ANKLE LIGAMENT	No		0	NA	NA		Physician billing to Carrier
27696	REPAIR OF ANKLE LIGAMENTS	No		0	NA	NA		Physician billing to Carrier
27698	REPAIR OF ANKLE LIGAMENT	No		0	NA	NA		Physician billing to Carrier
27700	REVISION OF ANKLE JOINT	No		0	NA	NA		Physician billing to Carrier
27702	RECONSTRUCT ANKLE JOINT	No		0	NA	NA		Physician billing to Carrier
27703	RECONSTRUCTION, ANKLE JOINT	No		0	NA	NA		Physician billing to Carrier
27704	REMOVAL OF ANKLE IMPLANT	No		0	NA	NA		Physician billing to Carrier
27705	INCISION OF TIBIA	No		0	NA	NA		Physician billing to Carrier
27707	INCISION OF FIBULA	No		0	NA	NA		Physician billing to Carrier
27709	INCISION OF TIBIA & FIBULA	No		0	NA	NA		Physician billing to Carrier
27712	REALIGNMENT OF LOWER LEG	No		0	NA	NA		Physician billing to Carrier
27715	REVISION OF LOWER LEG	No		0	NA	NA		Physician billing to Carrier
27720	REPAIR OF TIBIA	No		0	NA	NA		Physician billing to Carrier
27722	REPAIR/GRAFT OF TIBIA	No		0	NA	NA		Physician billing to Carrier
27724	REPAIR/GRAFT OF TIBIA	No		0	NA	NA		Physician billing to Carrier
27725	REPAIR OF LOWER LEG	No		0	NA	NA		Physician billing to Carrier
27727	REPAIR OF LOWER LEG	No		0	NA	NA		Physician billing to Carrier
27730	REPAIR OF TIBIA EPIPHYSIS	No		0	NA	NA		Physician billing to Carrier
27732	REPAIR OF FIBULA EPIPHYSIS	No		0	NA	NA		Physician billing to Carrier
27734	REPAIR LOWER LEG EPIPHYSES	No		0	NA	NA		Physician billing to Carrier
27740	REPAIR OF LEG EPIPHYSES	No		0	NA	NA		Physician billing to Carrier
27742	REPAIR OF LEG EPIPHYSES	No		0	NA	NA		Physician billing to Carrier
27745	REINFORCE TIBIA	No		0	NA	NA		Physician billing to Carrier
27750	TREATMENT OF TIBIA FRACTURE	No		0	NA	NA		Physician billing to Carrier
27752	TREATMENT OF TIBIA FRACTURE	No		0	NA	NA		Physician billing to Carrier
27756	TREATMENT OF TIBIA FRACTURE	No		065	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
27758	TREATMENT OF TIBIA FRACTURE	No		0	NA	NA		Physician billing to Carrier
27759	TREATMENT OF TIBIA FRACTURE	No		0	NA	NA		Physician billing to Carrier
27760	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27762	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27766	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27780	TREATMENT OF FIBULA FRACTURE	No		0	NA	NA		Physician billing to Carrier
27781	TREATMENT OF FIBULA FRACTURE	No		0	NA	NA		Physician billing to Carrier
27784	TREATMENT OF FIBULA FRACTURE	No		0	NA	NA		Physician billing to Carrier
27786	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27788	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27792	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27808	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27810	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27814	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27816	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27818	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27822	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27823	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
27824	TREAT LOWER LEG FRACTURE	No		0	NA	NA		Physician billing to Carrier
27825	TREAT LOWER LEG FRACTURE	No		0	NA	NA		Physician billing to Carrier
27826	TREAT LOWER LEG FRACTURE	No		0	NA	NA		Physician billing to Carrier
27827	TREAT LOWER LEG FRACTURE	No		0	NA	NA		Physician billing to Carrier
27828	TREAT LOWER LEG FRACTURE	No		0	NA	NA		Physician billing to Carrier
27829	TREAT LOWER LEG JOINT	No		0	NA	NA		Physician billing to Carrier
27830	TREAT LOWER LEG DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27831	TREAT LOWER LEG DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27832	TREAT LOWER LEG DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27840	TREAT ANKLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27842	TREAT ANKLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27846	TREAT ANKLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27848	TREAT ANKLE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
27860	FIXATION OF ANKLE JOINT	No		0	NA	NA		Physician billing to Carrier
27870	FUSION OF ANKLE JOINT	No		0	NA	NA		Physician billing to Carrier
27871	FUSION OF TIBIOFIBULAR JOINT	No		0	NA	NA		Physician billing to Carrier
27880	AMPUTATION OF LOWER LEG	No		0	NA	NA		Physician billing to Carrier
27881	AMPUTATION OF LOWER LEG	No		0	NA	NA		Physician billing to Carrier
27882	AMPUTATION OF LOWER LEG	No		0	NA	NA		Physician billing to Carrier
27884	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
27886	AMPUTATION FOLLOW-UP SURGERY	No		0	NA	NA		Physician billing to Carrier
27888	AMPUTATION OF FOOT AT ANKLE	No		0	NA	NA		Physician billing to Carrier
27889	AMPUTATION OF FOOT AT ANKLE	No		0	NA	NA		Physician billing to Carrier
27892	DECOMPRESSION OF LEG	No		0	NA	NA		Physician billing to Carrier
27893	DECOMPRESSION OF LEG	No		0	NA	NA		Physician billing to Carrier
27894	DECOMPRESSION OF LEG	No		066	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
27899	LEG/ANKLE SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
28001	DRAINAGE OF BURSA OF FOOT	No		0	NA	NA		Physician billing to Carrier
28002	TREATMENT OF FOOT INFECTION	No		0	NA	NA		Physician billing to Carrier
28003	TREATMENT OF FOOT INFECTION	No		0	NA	NA		Physician billing to Carrier
28005	TREAT FOOT BONE LESION	No		0	NA	NA		Physician billing to Carrier
28008	INCISION OF FOOT FASCIA	No		0	NA	NA		Physician billing to Carrier
28010	INCISION OF TOE TENDON	No		0	NA	NA		Physician billing to Carrier
28011	INCISION OF TOE TENDONS	No		0	NA	NA		Physician billing to Carrier
28020	EXPLORATION OF FOOT JOINT	No		0	NA	NA		Physician billing to Carrier
28022	EXPLORATION OF FOOT JOINT	No		0	NA	NA		Physician billing to Carrier
28024	EXPLORATION OF TOE JOINT	No		0	NA	NA		Physician billing to Carrier
28030	REMOVAL OF FOOT NERVE	No		0	NA	NA		Physician billing to Carrier
28035	DECOMPRESSION OF TIBIA NERVE	No		0	NA	NA		Physician billing to Carrier
28043	EXCISION OF FOOT LESION	No		0	NA	NA		Physician billing to Carrier
28045	EXCISION OF FOOT LESION	No		0	NA	NA		Physician billing to Carrier
28046	RESECTION OF TUMOR, FOOT	No		0	NA	NA		Physician billing to Carrier
28050	BIOPSY OF FOOT JOINT LINING	No		0	NA	NA		Physician billing to Carrier
28052	BIOPSY OF FOOT JOINT LINING	No		0	NA	NA		Physician billing to Carrier
28054	BIOPSY OF TOE JOINT LINING	No		0	NA	NA		Physician billing to Carrier
28060	PARTIAL REMOVAL, FOOT FASCIA	No		0	NA	NA		Physician billing to Carrier
28062	REMOVAL OF FOOT FASCIA	No		0	NA	NA		Physician billing to Carrier
28070	REMOVAL OF FOOT JOINT LINING	No		0	NA	NA		Physician billing to Carrier
28072	REMOVAL OF FOOT JOINT LINING	No		0	NA	NA		Physician billing to Carrier
28080	REMOVAL OF FOOT LESION	No		0	NA	NA		Physician billing to Carrier
28086	EXCISE FOOT TENDON SHEATH	No		0	NA	NA		Physician billing to Carrier
28088	EXCISE FOOT TENDON SHEATH	No		0	NA	NA		Physician billing to Carrier
28090	REMOVAL OF FOOT LESION	No		0	NA	NA		Physician billing to Carrier
28092	REMOVAL OF TOE LESIONS	No		0	NA	NA		Physician billing to Carrier
28100	REMOVAL OF ANKLE/HEEL LESION	No		0	NA	NA		Physician billing to Carrier
28102	REMOVE/GRAFT FOOT LESION	No		0	NA	NA		Physician billing to Carrier
28103	REMOVE/GRAFT FOOT LESION	No		0	NA	NA		Physician billing to Carrier
28104	REMOVAL OF FOOT LESION	No		0	NA	NA		Physician billing to Carrier
28106	REMOVE/GRAFT FOOT LESION	No		0	NA	NA		Physician billing to Carrier
28107	REMOVE/GRAFT FOOT LESION	No		0	NA	NA		Physician billing to Carrier
28108	REMOVAL OF TOE LESIONS	No		0	NA	NA		Physician billing to Carrier
28110	PART REMOVAL OF METATARSAL	No		0	NA	NA		Physician billing to Carrier
28111	PART REMOVAL OF METATARSAL	No		0	NA	NA		Physician billing to Carrier
28112	PART REMOVAL OF METATARSAL	No		0	NA	NA		Physician billing to Carrier
28113	PART REMOVAL OF METATARSAL	No		0	NA	NA		Physician billing to Carrier
28114	REMOVAL OF METATARSAL HEADS	No		0	NA	NA		Physician billing to Carrier
28116	REVISION OF FOOT	No		0	NA	NA		Physician billing to Carrier
28118	REMOVAL OF HEEL BONE	No		0	NA	NA		Physician billing to Carrier
28119	REMOVAL OF HEEL SPUR	No		0	NA	NA		Physician billing to Carrier
28120	PART REMOVAL OF ANKLE/HEEL	No		067	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
28122	PARTIAL REMOVAL OF FOOT BONE	No		0	NA	NA		Physician billing to Carrier
28124	PARTIAL REMOVAL OF TOE	No		0	NA	NA		Physician billing to Carrier
28126	PARTIAL REMOVAL OF TOE	No		0	NA	NA		Physician billing to Carrier
28130	REMOVAL OF ANKLE BONE	No		0	NA	NA		Physician billing to Carrier
28140	REMOVAL OF METATARSAL	No		0	NA	NA		Physician billing to Carrier
28150	REMOVAL OF TOE	No		0	NA	NA		Physician billing to Carrier
28153	PARTIAL REMOVAL OF TOE	No		0	NA	NA		Physician billing to Carrier
28160	PARTIAL REMOVAL OF TOE	No		0	NA	NA		Physician billing to Carrier
28171	EXTENSIVE FOOT SURGERY	No		0	NA	NA		Physician billing to Carrier
28173	EXTENSIVE FOOT SURGERY	No		0	NA	NA		Physician billing to Carrier
28175	EXTENSIVE FOOT SURGERY	No		0	NA	NA		Physician billing to Carrier
28190	REMOVAL OF FOOT FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
28192	REMOVAL OF FOOT FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
28193	REMOVAL OF FOOT FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
28200	REPAIR OF FOOT TENDON	No		0	NA	NA		Physician billing to Carrier
28202	REPAIR/GRAFT OF FOOT TENDON	No		0	NA	NA		Physician billing to Carrier
28208	REPAIR OF FOOT TENDON	No		0	NA	NA		Physician billing to Carrier
28210	REPAIR/GRAFT OF FOOT TENDON	No		0	NA	NA		Physician billing to Carrier
28220	RELEASE OF FOOT TENDON	No		0	NA	NA		Physician billing to Carrier
28222	RELEASE OF FOOT TENDONS	No		0	NA	NA		Physician billing to Carrier
28225	RELEASE OF FOOT TENDON	No		0	NA	NA		Physician billing to Carrier
28226	RELEASE OF FOOT TENDONS	No		0	NA	NA		Physician billing to Carrier
28230	INCISION OF FOOT TENDON(S)	No		0	NA	NA		Physician billing to Carrier
28232	INCISION OF TOE TENDON	No		0	NA	NA		Physician billing to Carrier
28234	INCISION OF FOOT TENDON	No		0	NA	NA		Physician billing to Carrier
28238	REVISION OF FOOT TENDON	No		0	NA	NA		Physician billing to Carrier
28240	RELEASE OF BIG TOE	No		0	NA	NA		Physician billing to Carrier
28250	REVISION OF FOOT FASCIA	No		0	NA	NA		Physician billing to Carrier
28260	RELEASE OF MIDFOOT JOINT	No		0	NA	NA		Physician billing to Carrier
28261	REVISION OF FOOT TENDON	No		0	NA	NA		Physician billing to Carrier
28262	REVISION OF FOOT AND ANKLE	No		0	NA	NA		Physician billing to Carrier
28264	RELEASE OF MIDFOOT JOINT	No		0	NA	NA		Physician billing to Carrier
28270	RELEASE OF FOOT CONTRACTURE	No		0	NA	NA		Physician billing to Carrier
28272	RELEASE OF TOE JOINT, EACH	No		0	NA	NA		Physician billing to Carrier
28280	FUSION OF TOES	No		0	NA	NA		Physician billing to Carrier
28285	REPAIR OF HAMMERTOE	No		0	NA	NA		Physician billing to Carrier
28286	REPAIR OF HAMMERTOE	No		0	NA	NA		Physician billing to Carrier
28288	PARTIAL REMOVAL OF FOOT BONE	No		0	NA	NA		Physician billing to Carrier
28289	REPAIR HALLUX RIGIDUS	No		0	NA	NA		Physician billing to Carrier
28290	CORRECTION OF BUNION	No		0	NA	NA		Physician billing to Carrier
28292	CORRECTION OF BUNION	No		0	NA	NA		Physician billing to Carrier
28293	CORRECTION OF BUNION	No		0	NA	NA		Physician billing to Carrier
28294	CORRECTION OF BUNION	No		0	NA	NA		Physician billing to Carrier
28296	CORRECTION OF BUNION	No		068	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
28297	CORRECTION OF BUNION	No		0	NA	NA		Physician billing to Carrier
28298	CORRECTION OF BUNION	No		0	NA	NA		Physician billing to Carrier
28299	CORRECTION OF BUNION	No		0	NA	NA		Physician billing to Carrier
28300	INCISION OF HEEL BONE	No		0	NA	NA		Physician billing to Carrier
28302	INCISION OF ANKLE BONE	No		0	NA	NA		Physician billing to Carrier
28304	INCISION OF MIDFOOT BONES	No		0	NA	NA		Physician billing to Carrier
28305	INCISE/GRAFT MIDFOOT BONES	No		0	NA	NA		Physician billing to Carrier
28306	INCISION OF METATARSAL	No		0	NA	NA		Physician billing to Carrier
28307	INCISION OF METATARSAL	No		0	NA	NA		Physician billing to Carrier
28308	INCISION OF METATARSAL	No		0	NA	NA		Physician billing to Carrier
28309	INCISION OF METATARSALS	No		0	NA	NA		Physician billing to Carrier
28310	REVISION OF BIG TOE	No		0	NA	NA		Physician billing to Carrier
28312	REVISION OF TOE	No		0	NA	NA		Physician billing to Carrier
28313	REPAIR DEFORMITY OF TOE	No		0	NA	NA		Physician billing to Carrier
28315	REMOVAL OF SESAMOID BONE	No		0	NA	NA		Physician billing to Carrier
28320	REPAIR OF FOOT BONES	No		0	NA	NA		Physician billing to Carrier
28322	REPAIR OF METATARSALS	No		0	NA	NA		Physician billing to Carrier
28340	RESECT ENLARGED TOE TISSUE	No		0	NA	NA		Physician billing to Carrier
28341	RESECT ENLARGED TOE	No		0	NA	NA		Physician billing to Carrier
28344	REPAIR EXTRA TOE(S)	No		0	NA	NA		Physician billing to Carrier
28345	REPAIR WEBBED TOE(S)	No		0	NA	NA		Physician billing to Carrier
28360	RECONSTRUCT CLEFT FOOT	No		0	NA	NA		Physician billing to Carrier
28400	TREATMENT OF HEEL FRACTURE	No		0	NA	NA		Physician billing to Carrier
28405	TREATMENT OF HEEL FRACTURE	No		0	NA	NA		Physician billing to Carrier
28406	TREATMENT OF HEEL FRACTURE	No		0	NA	NA		Physician billing to Carrier
28415	TREAT HEEL FRACTURE	No		0	NA	NA		Physician billing to Carrier
28420	TREAT/GRAFT HEEL FRACTURE	No		0	NA	NA		Physician billing to Carrier
28430	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28435	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28436	TREATMENT OF ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28445	TREAT ANKLE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28450	TREAT MIDFOOT FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
28455	TREAT MIDFOOT FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
28456	TREAT MIDFOOT FRACTURE	No		0	NA	NA		Physician billing to Carrier
28465	TREAT MIDFOOT FRACTURE, EACH	No		0	NA	NA		Physician billing to Carrier
28470	TREAT METATARSAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
28475	TREAT METATARSAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
28476	TREAT METATARSAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
28485	TREAT METATARSAL FRACTURE	No		0	NA	NA		Physician billing to Carrier
28490	TREAT BIG TOE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28495	TREAT BIG TOE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28496	TREAT BIG TOE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28505	TREAT BIG TOE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28510	TREATMENT OF TOE FRACTURE	No		0 69	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
28515	TREATMENT OF TOE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28525	TREAT TOE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28530	TREAT SESAMOID BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28531	TREAT SESAMOID BONE FRACTURE	No		0	NA	NA		Physician billing to Carrier
28540	TREAT FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28545	TREAT FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28546	TREAT FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28555	REPAIR FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28570	TREAT FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28575	TREAT FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28576	TREAT FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28585	REPAIR FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28600	TREAT FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28605	TREAT FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28606	TREAT FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28615	REPAIR FOOT DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28630	TREAT TOE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28635	TREAT TOE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28636	TREAT TOE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28645	REPAIR TOE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28660	TREAT TOE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28665	TREAT TOE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28666	TREAT TOE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28675	REPAIR OF TOE DISLOCATION	No		0	NA	NA		Physician billing to Carrier
28705	FUSION OF FOOT BONES	No		0	NA	NA		Physician billing to Carrier
28715	FUSION OF FOOT BONES	No		0	NA	NA		Physician billing to Carrier
28725	FUSION OF FOOT BONES	No		0	NA	NA		Physician billing to Carrier
28730	FUSION OF FOOT BONES	No		0	NA	NA		Physician billing to Carrier
28735	FUSION OF FOOT BONES	No		0	NA	NA		Physician billing to Carrier
28737	REVISION OF FOOT BONES	No		0	NA	NA		Physician billing to Carrier
28740	FUSION OF FOOT BONES	No		0	NA	NA		Physician billing to Carrier
28750	FUSION OF BIG TOE JOINT	No		0	NA	NA		Physician billing to Carrier
28755	FUSION OF BIG TOE JOINT	No		0	NA	NA		Physician billing to Carrier
28760	FUSION OF BIG TOE JOINT	No		0	NA	NA		Physician billing to Carrier
28800	AMPUTATION OF MIDFOOT	No		0	NA	NA		Physician billing to Carrier
28805	AMPUTATION THRU METATARSAL	No		0	NA	NA		Physician billing to Carrier
28810	AMPUTATION TOE & METATARSAL	No		0	NA	NA		Physician billing to Carrier
28820	AMPUTATION OF TOE	No		0	NA	NA		Physician billing to Carrier
28825	PARTIAL AMPUTATION OF TOE	No		0	NA	NA		Physician billing to Carrier
28899	FOOT/TOES SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
29000	APPLICATION OF BODY CAST	No		0	NA	NA		Physician billing to Carrier
29010	APPLICATION OF BODY CAST	No		0	NA	NA		Physician billing to Carrier
29015	APPLICATION OF BODY CAST	No		0	NA	NA		Physician billing to Carrier
29020	APPLICATION OF BODY CAST	No		070	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
29025	APPLICATION OF BODY CAST	No		0	NA	NA		Physician billing to Carrier
29035	APPLICATION OF BODY CAST	No		0	NA	NA		Physician billing to Carrier
29040	APPLICATION OF BODY CAST	No		0	NA	NA		Physician billing to Carrier
29044	APPLICATION OF BODY CAST	No		0	NA	NA		Physician billing to Carrier
29046	APPLICATION OF BODY CAST	No		0	NA	NA		Physician billing to Carrier
29049	APPLICATION OF FIGURE EIGHT	No		0	NA	NA		Physician billing to Carrier
29055	APPLICATION OF SHOULDER CAST	No		0	NA	NA		Physician billing to Carrier
29058	APPLICATION OF SHOULDER CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29065	APPLICATION OF LONG ARM CAST	Yes		0	NA	NA		Physician billing to Carrier
29075	APPLICATION OF FOREARM CAST	Yes		0	NA	NA		Physician billing to Carrier
29085	APPLY HAND/WRIST CAST	Yes		0	NA	NA		Physician billing to Carrier
29105	APPLY LONG ARM SPLINT	Yes		0	NA	NA		Physician billing to Carrier
29125	APPLY FOREARM SPLINT	Yes		0	NA	NA		Physician billing to Carrier
29126	APPLY FOREARM SPLINT	Yes		0	NA	NA		Physician billing to Carrier
29130	APPLICATION OF FINGER SPLINT	Yes		0	NA	NA		Physician billing to Carrier
29131	APPLICATION OF FINGER SPLINT	Yes		0	NA	NA		Physician billing to Carrier
29200	STRAPPING OF CHEST	Yes		0	NA	NA		Physician billing to Carrier
29220	STRAPPING OF LOW BACK	Yes		0	NA	NA		Physician billing to Carrier
29240	STRAPPING OF SHOULDER	Yes		0	NA	NA		Physician billing to Carrier
29260	STRAPPING OF ELBOW OR WRIST	Yes		0	NA	NA		Physician billing to Carrier
29280	STRAPPING OF HAND OR FINGER	Yes		0	NA	NA		Physician billing to Carrier
29305	APPLICATION OF HIP CAST	No		0	NA	NA		Physician billing to Carrier
29325	APPLICATION OF HIP CASTS	No		0	NA	NA		Physician billing to Carrier
29345	APPLICATION OF LONG LEG CAST	Yes	SNF 516 SNF 532	0	NA	NA		Physician billing to Carrier
29355	APPLICATION OF LONG LEG CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29358	APPLY LONG LEG CAST BRACE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29365	APPLICATION OF LONG LEG CAST	Yes	SNF 516 SNF 532	0	NA	NA		Physician billing to Carrier
29405	APPLY SHORT LEG CAST	Yes	SNF 516 SNF 532	0	NA	NA		Physician billing to Carrier
29425	APPLY SHORT LEG CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29435	APPLY SHORT LEG CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29440	ADDITION OF WALKER TO CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29445	APPLY RIGID LEG CAST	Yes	SNF 516 SNF 532	0	NA	NA		Physician billing to Carrier
29450	APPLICATION OF LEG CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29505	APPLICATION, LONG LEG SPLINT	Yes	SNF 516 SNF 532	0	NA	NA		Physician billing to Carrier
29515	APPLICATION LOWER LEG SPLINT	Yes	SNF 516 SNF 532	0	NA	NA		Physician billing to Carrier
29540	STRAPPING OF ANKLE	Yes	SNF 516 SNF 532	0	NA	NA		Physician billing to Carrier
29550	STRAPPING OF TOES	Yes	SNF 516 SNF 532	0	NA	NA		Physician billing to Carrier
29580	APPLICATION OF PASTE BOOT	Yes	SNF 516 SNF 532	0	NA	NA		Physician billing to Carrier
29590	APPLICATION OF FOOT SPLINT	Yes	SNF 516 SNF 532	0	NA	NA		Physician billing to Carrier
29700	REMOVAL/REVISION OF CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29705	REMOVAL/REVISION OF CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29710	REMOVAL/REVISION OF CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29715	REMOVAL/REVISION OF CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29720	REPAIR OF BODY CAST	Yes	SNF 516	0 71	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
29730	WINDOWING OF CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29740	WEDGING OF CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29750	WEDGING OF CLUBFOOT CAST	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29799	CASTING/STRAPPING PROCEDURE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
29800	JAW ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29804	JAW ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29815	SHOULDER ARTHROSCOPY	No		0	NA	NA		Physician billing to Carrier
29819	SHOULDER ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29820	SHOULDER ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29821	SHOULDER ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29822	SHOULDER ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29823	SHOULDER ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29825	SHOULDER ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29826	SHOULDER ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29830	ELBOW ARTHROSCOPY	No		0	NA	NA		Physician billing to Carrier
29834	ELBOW ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29835	ELBOW ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29836	ELBOW ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29837	ELBOW ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29838	ELBOW ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29840	WRIST ARTHROSCOPY	No		0	NA	NA		Physician billing to Carrier
29843	WRIST ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29844	WRIST ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29845	WRIST ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29846	WRIST ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29847	WRIST ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29848	WRIST ENDOSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29850	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29851	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29855	TIBIAL ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29856	TIBIAL ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29860	HIP ARTHROSCOPY, DX	No		0	NA	NA		Physician billing to Carrier
29861	HIP ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29862	HIP ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29863	HIP ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29870	KNEE ARTHROSCOPY, DX	No		0	NA	NA		Physician billing to Carrier
29871	KNEE ARTHROSCOPY/DRAINAGE	No		0	NA	NA		Physician billing to Carrier
29874	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29875	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29876	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29877	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29879	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29880	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29881	KNEE ARTHROSCOPY/SURGERY	No		072	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
29882	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29883	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29884	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29885	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29886	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29887	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29888	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29889	KNEE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29891	ANKLE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29892	ANKLE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29893	SCOPE, PLANTAR FASCIOTOMY	No		0	NA	NA		Physician billing to Carrier
29894	ANKLE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29895	ANKLE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29897	ANKLE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29898	ANKLE ARTHROSCOPY/SURGERY	No		0	NA	NA		Physician billing to Carrier
29909	ARTHROSCOPY OF JOINT	No		0	NA	NA		Physician billing to Carrier
30000	DRAINAGE OF NOSE LESION	No		0	NA	NA		Physician billing to Carrier
30020	DRAINAGE OF NOSE LESION	No		0	NA	NA		Physician billing to Carrier
30100	INTRANASAL BIOPSY	No		0	NA	NA		Physician billing to Carrier
30110	REMOVAL OF NOSE POLYP(S)	No		0	NA	NA		Physician billing to Carrier
30115	REMOVAL OF NOSE POLYP(S)	No		0	NA	NA		Physician billing to Carrier
30117	REMOVAL OF INTRANASAL LESION	No		0	NA	NA		Physician billing to Carrier
30118	REMOVAL OF INTRANASAL LESION	No		0	NA	NA		Physician billing to Carrier
30120	REVISION OF NOSE	No		0	NA	NA		Physician billing to Carrier
30124	REMOVAL OF NOSE LESION	No		0	NA	NA		Physician billing to Carrier
30125	REMOVAL OF NOSE LESION	No		0	NA	NA		Physician billing to Carrier
30130	REMOVAL OF TURBINATE BONES	No		0	NA	NA		Physician billing to Carrier
30140	REMOVAL OF TURBINATE BONES	No		0	NA	NA		Physician billing to Carrier
30150	PARTIAL REMOVAL OF NOSE	No		0	NA	NA		Physician billing to Carrier
30160	REMOVAL OF NOSE	No		0	NA	NA		Physician billing to Carrier
30200	INJECTION TREATMENT OF NOSE	No		0	NA	NA		Physician billing to Carrier
30210	NASAL SINUS THERAPY	No		0	NA	NA		Physician billing to Carrier
30220	INSERT NASAL SEPTAL BUTTON	No		0	NA	NA		Physician billing to Carrier
30300	REMOVE NASAL FOREIGN BODY	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
30310	REMOVE NASAL FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
30320	REMOVE NASAL FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
30400	RECONSTRUCTION OF NOSE	No		0	NA	NA		Physician billing to Carrier
30410	RECONSTRUCTION OF NOSE	No		0	NA	NA		Physician billing to Carrier
30420	RECONSTRUCTION OF NOSE	No	MCM 2329	0	NA	NA		Physician billing to Carrier
30430	REVISION OF NOSE	No	MCM 2329	0	NA	NA		Physician billing to Carrier
30435	REVISION OF NOSE	No	MCM 2329	0	NA	NA		Physician billing to Carrier
30450	REVISION OF NOSE	No	MCM 2329	0	NA	NA		Physician billing to Carrier
30460	REVISION OF NOSE	No		0	NA	NA		Physician billing to Carrier
30462	REVISION OF NOSE	No		073	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
30465	REPAIR NASAL STENOSIS	No		0	NA	NA		Physician billing to Carrier
30520	REPAIR OF NASAL SEPTUM	No		0	NA	NA		Physician billing to Carrier
30540	REPAIR NASAL DEFECT	No		0	NA	NA		Physician billing to Carrier
30545	REPAIR NASAL DEFECT	No		0	NA	NA		Physician billing to Carrier
30560	RELEASE OF NASAL ADHESIONS	No		0	NA	NA		Physician billing to Carrier
30580	REPAIR UPPER JAW FISTULA	No		0	NA	NA		Physician billing to Carrier
30600	REPAIR MOUTH/NOSE FISTULA	No		0	NA	NA		Physician billing to Carrier
30620	INTRANASAL RECONSTRUCTION	No		0	NA	NA		Physician billing to Carrier
30630	REPAIR NASAL SEPTUM DEFECT	No		0	NA	NA		Physician billing to Carrier
30801	CAUTERIZATION, INNER NOSE	No		0	NA	NA		Physician billing to Carrier
30802	CAUTERIZATION, INNER NOSE	No		0	NA	NA		Physician billing to Carrier
30901	CONTROL OF NOSEBLEED	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
30903	CONTROL OF NOSEBLEED	No		0	NA	NA		Physician billing to Carrier
30905	CONTROL OF NOSEBLEED	No		0	NA	NA		Physician billing to Carrier
30906	REPEAT CONTROL OF NOSEBLEED	No		0	NA	NA		Physician billing to Carrier
30915	LIGATION, NASAL SINUS ARTERY	No		0	NA	NA		Physician billing to Carrier
30920	LIGATION, UPPER JAW ARTERY	No		0	NA	NA		Physician billing to Carrier
30930	THERAPY, FRACTURE OF NOSE	No		0	NA	NA		Physician billing to Carrier
30999	NASAL SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
31000	IRRIGATION, MAXILLARY SINUS	No		0	NA	NA		Physician billing to Carrier
31002	IRRIGATION, SPHENOID SINUS	No		0	NA	NA		Physician billing to Carrier
31020	EXPLORATION, MAXILLARY SINUS	No		0	NA	NA		Physician billing to Carrier
31030	EXPLORATION, MAXILLARY SINUS	No		0	NA	NA		Physician billing to Carrier
31032	EXPLORE SINUS,REMOVE POLYPS	No		0	NA	NA		Physician billing to Carrier
31040	EXPLORATION BEHIND UPPER JAW	No		0	NA	NA		Physician billing to Carrier
31050	EXPLORATION, SPHENOID SINUS	No		0	NA	NA		Physician billing to Carrier
31051	SPHENOID SINUS SURGERY	No		0	NA	NA		Physician billing to Carrier
31070	EXPLORATION OF FRONTAL SINUS	No		0	NA	NA		Physician billing to Carrier
31075	EXPLORATION OF FRONTAL SINUS	No		0	NA	NA		Physician billing to Carrier
31080	REMOVAL OF FRONTAL SINUS	No		0	NA	NA		Physician billing to Carrier
31081	REMOVAL OF FRONTAL SINUS	No		0	NA	NA		Physician billing to Carrier
31084	REMOVAL OF FRONTAL SINUS	No		0	NA	NA		Physician billing to Carrier
31085	REMOVAL OF FRONTAL SINUS	No		0	NA	NA		Physician billing to Carrier
31086	REMOVAL OF FRONTAL SINUS	No		0	NA	NA		Physician billing to Carrier
31087	REMOVAL OF FRONTAL SINUS	No		0	NA	NA		Physician billing to Carrier
31090	EXPLORATION OF SINUSES	No		0	NA	NA		Physician billing to Carrier
31200	REMOVAL OF ETHMOID SINUS	No		0	NA	NA		Physician billing to Carrier
31201	REMOVAL OF ETHMOID SINUS	No		0	NA	NA		Physician billing to Carrier
31205	REMOVAL OF ETHMOID SINUS	No		0	NA	NA		Physician billing to Carrier
31225	REMOVAL OF UPPER JAW	No		0	NA	NA		Physician billing to Carrier
31230	REMOVAL OF UPPER JAW	No		0	NA	NA		Physician billing to Carrier
31231	NASAL ENDOSCOPY, DX	No		0	NA	NA		Physician billing to Carrier
31233	NASAL/SINUS ENDOSCOPY, DX	No		0	NA	NA		Physician billing to Carrier
31235	NASAL/SINUS ENDOSCOPY, DX	No		074	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
31237	NASAL/SINUS ENDOSCOPY, SURG	No		0	NA	NA		Physician billing to Carrier
31238	NASAL/SINUS ENDOSCOPY, SURG	No		0	NA	NA		Physician billing to Carrier
31239	NASAL/SINUS ENDOSCOPY, SURG	No		0	NA	NA		Physician billing to Carrier
31240	NASAL/SINUS ENDOSCOPY, SURG	No		0	NA	NA		Physician billing to Carrier
31254	REVISION OF ETHMOID SINUS	No		0	NA	NA		Physician billing to Carrier
31255	REMOVAL OF ETHMOID SINUS	No		0	NA	NA		Physician billing to Carrier
31256	EXPLORATION MAXILLARY SINUS	No		0	NA	NA		Physician billing to Carrier
31267	ENDOSCOPY, MAXILLARY SINUS	No		0	NA	NA		Physician billing to Carrier
31276	SINUS ENDOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
31287	NASAL/SINUS ENDOSCOPY, SURG	No		0	NA	NA		Physician billing to Carrier
31288	NASAL/SINUS ENDOSCOPY, SURG	No		0	NA	NA		Physician billing to Carrier
31290	NASAL/SINUS ENDOSCOPY, SURG	No		0	NA	NA		Physician billing to Carrier
31291	NASAL/SINUS ENDOSCOPY, SURG	No		0	NA	NA		Physician billing to Carrier
31292	NASAL/SINUS ENDOSCOPY, SURG	No		0	NA	NA		Physician billing to Carrier
31293	NASAL/SINUS ENDOSCOPY, SURG	No		0	NA	NA		Physician billing to Carrier
31294	NASAL/SINUS ENDOSCOPY, SURG	No		0	NA	NA		Physician billing to Carrier
31299	SINUS SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
31300	REMOVAL OF LARYNX LESION	No		0	NA	NA		Physician billing to Carrier
31320	DIAGNOSTIC INCISION, LARYNX	No		0	NA	NA		Physician billing to Carrier
31360	REMOVAL OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31365	REMOVAL OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31367	PARTIAL REMOVAL OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31368	PARTIAL REMOVAL OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31370	PARTIAL REMOVAL OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31375	PARTIAL REMOVAL OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31380	PARTIAL REMOVAL OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31382	PARTIAL REMOVAL OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31390	REMOVAL OF LARYNX & PHARYNX	No		0	NA	NA		Physician billing to Carrier
31395	RECONSTRUCT LARYNX & PHARYNX	No		0	NA	NA		Physician billing to Carrier
31400	REVISION OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31420	REMOVAL OF EPIGLOTTIS	No		0	NA	NA		Physician billing to Carrier
31500	INSERT EMERGENCY AIRWAY	No		0	NA	NA		Physician billing to Carrier
31502	CHANGE OF WINDPIPE AIRWAY	No		0	NA	NA		Physician billing to Carrier
31505	DIAGNOSTIC LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31510	LARYNGOSCOPY WITH BIOPSY	No		0	NA	NA		Physician billing to Carrier
31511	REMOVE FOREIGN BODY, LARYNX	No		0	NA	NA		Physician billing to Carrier
31512	REMOVAL OF LARYNX LESION	No		0	NA	NA		Physician billing to Carrier
31513	INJECTION INTO VOCAL CORD	No		0	NA	NA		Physician billing to Carrier
31515	LARYNGOSCOPY FOR ASPIRATION	No		0	NA	NA		Physician billing to Carrier
31520	DIAGNOSTIC LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31525	DIAGNOSTIC LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31526	DIAGNOSTIC LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31527	LARYNGOSCOPY FOR TREATMENT	No		0	NA	NA		Physician billing to Carrier
31528	LARYNGOSCOPY AND DILATATION	No		075	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
31529	LARYNGOSCOPY AND DILATATION	No		0	NA	NA		Physician billing to Carrier
31530	OPERATIVE LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31531	OPERATIVE LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31535	OPERATIVE LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31536	OPERATIVE LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31540	OPERATIVE LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31541	OPERATIVE LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31560	OPERATIVE LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31561	OPERATIVE LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31570	LARYNGOSCOPY WITH INJECTION	No		0	NA	NA		Physician billing to Carrier
31571	LARYNGOSCOPY WITH INJECTION	No		0	NA	NA		Physician billing to Carrier
31575	DIAGNOSTIC LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31576	LARYNGOSCOPY WITH BIOPSY	No		0	NA	NA		Physician billing to Carrier
31577	REMOVE FOREIGN BODY, LARYNX	No		0	NA	NA		Physician billing to Carrier
31578	REMOVAL OF LARYNX LESION	No		0	NA	NA		Physician billing to Carrier
31579	DIAGNOSTIC LARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
31580	REVISION OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31582	REVISION OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31584	TREAT LARYNX FRACTURE	No		0	NA	NA		Physician billing to Carrier
31585	TREAT LARYNX FRACTURE	No		0	NA	NA		Physician billing to Carrier
31586	TREAT LARYNX FRACTURE	No		0	NA	NA		Physician billing to Carrier
31587	REVISION OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31588	REVISION OF LARYNX	No		0	NA	NA		Physician billing to Carrier
31590	REINNERVATE LARYNX	No		0	NA	NA		Physician billing to Carrier
31595	LARYNX NERVE SURGERY	No		0	NA	NA		Physician billing to Carrier
31599	LARYNX SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
31600	INCISION OF WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31601	INCISION OF WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31603	INCISION OF WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31605	INCISION OF WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31610	INCISION OF WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31611	SURGERY/SPEECH PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
31612	PUNCTURE/CLEAR WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31613	REPAIR WINDPIPE OPENING	No		0	NA	NA		Physician billing to Carrier
31614	REPAIR WINDPIPE OPENING	No		0	NA	NA		Physician billing to Carrier
31615	VISUALIZATION OF WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31622	DX BRONCHOSCOPE/WASH	No		0	NA	NA		Physician billing to Carrier
31623	DX BRONCHOSCOPE/BRUSH	No		0	NA	NA		Physician billing to Carrier
31624	DX BRONCHOSCOPE/LAVAGE	No		0	NA	NA		Physician billing to Carrier
31625	BRONCHOSCOPY WITH BIOPSY	No		0	NA	NA		Physician billing to Carrier
31628	BRONCHOSCOPY WITH BIOPSY	No		0	NA	NA		Physician billing to Carrier
31629	BRONCHOSCOPY WITH BIOPSY	No		0	NA	NA		Physician billing to Carrier
31630	BRONCHOSCOPY WITH REPAIR	No		0	NA	NA		Physician billing to Carrier
31631	BRONCHOSCOPY WITH DILATION	No		076	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
31635	REMOVE FOREIGN BODY, AIRWAY	No		0	NA	NA		Physician billing to Carrier
31640	BRONCHOSCOPY & REMOVE LESION	No		0	NA	NA		Physician billing to Carrier
31641	BRONCHOSCOPY, TREAT BLOCKAGE	No		0	NA	NA		Physician billing to Carrier
31643	DIAG BRONCHOSCOPE/CATHETER	No		0	NA	NA		Physician billing to Carrier
31645	BRONCHOSCOPY, CLEAR AIRWAYS	No		0	NA	NA		Physician billing to Carrier
31646	BRONCHOSCOPY, RECLEAR AIRWAY	No		0	NA	NA		Physician billing to Carrier
31656	BRONCHOSCOPY, INJ FOR XRAY	No		0	NA	NA		Physician billing to Carrier
31700	INSERTION OF AIRWAY CATHETER	No		0	NA	NA		Physician billing to Carrier
31708	INSTILL AIRWAY CONTRAST DYE	No		0	NA	NA		Physician billing to Carrier
31710	INSERTION OF AIRWAY CATHETER	No		0	NA	NA		Physician billing to Carrier
31715	INJECTION FOR BRONCHUS X-RAY	No		0	NA	NA		Physician billing to Carrier
31717	BRONCHIAL BRUSH BIOPSY	No		0	NA	NA		Physician billing to Carrier
31720	CLEARANCE OF AIRWAYS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
31725	CLEARANCE OF AIRWAYS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
31730	INTRO, WINDPIPE WIRE/TUBE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
31750	REPAIR OF WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31755	REPAIR OF WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31760	REPAIR OF WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31766	RECONSTRUCTION OF WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31770	REPAIR/GRAFT OF BRONCHUS	No		0	NA	NA		Physician billing to Carrier
31775	RECONSTRUCT BRONCHUS	No		0	NA	NA		Physician billing to Carrier
31780	RECONSTRUCT WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31781	RECONSTRUCT WINDPIPE	No		0	NA	NA		Physician billing to Carrier
31785	REMOVE WINDPIPE LESION	No		0	NA	NA		Physician billing to Carrier
31786	REMOVE WINDPIPE LESION	No		0	NA	NA		Physician billing to Carrier
31800	REPAIR OF WINDPIPE INJURY	No		0	NA	NA		Physician billing to Carrier
31805	REPAIR OF WINDPIPE INJURY	No		0	NA	NA		Physician billing to Carrier
31820	CLOSURE OF WINDPIPE LESION	No		0	NA	NA		Physician billing to Carrier
31825	REPAIR OF WINDPIPE DEFECT	No		0	NA	NA		Physician billing to Carrier
31830	REVISE WINDPIPE SCAR	No		0	NA	NA		Physician billing to Carrier
31899	AIRWAYS SURGICAL PROCEDURE	No		0	NA	NA		Physician billing to Carrier
32000	DRAINAGE OF CHEST	No		0	NA	NA		Physician billing to Carrier
32002	TREATMENT OF COLLAPSED LUNG	No		0	NA	NA		Physician billing to Carrier
32005	TREAT LUNG LINING CHEMICALLY	No		0	NA	NA		Physician billing to Carrier
32020	INSERTION OF CHEST TUBE	No		0	NA	NA		Physician billing to Carrier
32035	EXPLORATION OF CHEST	No		0	NA	NA		Physician billing to Carrier
32036	EXPLORATION OF CHEST	No		0	NA	NA		Physician billing to Carrier
32095	BIOPSY THROUGH CHEST WALL	No		0	NA	NA		Physician billing to Carrier
32100	EXPLORATION/BIOPSY OF CHEST	No		0	NA	NA		Physician billing to Carrier
32110	EXPLORE/REPAIR CHEST	No		0	NA	NA		Physician billing to Carrier
32120	RE-EXPLORATION OF CHEST	No		0	NA	NA		Physician billing to Carrier
32124	EXPLORE CHEST FREE ADHESIONS	No		0	NA	NA		Physician billing to Carrier
32140	REMOVAL OF LUNG LESION(S)	No		0	NA	NA		Physician billing to Carrier
32141	REMOVE/TREAT LUNG LESIONS	No		077	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
32150	REMOVAL OF LUNG LESION(S)	No		0	NA	NA		Physician billing to Carrier
32151	REMOVE LUNG FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
32160	OPEN CHEST HEART MASSAGE	No		0	NA	NA		Physician billing to Carrier
32200	DRAIN, OPEN, LUNG LESION	No		0	NA	NA		Physician billing to Carrier
32201	DRAIN, PERCUT, LUNG LESION	No		0	NA	NA		Physician billing to Carrier
32215	TREAT CHEST LINING	No		0	NA	NA		Physician billing to Carrier
32220	RELEASE OF LUNG	No		0	NA	NA		Physician billing to Carrier
32225	PARTIAL RELEASE OF LUNG	No		0	NA	NA		Physician billing to Carrier
32310	REMOVAL OF CHEST LINING	No		0	NA	NA		Physician billing to Carrier
32320	FREE/REMOVE CHEST LINING	No		0	NA	NA		Physician billing to Carrier
32400	NEEDLE BIOPSY CHEST LINING	No		0	NA	NA		Physician billing to Carrier
32402	OPEN BIOPSY CHEST LINING	No		0	NA	NA		Physician billing to Carrier
32405	BIOPSY, LUNG OR MEDIASTINUM	No		0	NA	NA		Physician billing to Carrier
32420	PUNCTURE/CLEAR LUNG	No		0	NA	NA		Physician billing to Carrier
32440	REMOVAL OF LUNG	No		0	NA	NA		Physician billing to Carrier
32442	SLEEVE PNEUMONECTOMY	No		0	NA	NA		Physician billing to Carrier
32445	REMOVAL OF LUNG	No		0	NA	NA		Physician billing to Carrier
32480	PARTIAL REMOVAL OF LUNG	No		0	NA	NA		Physician billing to Carrier
32482	BILOBECTOMY	No		0	NA	NA		Physician billing to Carrier
32484	SEGMENTECTOMY	No		0	NA	NA		Physician billing to Carrier
32486	SLEEVE LOBECTOMY	No		0	NA	NA		Physician billing to Carrier
32488	COMPLETION PNEUMONECTOMY	No		0	NA	NA		Physician billing to Carrier
32491	LUNG VOLUME REDUCTION	No		0	NA	NA		Physician billing to Carrier
32500	PARTIAL REMOVAL OF LUNG	No		0	NA	NA		Physician billing to Carrier
32501	REPAIR BRONCHUS ADD-ON	No		0	NA	NA		Physician billing to Carrier
32520	REMOVE LUNG & REVISE CHEST	No		0	NA	NA		Physician billing to Carrier
32522	REMOVE LUNG & REVISE CHEST	No		0	NA	NA		Physician billing to Carrier
32525	REMOVE LUNG & REVISE CHEST	No		0	NA	NA		Physician billing to Carrier
32540	REMOVAL OF LUNG LESION	No		0	NA	NA		Physician billing to Carrier
32601	THORACOSCOPY, DIAGNOSTIC	No		0	NA	NA		Physician billing to Carrier
32602	THORACOSCOPY, DIAGNOSTIC	No		0	NA	NA		Physician billing to Carrier
32603	THORACOSCOPY, DIAGNOSTIC	No		0	NA	NA		Physician billing to Carrier
32604	THORACOSCOPY, DIAGNOSTIC	No		0	NA	NA		Physician billing to Carrier
32605	THORACOSCOPY, DIAGNOSTIC	No		0	NA	NA		Physician billing to Carrier
32606	THORACOSCOPY, DIAGNOSTIC	No		0	NA	NA		Physician billing to Carrier
32650	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32651	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32652	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32653	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32654	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32655	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32656	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32657	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32658	THORACOSCOPY, SURGICAL	No		078	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
32659	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32660	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32661	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32662	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32663	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32664	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32665	THORACOSCOPY, SURGICAL	No		0	NA	NA		Physician billing to Carrier
32800	REPAIR LUNG HERNIA	No		0	NA	NA		Physician billing to Carrier
32810	CLOSE CHEST AFTER DRAINAGE	No		0	NA	NA		Physician billing to Carrier
32815	CLOSE BRONCHIAL FISTULA	No		0	NA	NA		Physician billing to Carrier
32820	RECONSTRUCT INJURED CHEST	No		0	NA	NA		Physician billing to Carrier
32850	DONOR PNEUMONECTOMY	No		9	NA	NA		SNFs cannot bill for this service
32851	LUNG TRANSPLANT, SINGLE	No		0	NA	NA		Physician billing to Carrier
32852	LUNG TRANSPLANT WITH BYPASS	No		0	NA	NA		Physician billing to Carrier
32853	LUNG TRANSPLANT, DOUBLE	No		0	NA	NA		Physician billing to Carrier
32854	LUNG TRANSPLANT WITH BYPASS	No		0	NA	NA		Physician billing to Carrier
32900	REMOVAL OF RIB(S)	No		0	NA	NA		Physician billing to Carrier
32905	REVISE & REPAIR CHEST WALL	No		0	NA	NA		Physician billing to Carrier
32906	REVISE & REPAIR CHEST WALL	No		0	NA	NA		Physician billing to Carrier
32940	REVISION OF LUNG	No		0	NA	NA		Physician billing to Carrier
32960	THERAPEUTIC PNEUMOTHORAX	No		0	NA	NA		Physician billing to Carrier
32997	TOTAL LUNG LAVAGE	No		0	NA	NA		Physician billing to Carrier
32999	CHEST SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
33010	DRAINAGE OF HEART SAC	No		0	NA	NA		Physician billing to Carrier
33011	REPEAT DRAINAGE OF HEART SAC	No		0	NA	NA		Physician billing to Carrier
33015	INCISION OF HEART SAC	No		0	NA	NA		Physician billing to Carrier
33020	INCISION OF HEART SAC	No		0	NA	NA		Physician billing to Carrier
33025	INCISION OF HEART SAC	No		0	NA	NA		Physician billing to Carrier
33030	PARTIAL REMOVAL OF HEART SAC	No		0	NA	NA		Physician billing to Carrier
33031	PARTIAL REMOVAL OF HEART SAC	No		0	NA	NA		Physician billing to Carrier
33050	REMOVAL OF HEART SAC LESION	No		0	NA	NA		Physician billing to Carrier
33120	REMOVAL OF HEART LESION	No		0	NA	NA		Physician billing to Carrier
33130	REMOVAL OF HEART LESION	No		0	NA	NA		Physician billing to Carrier
33140	HEART REVASCULARIZE (TMR)	No	CIM 35-94	0	NA	NA		Physician billing to Carrier
33141	HEART TMR W/OTHER PROCEDURE	No		0	NA	NA		Physician billing to Carrier
33200	INSERTION OF HEART PACEMAKER	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33201	INSERTION OF HEART PACEMAKER	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33206	INSERTION OF HEART PACEMAKER	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33207	INSERTION OF HEART PACEMAKER	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33208	INSERTION OF HEART PACEMAKER	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33210	INSERTION OF HEART ELECTRODE	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33211	INSERTION OF HEART ELECTRODE	No		0	NA	NA		Physician billing to Carrier
33212	INSERTION OF PULSE GENERATOR	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33213	INSERTION OF PULSE GENERATOR	No	CIM 65-6	079	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
33214	UPGRADE OF PACEMAKER SYSTEM	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33216	REVISE ELTRD PACING-DEFIB	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33217	REVISE ELTRD PACING-DEFIB	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33218	REVISE ELTRD PACING-DEFIB	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33220	REVISE ELTRD PACING-DEFIB	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33222	REVISE POCKET, PACEMAKER	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33223	REVISE POCKET, PACING-DEFIB	No	CIM 35-85	0	NA	NA		Physician billing to Carrier
33233	REMOVAL OF PACEMAKER SYSTEM	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33234	REMOVAL OF PACEMAKER SYSTEM	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33235	REMOVAL PACEMAKER ELECTRODE	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33236	REMOVE ELECTRODE/THORACOTOMY	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33237	REMOVE ELECTRODE/THORACOTOMY	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33238	REMOVE ELECTRODE/THORACOTOMY	No	CIM 65-6	0	NA	NA		Physician billing to Carrier
33240	INSERT PULSE GENERATOR	No	CIM 35-85	0	NA	NA		Physician billing to Carrier
33241	REMOVE PULSE GENERATOR	No	CIM 35-85	0	NA	NA		Physician billing to Carrier
33243	REMOVE ELTRD/THORACOTOMY	No	CIM 35-85	0	NA	NA		Physician billing to Carrier
33244	REMOVE ELTRD, TRANSVEN	No	CIM 35-85	0	NA	NA		Physician billing to Carrier
33245	INSERT EPIC ELTRD PACE-DEFIB	No	CIM 35-85	0	NA	NA		Physician billing to Carrier
33246	INSERT EPIC ELTRD/GENERATOR	No	CIM 35-85	0	NA	NA		Physician billing to Carrier
33249	ELTRD/INSERT PACE-DEFIB	No	CIM 35-85	0	NA	NA		Physician billing to Carrier
33250	ABLATE HEART DYSRHYTHM FOCUS	No		0	NA	NA		Physician billing to Carrier
33251	ABLATE HEART DYSRHYTHM FOCUS	No		0	NA	NA		Physician billing to Carrier
33253	RECONSTRUCT ATRIA	No		0	NA	NA		Physician billing to Carrier
33261	ABLATE HEART DYSRHYTHM FOCUS	No		0	NA	NA		Physician billing to Carrier
33282	IMPLANT PAT-ACTIVE HT RECORD	No		0	NA	NA		Physician billing to Carrier
33284	REMOVE PAT-ACTIVE HT RECORD	No		0	NA	NA		Physician billing to Carrier
33300	REPAIR OF HEART WOUND	No		0	NA	NA		Physician billing to Carrier
33305	REPAIR OF HEART WOUND	No		0	NA	NA		Physician billing to Carrier
33310	EXPLORATORY HEART SURGERY	No		0	NA	NA		Physician billing to Carrier
33315	EXPLORATORY HEART SURGERY	No		0	NA	NA		Physician billing to Carrier
33320	REPAIR MAJOR BLOOD VESSEL(S)	No		0	NA	NA		Physician billing to Carrier
33321	REPAIR MAJOR VESSEL	No		0	NA	NA		Physician billing to Carrier
33322	REPAIR MAJOR BLOOD VESSEL(S)	No		0	NA	NA		Physician billing to Carrier
33330	INSERT MAJOR VESSEL GRAFT	No		0	NA	NA		Physician billing to Carrier
33332	INSERT MAJOR VESSEL GRAFT	No		0	NA	NA		Physician billing to Carrier
33335	INSERT MAJOR VESSEL GRAFT	No		0	NA	NA		Physician billing to Carrier
33400	REPAIR OF AORTIC VALVE	No		0	NA	NA		Physician billing to Carrier
33401	VALVULOPLASTY, OPEN	No		0	NA	NA		Physician billing to Carrier
33403	VALVULOPLASTY, W/CP BYPASS	No		0	NA	NA		Physician billing to Carrier
33404	PREPARE HEART-AORTA CONDUIT	No		0	NA	NA		Physician billing to Carrier
33405	REPLACEMENT OF AORTIC VALVE	No		0	NA	NA		Physician billing to Carrier
33406	REPLACEMENT OF AORTIC VALVE	No		0	NA	NA		Physician billing to Carrier
33410	REPLACEMENT OF AORTIC VALVE	No		0	NA	NA		Physician billing to Carrier
33411	REPLACEMENT OF AORTIC VALVE	No		080	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
33412	REPLACEMENT OF AORTIC VALVE	No		0	NA	NA		Physician billing to Carrier
33413	REPLACEMENT OF AORTIC VALVE	No		0	NA	NA		Physician billing to Carrier
33414	REPAIR OF AORTIC VALVE	No		0	NA	NA		Physician billing to Carrier
33415	REVISION, SUBVALVULAR TISSUE	No		0	NA	NA		Physician billing to Carrier
33416	REVISE VENTRICLE MUSCLE	No		0	NA	NA		Physician billing to Carrier
33417	REPAIR OF AORTIC VALVE	No		0	NA	NA		Physician billing to Carrier
33420	REVISION OF MITRAL VALVE	No		0	NA	NA		Physician billing to Carrier
33422	REVISION OF MITRAL VALVE	No		0	NA	NA		Physician billing to Carrier
33425	REPAIR OF MITRAL VALVE	No		0	NA	NA		Physician billing to Carrier
33426	REPAIR OF MITRAL VALVE	No		0	NA	NA		Physician billing to Carrier
33427	REPAIR OF MITRAL VALVE	No		0	NA	NA		Physician billing to Carrier
33430	REPLACEMENT OF MITRAL VALVE	No		0	NA	NA		Physician billing to Carrier
33460	REVISION OF TRICUSPID VALVE	No		0	NA	NA		Physician billing to Carrier
33463	VALVULOPLASTY, TRICUSPID	No		0	NA	NA		Physician billing to Carrier
33464	VALVULOPLASTY, TRICUSPID	No		0	NA	NA		Physician billing to Carrier
33465	REPLACE TRICUSPID VALVE	No		0	NA	NA		Physician billing to Carrier
33468	REVISION OF TRICUSPID VALVE	No		0	NA	NA		Physician billing to Carrier
33470	REVISION OF PULMONARY VALVE	No		0	NA	NA		Physician billing to Carrier
33471	VALVOTOMY, PULMONARY VALVE	No		0	NA	NA		Physician billing to Carrier
33472	REVISION OF PULMONARY VALVE	No		0	NA	NA		Physician billing to Carrier
33474	REVISION OF PULMONARY VALVE	No		0	NA	NA		Physician billing to Carrier
33475	REPLACEMENT, PULMONARY VALVE	No		0	NA	NA		Physician billing to Carrier
33476	REVISION OF HEART CHAMBER	No		0	NA	NA		Physician billing to Carrier
33478	REVISION OF HEART CHAMBER	No		0	NA	NA		Physician billing to Carrier
33496	REPAIR, PROSTH VALVE CLOT	No		0	NA	NA		Physician billing to Carrier
33500	REPAIR HEART VESSEL FISTULA	No		0	NA	NA		Physician billing to Carrier
33501	REPAIR HEART VESSEL FISTULA	No		0	NA	NA		Physician billing to Carrier
33502	CORONARY ARTERY CORRECTION	No		0	NA	NA		Physician billing to Carrier
33503	CORONARY ARTERY GRAFT	No		0	NA	NA		Physician billing to Carrier
33504	CORONARY ARTERY GRAFT	No		0	NA	NA		Physician billing to Carrier
33505	REPAIR ARTERY W/TUNNEL	No		0	NA	NA		Physician billing to Carrier
33506	REPAIR ARTERY, TRANSLOCATION	No		0	NA	NA		Physician billing to Carrier
33510	CABG, VEIN, SINGLE	No		0	NA	NA		Physician billing to Carrier
33511	CABG, VEIN, TWO	No		0	NA	NA		Physician billing to Carrier
33512	CABG, VEIN, THREE	No		0	NA	NA		Physician billing to Carrier
33513	CABG, VEIN, FOUR	No		0	NA	NA		Physician billing to Carrier
33514	CABG, VEIN, FIVE	No		0	NA	NA		Physician billing to Carrier
33516	CABG, VEIN, SIX OR MORE	No		0	NA	NA		Physician billing to Carrier
33517	CABG, ARTERY-VEIN, SINGLE	No		0	NA	NA		Physician billing to Carrier
33518	CABG, ARTERY-VEIN, TWO	No		0	NA	NA		Physician billing to Carrier
33519	CABG, ARTERY-VEIN, THREE	No		0	NA	NA		Physician billing to Carrier
33521	CABG, ARTERY-VEIN, FOUR	No		0	NA	NA		Physician billing to Carrier
33522	CABG, ARTERY-VEIN, FIVE	No		0	NA	NA		Physician billing to Carrier
33523	CABG, ART-VEIN, SIX OR MORE	No		0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
33530	CORONARY ARTERY, BYPASS/REOP	No		0	NA	NA		Physician billing to Carrier
33533	CABG, ARTERIAL, SINGLE	No		0	NA	NA		Physician billing to Carrier
33534	CABG, ARTERIAL, TWO	No		0	NA	NA		Physician billing to Carrier
33535	CABG, ARTERIAL, THREE	No		0	NA	NA		Physician billing to Carrier
33536	CABG, ARTERIAL, FOUR OR MORE	No		0	NA	NA		Physician billing to Carrier
33542	REMOVAL OF HEART LESION	No		0	NA	NA		Physician billing to Carrier
33545	REPAIR OF HEART DAMAGE	No		0	NA	NA		Physician billing to Carrier
33572	OPEN CORONARY ENDARTERECTOMY	No		0	NA	NA		Physician billing to Carrier
33600	CLOSURE OF VALVE	No		0	NA	NA		Physician billing to Carrier
33602	CLOSURE OF VALVE	No		0	NA	NA		Physician billing to Carrier
33606	ANASTOMOSIS/ARTERY-AORTA	No		0	NA	NA		Physician billing to Carrier
33608	REPAIR ANOMALY W/CONDUIT	No		0	NA	NA		Physician billing to Carrier
33610	REPAIR BY ENLARGEMENT	No		0	NA	NA		Physician billing to Carrier
33611	REPAIR DOUBLE VENTRICLE	No		0	NA	NA		Physician billing to Carrier
33612	REPAIR DOUBLE VENTRICLE	No		0	NA	NA		Physician billing to Carrier
33615	REPAIR, MODIFIED FONTAN	No		0	NA	NA		Physician billing to Carrier
33617	REPAIR SINGLE VENTRICLE	No		0	NA	NA		Physician billing to Carrier
33619	REPAIR SINGLE VENTRICLE	No		0	NA	NA		Physician billing to Carrier
33641	REPAIR HEART SEPTUM DEFECT	No		0	NA	NA		Physician billing to Carrier
33645	REVISION OF HEART VEINS	No		0	NA	NA		Physician billing to Carrier
33647	REPAIR HEART SEPTUM DEFECTS	No		0	NA	NA		Physician billing to Carrier
33660	REPAIR OF HEART DEFECTS	No		0	NA	NA		Physician billing to Carrier
33665	REPAIR OF HEART DEFECTS	No		0	NA	NA		Physician billing to Carrier
33670	REPAIR OF HEART CHAMBERS	No		0	NA	NA		Physician billing to Carrier
33681	REPAIR HEART SEPTUM DEFECT	No		0	NA	NA		Physician billing to Carrier
33684	REPAIR HEART SEPTUM DEFECT	No		0	NA	NA		Physician billing to Carrier
33688	REPAIR HEART SEPTUM DEFECT	No		0	NA	NA		Physician billing to Carrier
33690	REINFORCE PULMONARY ARTERY	No		0	NA	NA		Physician billing to Carrier
33692	REPAIR OF HEART DEFECTS	No		0	NA	NA		Physician billing to Carrier
33694	REPAIR OF HEART DEFECTS	No		0	NA	NA		Physician billing to Carrier
33697	REPAIR OF HEART DEFECTS	No		0	NA	NA		Physician billing to Carrier
33702	REPAIR OF HEART DEFECTS	No		0	NA	NA		Physician billing to Carrier
33710	REPAIR OF HEART DEFECTS	No		0	NA	NA		Physician billing to Carrier
33720	REPAIR OF HEART DEFECT	No		0	NA	NA		Physician billing to Carrier
33722	REPAIR OF HEART DEFECT	No		0	NA	NA		Physician billing to Carrier
33730	REPAIR HEART-VEIN DEFECT(S)	No		0	NA	NA		Physician billing to Carrier
33732	REPAIR HEART-VEIN DEFECT	No		0	NA	NA		Physician billing to Carrier
33735	REVISION OF HEART CHAMBER	No		0	NA	NA		Physician billing to Carrier
33736	REVISION OF HEART CHAMBER	No		0	NA	NA		Physician billing to Carrier
33737	REVISION OF HEART CHAMBER	No		0	NA	NA		Physician billing to Carrier
33750	MAJOR VESSEL SHUNT	No		0	NA	NA		Physician billing to Carrier
33755	MAJOR VESSEL SHUNT	No		0	NA	NA		Physician billing to Carrier
33762	MAJOR VESSEL SHUNT	No		0	NA	NA		Physician billing to Carrier
33764	MAJOR VESSEL SHUNT & GRAFT	No		0 82	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
33766	MAJOR VESSEL SHUNT	No		0	NA	NA		Physician billing to Carrier
33767	MAJOR VESSEL SHUNT	No		0	NA	NA		Physician billing to Carrier
33770	REPAIR GREAT VESSELS DEFECT	No		0	NA	NA		Physician billing to Carrier
33771	REPAIR GREAT VESSELS DEFECT	No		0	NA	NA		Physician billing to Carrier
33774	REPAIR GREAT VESSELS DEFECT	No		0	NA	NA		Physician billing to Carrier
33775	REPAIR GREAT VESSELS DEFECT	No		0	NA	NA		Physician billing to Carrier
33776	REPAIR GREAT VESSELS DEFECT	No		0	NA	NA		Physician billing to Carrier
33777	REPAIR GREAT VESSELS DEFECT	No		0	NA	NA		Physician billing to Carrier
33778	REPAIR GREAT VESSELS DEFECT	No		0	NA	NA		Physician billing to Carrier
33779	REPAIR GREAT VESSELS DEFECT	No		0	NA	NA		Physician billing to Carrier
33780	REPAIR GREAT VESSELS DEFECT	No		0	NA	NA		Physician billing to Carrier
33781	REPAIR GREAT VESSELS DEFECT	No		0	NA	NA		Physician billing to Carrier
33786	REPAIR ARTERIAL TRUNK	No		0	NA	NA		Physician billing to Carrier
33788	REVISION OF PULMONARY ARTERY	No		0	NA	NA		Physician billing to Carrier
33800	AORTIC SUSPENSION	No		0	NA	NA		Physician billing to Carrier
33802	REPAIR VESSEL DEFECT	No		0	NA	NA		Physician billing to Carrier
33803	REPAIR VESSEL DEFECT	No		0	NA	NA		Physician billing to Carrier
33813	REPAIR SEPTAL DEFECT	No		0	NA	NA		Physician billing to Carrier
33814	REPAIR SEPTAL DEFECT	No		0	NA	NA		Physician billing to Carrier
33820	REVISE MAJOR VESSEL	No		0	NA	NA		Physician billing to Carrier
33822	REVISE MAJOR VESSEL	No		0	NA	NA		Physician billing to Carrier
33824	REVISE MAJOR VESSEL	No		0	NA	NA		Physician billing to Carrier
33840	REMOVE AORTA CONSTRICTION	No		0	NA	NA		Physician billing to Carrier
33845	REMOVE AORTA CONSTRICTION	No		0	NA	NA		Physician billing to Carrier
33851	REMOVE AORTA CONSTRICTION	No		0	NA	NA		Physician billing to Carrier
33852	REPAIR SEPTAL DEFECT	No		0	NA	NA		Physician billing to Carrier
33853	REPAIR SEPTAL DEFECT	No		0	NA	NA		Physician billing to Carrier
33860	ASCENDING AORTIC GRAFT	No		0	NA	NA		Physician billing to Carrier
33861	ASCENDING AORTIC GRAFT	No		0	NA	NA		Physician billing to Carrier
33863	ASCENDING AORTIC GRAFT	No		0	NA	NA		Physician billing to Carrier
33870	TRANSVERSE AORTIC ARCH GRAFT	No		0	NA	NA		Physician billing to Carrier
33875	THORACIC AORTIC GRAFT	No		0	NA	NA		Physician billing to Carrier
33877	THORACOABDOMINAL GRAFT	No		0	NA	NA		Physician billing to Carrier
33910	REMOVE LUNG ARTERY EMBOLI	No		0	NA	NA		Physician billing to Carrier
33915	REMOVE LUNG ARTERY EMBOLI	No		0	NA	NA		Physician billing to Carrier
33916	SURGERY OF GREAT VESSEL	No		0	NA	NA		Physician billing to Carrier
33917	REPAIR PULMONARY ARTERY	No		0	NA	NA		Physician billing to Carrier
33918	REPAIR PULMONARY ATRESIA	No		0	NA	NA		Physician billing to Carrier
33919	REPAIR PULMONARY ATRESIA	No		0	NA	NA		Physician billing to Carrier
33920	REPAIR PULMONARY ATRESIA	No		0	NA	NA		Physician billing to Carrier
33922	TRANSECT PULMONARY ARTERY	No		0	NA	NA		Physician billing to Carrier
33924	REMOVE PULMONARY SHUNT	No		0	NA	NA		Physician billing to Carrier
33930	REMOVAL OF DONOR HEART/LUNG	No		9	NA	NA		SNFs cannot bill for this service
33935	TRANSPLANTATION, HEART/LUNG	No	CIM 65-15	083	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
33940	REMOVAL OF DONOR HEART	No		9	NA	NA		SNFs cannot bill for this service
33945	TRANSPLANTATION OF HEART	No	CIM 35-87	0	NA	NA		Physician billing to Carrier
33960	EXTERNAL CIRCULATION ASSIST	No		0	NA	NA		Physician billing to Carrier
33961	EXTERNAL CIRCULATION ASSIST	No		0	NA	NA		Physician billing to Carrier
33968	REMOVE AORTIC ASSIST DEVICE	No		0	NA	NA		Physician billing to Carrier
33970	AORTIC CIRCULATION ASSIST	No		0	NA	NA		Physician billing to Carrier
33971	AORTIC CIRCULATION ASSIST	No		0	NA	NA		Physician billing to Carrier
33973	INSERT BALLOON DEVICE	No		0	NA	NA		Physician billing to Carrier
33974	REMOVE INTRA-AORTIC BALLOON	No		0	NA	NA		Physician billing to Carrier
33975	IMPLANT VENTRICULAR DEVICE	No		0	NA	NA		Physician billing to Carrier
33976	IMPLANT VENTRICULAR DEVICE	No		0	NA	NA		Physician billing to Carrier
33977	REMOVE VENTRICULAR DEVICE	No		0	NA	NA		Physician billing to Carrier
33978	REMOVE VENTRICULAR DEVICE	No		0	NA	NA		Physician billing to Carrier
33999	CARDIAC SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
34001	REMOVAL OF ARTERY CLOT	No		0	NA	NA		Physician billing to Carrier
34051	REMOVAL OF ARTERY CLOT	No		0	NA	NA		Physician billing to Carrier
34101	REMOVAL OF ARTERY CLOT	No		0	NA	NA		Physician billing to Carrier
34111	REMOVAL OF ARM ARTERY CLOT	No		0	NA	NA		Physician billing to Carrier
34151	REMOVAL OF ARTERY CLOT	No		0	NA	NA		Physician billing to Carrier
34201	REMOVAL OF ARTERY CLOT	No		0	NA	NA		Physician billing to Carrier
34203	REMOVAL OF LEG ARTERY CLOT	No	0	NA	NA		Physician billing to Carrier	
34401	REMOVAL OF VEIN CLOT	No	0	NA	NA		Physician billing to Carrier	
34421	REMOVAL OF VEIN CLOT	No	0	NA	NA		Physician billing to Carrier	
34451	REMOVAL OF VEIN CLOT	No	0	NA	NA		Physician billing to Carrier	
34471	REMOVAL OF VEIN CLOT	No	0	NA	NA		Physician billing to Carrier	
34490	REMOVAL OF VEIN CLOT	No	0	NA	NA		Physician billing to Carrier	
34501	REPAIR VALVE, FEMORAL VEIN	No	0	NA	NA		Physician billing to Carrier	
34502	RECONSTRUCT VENA CAVA	No	0	NA	NA		Physician billing to Carrier	
34510	TRANSPOSITION OF VEIN VALVE	No	0	NA	NA		Physician billing to Carrier	
34520	CROSS-OVER VEIN GRAFT	No	0	NA	NA		Physician billing to Carrier	
34530	LEG VEIN FUSION	No	0	NA	NA		Physician billing to Carrier	
34800	ENDOVASC ABDO REPAIR W/TUBE	No	0	NA	NA		Physician billing to Carrier	
34802	ENDOVASC ABDO REPR W/DEVICE	No	0	NA	NA		Physician billing to Carrier	
34804	ENDOVASC ABDO REPR W/DEVICE	No	0	NA	NA		Physician billing to Carrier	
34808	ENDOVASC ABDO OCCLUD DEVICE	No	0	NA	NA		Physician billing to Carrier	
34812	XPOSE FOR ENDOPROSTH, AORTIC	No	0	NA	NA		Physician billing to Carrier	
34813	XPOSE FOR ENDOPROSTH, FEMORL	No	0	NA	NA		Physician billing to Carrier	
34820	XPOSE FOR ENDOPROSTH, ILIAC	No	0	NA	NA		Physician billing to Carrier	
34825	ENDOVASC EXTEND PROSTH, INIT	No	0	NA	NA		Physician billing to Carrier	
34826	ENDOVASC EXTEN PROSTH, ADDL	No	0	NA	NA		Physician billing to Carrier	
34830	OPEN AORTIC TUBE PROSTH REPR	No	0	NA	NA		Physician billing to Carrier	
34831	OPEN AORTOILIAC PROSTH REPR	No	0	NA	NA		Physician billing to Carrier	
34832	OPEN AORTOFEMOR PROSTH REPR	No	0	NA	NA		Physician billing to Carrier	
35001	REPAIR DEFECT OF ARTERY	No		084	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
35002	REPAIR ARTERY RUPTURE, NECK	No		0	NA	NA		Physician billing to Carrier
35005	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35011	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35013	REPAIR ARTERY RUPTURE, ARM	No		0	NA	NA		Physician billing to Carrier
35021	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35022	REPAIR ARTERY RUPTURE, CHEST	No		0	NA	NA		Physician billing to Carrier
35045	REPAIR DEFECT OF ARM ARTERY	No		0	NA	NA		Physician billing to Carrier
35081	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35082	REPAIR ARTERY RUPTURE, AORTA	No		0	NA	NA		Physician billing to Carrier
35091	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35092	REPAIR ARTERY RUPTURE, AORTA	No		0	NA	NA		Physician billing to Carrier
35102	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35103	REPAIR ARTERY RUPTURE, GROIN	No		0	NA	NA		Physician billing to Carrier
35111	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35112	REPAIR ARTERY RUPTURE,SPLEEN	No		0	NA	NA		Physician billing to Carrier
35121	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35122	REPAIR ARTERY RUPTURE, BELLY	No		0	NA	NA		Physician billing to Carrier
35131	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35132	REPAIR ARTERY RUPTURE, GROIN	No		0	NA	NA		Physician billing to Carrier
35141	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35142	REPAIR ARTERY RUPTURE, THIGH	No		0	NA	NA		Physician billing to Carrier
35151	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35152	REPAIR ARTERY RUPTURE, KNEE	No		0	NA	NA		Physician billing to Carrier
35161	REPAIR DEFECT OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35162	REPAIR ARTERY RUPTURE	No		0	NA	NA		Physician billing to Carrier
35180	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35182	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35184	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35188	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35189	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35190	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35201	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35206	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35207	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35211	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35216	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35221	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35226	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35231	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35236	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35241	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35246	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35251	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35256	REPAIR BLOOD VESSEL LESION	No		0 85	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
35261	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35266	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35271	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35276	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35281	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35286	REPAIR BLOOD VESSEL LESION	No		0	NA	NA		Physician billing to Carrier
35301	RECHANNELING OF ARTERY	No	CIM 35-32	0	NA	NA		Physician billing to Carrier
35311	RECHANNELING OF ARTERY	No	CIM 35-32	0	NA	NA		Physician billing to Carrier
35321	RECHANNELING OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35331	RECHANNELING OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35341	RECHANNELING OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35351	RECHANNELING OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35355	RECHANNELING OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35361	RECHANNELING OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35363	RECHANNELING OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35371	RECHANNELING OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35372	RECHANNELING OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35381	RECHANNELING OF ARTERY	No		0	NA	NA		Physician billing to Carrier
35390	REOPERATION, CAROTID ADD-ON	No		0	NA	NA		Physician billing to Carrier
35400	ANGIOSCOPY	No		0	NA	NA		Physician billing to Carrier
35450	REPAIR ARTERIAL BLOCKAGE	No		0	NA	NA		Physician billing to Carrier
35452	REPAIR ARTERIAL BLOCKAGE	No		0	NA	NA		Physician billing to Carrier
35454	REPAIR ARTERIAL BLOCKAGE	No		0	NA	NA		Physician billing to Carrier
35456	REPAIR ARTERIAL BLOCKAGE	No		0	NA	NA		Physician billing to Carrier
35458	REPAIR ARTERIAL BLOCKAGE	No		0	NA	NA		Physician billing to Carrier
35459	REPAIR ARTERIAL BLOCKAGE	No		0	NA	NA		Physician billing to Carrier
35460	REPAIR VENOUS BLOCKAGE	No		0	NA	NA		Physician billing to Carrier
35470	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA	NA		Physician billing to Carrier
35471	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA	NA		Physician billing to Carrier
35472	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA	NA		Physician billing to Carrier
35473	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA	NA		Physician billing to Carrier
35474	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA	NA		Physician billing to Carrier
35475	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA	NA		Physician billing to Carrier
35476	REPAIR VENOUS BLOCKAGE	No		0	NA	NA		Physician billing to Carrier
35480	ATHERECTOMY, OPEN	No		0	NA	NA		Physician billing to Carrier
35481	ATHERECTOMY, OPEN	No		0	NA	NA		Physician billing to Carrier
35482	ATHERECTOMY, OPEN	No		0	NA	NA		Physician billing to Carrier
35483	ATHERECTOMY, OPEN	No		0	NA	NA		Physician billing to Carrier
35484	ATHERECTOMY, OPEN	No		0	NA	NA		Physician billing to Carrier
35485	ATHERECTOMY, OPEN	No		0	NA	NA		Physician billing to Carrier
35490	ATHERECTOMY, PERCUTANEOUS	No		0	NA	NA		Physician billing to Carrier
35491	ATHERECTOMY, PERCUTANEOUS	No		0	NA	NA		Physician billing to Carrier
35492	ATHERECTOMY, PERCUTANEOUS	No		0	NA	NA		Physician billing to Carrier
35493	ATHERECTOMY, PERCUTANEOUS	No		0 86	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
35494	ATHERECTOMY, PERCUTANEOUS	No		0	NA	NA		Physician billing to Carrier
35495	ATHERECTOMY, PERCUTANEOUS	No		0	NA	NA		Physician billing to Carrier
35500	HARVEST VEIN FOR BYPASS	No		0	NA	NA		Physician billing to Carrier
35501	ARTERY BYPASS GRAFT	No	CIM 35-37	0	NA	NA		Physician billing to Carrier
35506	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA	NA		Physician billing to Carrier
35507	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA	NA		Physician billing to Carrier
35508	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA	NA		Physician billing to Carrier
35509	ARTERY BYPASS GRAFT	No	CIM 35-37	0	NA	NA		Physician billing to Carrier
35511	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA	NA		Physician billing to Carrier
35515	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA	NA		Physician billing to Carrier
35516	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA	NA		Physician billing to Carrier
35518	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35521	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35526	ARTERY BYPASS GRAFT	No	CIM 35-37	0	NA	NA		Physician billing to Carrier
35531	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35533	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35536	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35541	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35546	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35548	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35549	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35551	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35556	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35558	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35560	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35563	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35565	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35566	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35571	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35582	VEIN BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35583	VEIN BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35585	VEIN BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35587	VEIN BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35600	HARVEST ARTERY FOR CABG	No		0	NA	NA		Physician billing to Carrier
35601	ARTERY BYPASS GRAFT	No	CIM 35-37	0	NA	NA		Physician billing to Carrier
35606	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA	NA		Physician billing to Carrier
35612	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA	NA		Physician billing to Carrier
35616	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA	NA		Physician billing to Carrier
35621	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA	NA		Physician billing to Carrier
35623	BYPASS GRAFT, NOT VEIN	No	CIM 35-32	0	NA	NA		Physician billing to Carrier
35626	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA	NA		Physician billing to Carrier
35631	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35636	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35641	ARTERY BYPASS GRAFT	No		087	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
35642	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA	NA		Physician billing to Carrier
35645	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA	NA		Physician billing to Carrier
35646	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35650	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35651	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35654	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35656	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35661	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35663	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35665	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35666	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35671	ARTERY BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35681	COMPOSITE BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35682	COMPOSITE BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35683	COMPOSITE BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35691	ARTERIAL TRANSPOSITION	No	CIM 35-37, CIM 35-32	0	NA	NA		Physician billing to Carrier
35693	ARTERIAL TRANSPOSITION	No	CIM 35-37, CIM 35-32	0	NA	NA		Physician billing to Carrier
35694	ARTERIAL TRANSPOSITION	No	CIM 35-37, CIM 35-32	0	NA	NA		Physician billing to Carrier
35695	ARTERIAL TRANSPOSITION	No	CIM 35-37, CIM 35-32	0	NA	NA		Physician billing to Carrier
35700	REOPERATION, BYPASS GRAFT	No		0	NA	NA		Physician billing to Carrier
35701	EXPLORATION, CAROTID ARTERY	No		0	NA	NA		Physician billing to Carrier
35721	EXPLORATION, FEMORAL ARTERY	No		0	NA	NA		Physician billing to Carrier
35741	EXPLORATION POPLITEAL ARTERY	No		0	NA	NA		Physician billing to Carrier
35761	EXPLORATION OF ARTERY/VEIN	No		0	NA	NA		Physician billing to Carrier
35800	EXPLORE NECK VESSELS	No		0	NA	NA		Physician billing to Carrier
35820	EXPLORE CHEST VESSELS	No		0	NA	NA		Physician billing to Carrier
35840	EXPLORE ABDOMINAL VESSELS	No		0	NA	NA		Physician billing to Carrier
35860	EXPLORE LIMB VESSELS	No		0	NA	NA		Physician billing to Carrier
35870	REPAIR VESSEL GRAFT DEFECT	No		0	NA	NA		Physician billing to Carrier
35875	REMOVAL OF CLOT IN GRAFT	No		0	NA	NA		Physician billing to Carrier
35876	REMOVAL OF CLOT IN GRAFT	No		0	NA	NA		Physician billing to Carrier
35879	REVISE GRAFT W/VEIN	No		0	NA	NA		Physician billing to Carrier
35881	REVISE GRAFT W/VEIN	No		0	NA	NA		Physician billing to Carrier
35901	EXCISION, GRAFT, NECK	No		0	NA	NA		Physician billing to Carrier
35903	EXCISION, GRAFT, EXTREMITY	No		0	NA	NA		Physician billing to Carrier
35905	EXCISION, GRAFT, THORAX	No		0	NA	NA		Physician billing to Carrier
35907	EXCISION, GRAFT, ABDOMEN	No		0	NA	NA		Physician billing to Carrier
36000	PLACE NEEDLE IN VEIN	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
36005	INJECTION, VENOGRAPHY	No		0	NA	NA		Physician billing to Carrier
36010	PLACE CATHETER IN VEIN	No		0	NA	NA		Physician billing to Carrier
36011	PLACE CATHETER IN VEIN	No		0	NA	NA		Physician billing to Carrier
36012	PLACE CATHETER IN VEIN	No		0	NA	NA		Physician billing to Carrier
36013	PLACE CATHETER IN ARTERY	No		0	NA	NA		Physician billing to Carrier
36014	PLACE CATHETER IN ARTERY	No		0 88	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
36015	PLACE CATHETER IN ARTERY	No		0	NA	NA		Physician billing to Carrier
36100	ESTABLISH ACCESS TO ARTERY	No		0	NA	NA		Physician billing to Carrier
36120	ESTABLISH ACCESS TO ARTERY	No		0	NA	NA		Physician billing to Carrier
36140	ESTABLISH ACCESS TO ARTERY	Yes		0	NA	NA		Physician billing to Carrier
36145	ARTERY TO VEIN SHUNT	No		0	NA	NA		Physician billing to Carrier
36160	ESTABLISH ACCESS TO AORTA	No		0	NA	NA		Physician billing to Carrier
36200	PLACE CATHETER IN AORTA	No		0	NA	NA		Physician billing to Carrier
36215	PLACE CATHETER IN ARTERY	No		0	NA	NA		Physician billing to Carrier
36216	PLACE CATHETER IN ARTERY	No		0	NA	NA		Physician billing to Carrier
36217	PLACE CATHETER IN ARTERY	No		0	NA	NA		Physician billing to Carrier
36218	PLACE CATHETER IN ARTERY	No		0	NA	NA		Physician billing to Carrier
36245	PLACE CATHETER IN ARTERY	No		0	NA	NA		Physician billing to Carrier
36246	PLACE CATHETER IN ARTERY	No		0	NA	NA		Physician billing to Carrier
36247	PLACE CATHETER IN ARTERY	No		0	NA	NA		Physician billing to Carrier
36248	PLACE CATHETER IN ARTERY	No		0	NA	NA		Physician billing to Carrier
36260	INSERTION OF INFUSION PUMP	No	SNF 516	0	NA	NA		Physician billing to Carrier
36261	REVISION OF INFUSION PUMP	No	SNF 516	0	NA	NA		Physician billing to Carrier
36262	REMOVAL OF INFUSION PUMP	No	SNF 516	0	NA	NA		Physician billing to Carrier
36299	VESSEL INJECTION PROCEDURE	No		0	NA	NA		Physician billing to Carrier
36400	DRAWING BLOOD	Yes		0	NA	NA		Physician billing to Carrier
36405	DRAWING BLOOD	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
36406	DRAWING BLOOD	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
36410	DRAWING BLOOD	No		0	NA	NA		Physician billing to Carrier
36415	DRAWING BLOOD	Yes	Not Valid for Medicare MCM 51141D	9	NA	NA		Physician billing to Carrier
36420	ESTABLISH ACCESS TO VEIN	No		0	NA	NA		Physician billing to Carrier
36425	ESTABLISH ACCESS TO VEIN	No		0	NA	NA		Physician billing to Carrier
36430	BLOOD TRANSFUSION SERVICE	Yes	SNF 516 CIM 35-30	5	NA	NA		Physician billing to Carrier
36440	BLOOD TRANSFUSION SERVICE	No		0	NA	NA		Physician billing to Carrier
36450	EXCHANGE TRANSFUSION SERVICE	No		0	NA	NA		Physician billing to Carrier
36455	EXCHANGE TRANSFUSION SERVICE	No		0	NA	NA		Physician billing to Carrier
36460	TRANSFUSION SERVICE, FETAL	No		0	NA	NA		Physician billing to Carrier
36468	INJECTION(S), SPIDER VEINS	Yes	MCM 2329 SNF 516	0	NA	NA		Physician billing to Carrier
36469	INJECTION(S), SPIDER VEINS	Yes	MCM 2329 SNF 516	0	NA	NA		Physician billing to Carrier
36470	INJECTION THERAPY OF VEIN	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
36471	INJECTION THERAPY OF VEINS	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
36481	INSERTION OF CATHETER, VEIN	No		0	NA	NA		Physician billing to Carrier
36488	INSERTION OF CATHETER, VEIN	No		0	NA	NA		Physician billing to Carrier
36489	INSERTION OF CATHETER, VEIN	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
36490	INSERTION OF CATHETER, VEIN	No		0	NA	NA		Physician billing to Carrier
36491	INSERTION OF CATHETER, VEIN	No		0	NA	NA		Physician billing to Carrier
36493	REPOSITIONING OF CVC	No		0	NA	NA		Physician billing to Carrier
36500	INSERTION OF CATHETER, VEIN	No		0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
36510	INSERTION OF CATHETER, VEIN	No		0	NA	NA		Physician billing to Carrier
36520	PLASMA AND/OR CELL EXCHANGE	No	CIM 35-60	0	NA	NA		Physician billing to Carrier
36521	APHERESIS W/ ADSORP/REINFUSE	No	CIM 35-90	0	NA	NA		Physician billing to Carrier
36522	PHOTOPHERESIS	No	CIM 35-88	0	NA	NA		Physician billing to Carrier
36530	INSERTION OF INFUSION PUMP	No	CIM 60-14 SNF 516	0	NA	NA		Physician billing to Carrier
36531	REVISION OF INFUSION PUMP	No	CIM 60-14 SNF 516	0	NA	NA		Physician billing to Carrier
36532	REMOVAL OF INFUSION PUMP	No	CIM 60-14 SNF 516	0	NA	NA		Physician billing to Carrier
36533	INSERTION OF ACCESS DEVICE	No	SNF 516	0	NA	NA		Physician billing to Carrier
36534	REVISION OF ACCESS DEVICE	No	SNF 516	0	NA	NA		Physician billing to Carrier
36535	REMOVAL OF ACCESS DEVICE	No	SNF 516	0	NA	NA		Physician billing to Carrier
36540	COLLECT BLOOD VENOUS DEVICE	Yes		9	NA	NA		SNFs cannot bill for this service
36600	WITHDRAWAL OF ARTERIAL BLOOD	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
36620	INSERTION CATHETER, ARTERY	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
36625	INSERTION CATHETER, ARTERY	No		0	NA	NA		Physician billing to Carrier
36640	INSERTION CATHETER, ARTERY	No	SNF 516	0	NA	NA		Physician billing to Carrier
36660	INSERTION CATHETER, ARTERY	No		0	NA	NA		Physician billing to Carrier
36680	INSERT NEEDLE, BONE CAVITY	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
36800	INSERTION OF CANNULA	No		0	NA	NA		Physician billing to Carrier
36810	INSERTION OF CANNULA	No		0	NA	NA		Physician billing to Carrier
36815	INSERTION OF CANNULA	No		0	NA	NA		Physician billing to Carrier
36819	AV FUSION BY BASILIC VEIN	No		0	NA	NA		Physician billing to Carrier
36821	AV FUSION DIRECT ANY SITE	No		0	NA	NA		Physician billing to Carrier
36822	INSERTION OF CANNULA(S)	No		0	NA	NA		Physician billing to Carrier
36823	INSERTION OF CANNULA(S)	No	SNF 516	0	NA	NA		Physician billing to Carrier
36825	ARTERY-VEIN GRAFT	No		0	NA	NA		Physician billing to Carrier
36830	ARTERY-VEIN GRAFT	No		0	NA	NA		Physician billing to Carrier
36831	AV FISTULA EXCISION, OPEN	No		0	NA	NA		Physician billing to Carrier
36832	AV FISTULA REVISION, OPEN	No	MCM 2230.5	0	NA	NA		Physician billing to Carrier
36833	AV FISTULA REVISION	No		0	NA	NA		Physician billing to Carrier
36834	REPAIR A-V ANEURYSM	No		0	NA	NA		Physician billing to Carrier
36835	ARTERY TO VEIN SHUNT	No		0	NA	NA		Physician billing to Carrier
36860	EXTERNAL CANNULA DECLETTING	No	MCM 2230.5	0	NA	NA		Physician billing to Carrier
36861	CANNULA DECLETTING	No	MCM 2230.5	0	NA	NA		Physician billing to Carrier
36870	AV FISTULA REVISION, OPEN	No		0	NA	NA		Physician billing to Carrier
37140	REVISION OF CIRCULATION	No		0	NA	NA		Physician billing to Carrier
37145	REVISION OF CIRCULATION	No		0	NA	NA		Physician billing to Carrier
37160	REVISION OF CIRCULATION	No		0	NA	NA		Physician billing to Carrier
37180	REVISION OF CIRCULATION	No		0	NA	NA		Physician billing to Carrier
37181	SPLICE SPLEEN/KIDNEY VEINS	No		0	NA	NA		Physician billing to Carrier
37200	TRANSCATHETER BIOPSY	No		0	NA	NA		Physician billing to Carrier
37201	TRANSCATHETER THERAPY INFUSE	No		0	NA	NA		Physician billing to Carrier
37202	TRANSCATHETER THERAPY INFUSE	No		0	NA	NA		Physician billing to Carrier
37203	TRANSCATHETER RETRIEVAL	No		0	NA	NA		Physician billing to Carrier
37204	TRANSCATHETER OCCLUSION	No		0 90	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
37205	TRANSCATHETER STENT	No		0	NA	NA		Physician billing to Carrier
37206	TRANSCATHETER STENT ADD-ON	No		0	NA	NA		Physician billing to Carrier
37207	TRANSCATHETER STENT	No		0	NA	NA		Physician billing to Carrier
37208	TRANSCATHETER STENT ADD-ON	No		0	NA	NA		Physician billing to Carrier
37209	EXCHANGE ARTERIAL CATHETER	No		0	NA	NA		Physician billing to Carrier
37250	IV US FIRST VESSEL ADD-ON	No		0	NA	NA		Physician billing to Carrier
37251	IV US EACH ADD VESSEL ADD-ON	No		0	NA	NA		Physician billing to Carrier
37565	LIGATION OF NECK VEIN	No		0	NA	NA		Physician billing to Carrier
37600	LIGATION OF NECK ARTERY	No		0	NA	NA		Physician billing to Carrier
37605	LIGATION OF NECK ARTERY	No		0	NA	NA		Physician billing to Carrier
37606	LIGATION OF NECK ARTERY	No		0	NA	NA		Physician billing to Carrier
37607	LIGATION OF A-V FISTULA	No		0	NA	NA		Physician billing to Carrier
37609	TEMPORAL ARTERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
37615	LIGATION OF NECK ARTERY	No		0	NA	NA		Physician billing to Carrier
37616	LIGATION OF CHEST ARTERY	No		0	NA	NA		Physician billing to Carrier
37617	LIGATION OF ABDOMEN ARTERY	No		0	NA	NA		Physician billing to Carrier
37618	LIGATION OF EXTREMITY ARTERY	No		0	NA	NA		Physician billing to Carrier
37620	REVISION OF MAJOR VEIN	No		0	NA	NA		Physician billing to Carrier
37650	REVISION OF MAJOR VEIN	No		0	NA	NA		Physician billing to Carrier
37660	REVISION OF MAJOR VEIN	No		0	NA	NA		Physician billing to Carrier
37700	REVISE LEG VEIN	No		0	NA	NA		Physician billing to Carrier
37720	REMOVAL OF LEG VEIN	No		0	NA	NA		Physician billing to Carrier
37730	REMOVAL OF LEG VEINS	No		0	NA	NA		Physician billing to Carrier
37735	REMOVAL OF LEG VEINS/LESION	No		0	NA	NA		Physician billing to Carrier
37760	REVISION OF LEG VEINS	No		0	NA	NA		Physician billing to Carrier
37780	REVISION OF LEG VEIN	No		0	NA	NA		Physician billing to Carrier
37785	REVISE SECONDARY VARICOSITY	No		0	NA	NA		Physician billing to Carrier
37788	REVASCLARIZATION, PENIS	No		0	NA	NA		Physician billing to Carrier
37790	PENILE VENOUS OCCLUSION	No		0	NA	NA		Physician billing to Carrier
37799	VASCULAR SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
38100	REMOVAL OF SPLEEN, TOTAL	No		0	NA	NA		Physician billing to Carrier
38101	REMOVAL OF SPLEEN, PARTIAL	No		0	NA	NA		Physician billing to Carrier
38102	REMOVAL OF SPLEEN, TOTAL	No		0	NA	NA		Physician billing to Carrier
38115	REPAIR OF RUPTURED SPLEEN	No		0	NA	NA		Physician billing to Carrier
38120	LAPAROSCOPY, SPLENECTOMY	No		0	NA	NA		Physician billing to Carrier
38129	LAPAROSCOPE PROC, SPLEEN	No		0	NA	NA		Physician billing to Carrier
38200	INJECTION FOR SPLEEN X-RAY	No		0	NA	NA		Physician billing to Carrier
38230	BONE MARROW COLLECTION	No	CIM 35-30	0	NA	NA		Physician billing to Carrier
38231	STEM CELL COLLECTION	No	CIM 35-30	0	NA	NA		Physician billing to Carrier
38240	BONE MARROW/STEM TRANSPLANT	No	CIM 35-30	0	NA	NA		Physician billing to Carrier
38241	BONE MARROW/STEM TRANSPLANT	No	CIM 35-30	0	NA	NA		Physician billing to Carrier
38300	DRAINAGE, LYMPH NODE LESION	No		0	NA	NA		Physician billing to Carrier
38305	DRAINAGE, LYMPH NODE LESION	No		0	NA	NA		Physician billing to Carrier
38308	INCISION OF LYMPH CHANNELS	No	CIM 35-58	091	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
38380	THORACIC DUCT PROCEDURE	No		0	NA	NA		Physician billing to Carrier
38381	THORACIC DUCT PROCEDURE	No		0	NA	NA		Physician billing to Carrier
38382	THORACIC DUCT PROCEDURE	No		0	NA	NA		Physician billing to Carrier
38500	BIOPSY/REMOVAL, LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38505	NEEDLE BIOPSY, LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38510	BIOPSY/REMOVAL, LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38520	BIOPSY/REMOVAL, LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38525	BIOPSY/REMOVAL, LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38530	BIOPSY/REMOVAL, LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38542	EXPLORE DEEP NODE(S), NECK	No		0	NA	NA		Physician billing to Carrier
38550	REMOVAL, NECK/ARMPIT LESION	No		0	NA	NA		Physician billing to Carrier
38555	REMOVAL, NECK/ARMPIT LESION	No		0	NA	NA		Physician billing to Carrier
38562	REMOVAL, PELVIC LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38564	REMOVAL, ABDOMEN LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38570	LAPAROSCOPY, LYMPH NODE BIOP	No		0	NA	NA		Physician billing to Carrier
38571	LAPAROSCOPY, LYMPHADENECTOMY	No		0	NA	NA		Physician billing to Carrier
38572	LAPAROSCOPY, LYMPHADENECTOMY	No		0	NA	NA		Physician billing to Carrier
38589	LAPAROSCOPE PROC, LYMPHATIC	No		0	NA	NA		Physician billing to Carrier
38700	REMOVAL OF LYMPH NODES, NECK	No		0	NA	NA		Physician billing to Carrier
38720	REMOVAL OF LYMPH NODES, NECK	No		0	NA	NA		Physician billing to Carrier
38724	REMOVAL OF LYMPH NODES, NECK	No		0	NA	NA		Physician billing to Carrier
38740	REMOVE ARMPIT LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38745	REMOVE ARMPIT LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38746	REMOVE THORACIC LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38747	REMOVE ABDOMINAL LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38760	REMOVE GROIN LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38765	REMOVE GROIN LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38770	REMOVE PELVIS LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38780	REMOVE ABDOMEN LYMPH NODES	No		0	NA	NA		Physician billing to Carrier
38790	INJECT FOR LYMPHATIC X-RAY	No		0	NA	NA		Physician billing to Carrier
38792	IDENTIFY SENTINEL NODE	No		0	NA	NA		Physician billing to Carrier
38794	ACCESS THORACIC LYMPH DUCT	No		0	NA	NA		Physician billing to Carrier
38999	BLOOD/LYMPH SYSTEM PROCEDURE	No		0	NA	NA		Physician billing to Carrier
39000	EXPLORATION OF CHEST	No		0	NA	NA		Physician billing to Carrier
39010	EXPLORATION OF CHEST	No		0	NA	NA		Physician billing to Carrier
39200	REMOVAL CHEST LESION	No		0	NA	NA		Physician billing to Carrier
39220	REMOVAL CHEST LESION	No		0	NA	NA		Physician billing to Carrier
39400	VISUALIZATION OF CHEST	No		0	NA	NA		Physician billing to Carrier
39499	CHEST PROCEDURE	No		0	NA	NA		Physician billing to Carrier
39501	REPAIR DIAPHRAGM LACERATION	No		0	NA	NA		Physician billing to Carrier
39502	REPAIR PARAESOPHAGEAL HERNIA	No		0	NA	NA		Physician billing to Carrier
39503	REPAIR OF DIAPHRAGM HERNIA	No		0	NA	NA		Physician billing to Carrier
39520	REPAIR OF DIAPHRAGM HERNIA	No		0	NA	NA		Physician billing to Carrier
39530	REPAIR OF DIAPHRAGM HERNIA	No		092	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
39531	REPAIR OF DIAPHRAGM HERNIA	No		0	NA	NA		Physician billing to Carrier
39540	REPAIR OF DIAPHRAGM HERNIA	No		0	NA	NA		Physician billing to Carrier
39541	REPAIR OF DIAPHRAGM HERNIA	No		0	NA	NA		Physician billing to Carrier
39545	REVISION OF DIAPHRAGM	No		0	NA	NA		Physician billing to Carrier
39560	RESECT DIAPHRAGM, SIMPLE	No		0	NA	NA		Physician billing to Carrier
39561	RESECT DIAPHRAGM, COMPLEX	No		0	NA	NA		Physician billing to Carrier
39599	DIAPHRAGM SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
40490	BIOPSY OF LIP	No		0	NA	NA		Physician billing to Carrier
40500	PARTIAL EXCISION OF LIP	No		0	NA	NA		Physician billing to Carrier
40510	PARTIAL EXCISION OF LIP	No		0	NA	NA		Physician billing to Carrier
40520	PARTIAL EXCISION OF LIP	No		0	NA	NA		Physician billing to Carrier
40525	RECONSTRUCT LIP WITH FLAP	No		0	NA	NA		Physician billing to Carrier
40527	RECONSTRUCT LIP WITH FLAP	No		0	NA	NA		Physician billing to Carrier
40530	PARTIAL REMOVAL OF LIP	No		0	NA	NA		Physician billing to Carrier
40650	REPAIR LIP	No		0	NA	NA		Physician billing to Carrier
40652	REPAIR LIP	No		0	NA	NA		Physician billing to Carrier
40654	REPAIR LIP	No		0	NA	NA		Physician billing to Carrier
40700	REPAIR CLEFT LIP/NASAL	No		0	NA	NA		Physician billing to Carrier
40701	REPAIR CLEFT LIP/NASAL	No		0	NA	NA		Physician billing to Carrier
40702	REPAIR CLEFT LIP/NASAL	No		0	NA	NA		Physician billing to Carrier
40720	REPAIR CLEFT LIP/NASAL	No		0	NA	NA		Physician billing to Carrier
40761	REPAIR CLEFT LIP/NASAL	No		0	NA	NA		Physician billing to Carrier
40799	LIP SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
40800	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
40801	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
40804	REMOVAL, FOREIGN BODY, MOUTH	No		0	NA	NA		Physician billing to Carrier
40805	REMOVAL, FOREIGN BODY, MOUTH	No		0	NA	NA		Physician billing to Carrier
40806	INCISION OF LIP FOLD	No		0	NA	NA		Physician billing to Carrier
40808	BIOPSY OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
40810	EXCISION OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
40812	EXCISE/REPAIR MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
40814	EXCISE/REPAIR MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
40816	EXCISION OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
40818	EXCISE ORAL MUCOSA FOR GRAFT	No		0	NA	NA		Physician billing to Carrier
40819	EXCISE LIP OR CHEEK FOLD	No		0	NA	NA		Physician billing to Carrier
40820	TREATMENT OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
40830	REPAIR MOUTH LACERATION	No		0	NA	NA		Physician billing to Carrier
40831	REPAIR MOUTH LACERATION	No		0	NA	NA		Physician billing to Carrier
40840	RECONSTRUCTION OF MOUTH	No	MCM 2163, ASC 02	0	NA	NA		Physician billing to Carrier
40842	RECONSTRUCTION OF MOUTH	No	MCM 2163, ASC 03	0	NA	NA		Physician billing to Carrier
40843	RECONSTRUCTION OF MOUTH	No	MCM 2163, ASC 03	0	NA	NA		Physician billing to Carrier
40844	RECONSTRUCTION OF MOUTH	No	MCM 2163, ASC 05	0	NA	NA		Physician billing to Carrier
40845	RECONSTRUCTION OF MOUTH	No	MCM 2163, ASC 05	0	NA	NA		Physician billing to Carrier
40899	MOUTH SURGERY PROCEDURE	No		093	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
41000	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
41005	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
41006	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
41007	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
41008	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
41009	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
41010	INCISION OF TONGUE FOLD	No		0	NA	NA		Physician billing to Carrier
41015	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
41016	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
41017	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
41018	DRAINAGE OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
41100	BIOPSY OF TONGUE	No		0	NA	NA		Physician billing to Carrier
41105	BIOPSY OF TONGUE	No		0	NA	NA		Physician billing to Carrier
41108	BIOPSY OF FLOOR OF MOUTH	No		0	NA	NA		Physician billing to Carrier
41110	EXCISION OF TONGUE LESION	No		0	NA	NA		Physician billing to Carrier
41112	EXCISION OF TONGUE LESION	No		0	NA	NA		Physician billing to Carrier
41113	EXCISION OF TONGUE LESION	No		0	NA	NA		Physician billing to Carrier
41114	EXCISION OF TONGUE LESION	No		0	NA	NA		Physician billing to Carrier
41115	EXCISION OF TONGUE FOLD	No		0	NA	NA		Physician billing to Carrier
41116	EXCISION OF MOUTH LESION	No		0	NA	NA		Physician billing to Carrier
41120	PARTIAL REMOVAL OF TONGUE	No		0	NA	NA		Physician billing to Carrier
41130	PARTIAL REMOVAL OF TONGUE	No		0	NA	NA		Physician billing to Carrier
41135	TONGUE AND NECK SURGERY	No		0	NA	NA		Physician billing to Carrier
41140	REMOVAL OF TONGUE	No		0	NA	NA		Physician billing to Carrier
41145	TONGUE REMOVAL, NECK SURGERY	No		0	NA	NA		Physician billing to Carrier
41150	TONGUE, MOUTH, JAW SURGERY	No		0	NA	NA		Physician billing to Carrier
41153	TONGUE, MOUTH, NECK SURGERY	No		0	NA	NA		Physician billing to Carrier
41155	TONGUE, JAW, & NECK SURGERY	No		0	NA	NA		Physician billing to Carrier
41250	REPAIR TONGUE LACERATION	No		0	NA	NA		Physician billing to Carrier
41251	REPAIR TONGUE LACERATION	No		0	NA	NA		Physician billing to Carrier
41252	REPAIR TONGUE LACERATION	No		0	NA	NA		Physician billing to Carrier
41500	FIXATION OF TONGUE	No		0	NA	NA		Physician billing to Carrier
41510	TONGUE TO LIP SURGERY	No		0	NA	NA		Physician billing to Carrier
41520	RECONSTRUCTION, TONGUE FOLD	No		0	NA	NA		Physician billing to Carrier
41599	TONGUE AND MOUTH SURGERY	No		0	NA	NA		Physician billing to Carrier
41800	DRAINAGE OF GUM LESION	No		0	NA	NA		Physician billing to Carrier
41805	REMOVAL FOREIGN BODY, GUM	No		0	NA	NA		Physician billing to Carrier
41806	REMOVAL FOREIGN BODY,JAWBONE	No		0	NA	NA		Physician billing to Carrier
41820	EXCISION, GUM, EACH QUADRANT	No	MCM 2136	0	NA	NA		Physician billing to Carrier
41821	EXCISION OF GUM FLAP	No	MCM 2136	0	NA	NA		Physician billing to Carrier
41822	EXCISION OF GUM LESION	No	MCM 2136	0	NA	NA		Physician billing to Carrier
41823	EXCISION OF GUM LESION	No	MCM 2136	0	NA	NA		Physician billing to Carrier
41825	EXCISION OF GUM LESION	No		0	NA	NA		Physician billing to Carrier
41826	EXCISION OF GUM LESION	No		094	NA	NA		Physician billing to Carrier

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
41827	EXCISION OF GUM LESION	No		0	NA	NA		Physician billing to Carrier
41828	EXCISION OF GUM LESION	No	MCM 2136	0	NA	NA		Physician billing to Carrier
41830	REMOVAL OF GUM TISSUE	No	MCM 2136	0	NA	NA		Physician billing to Carrier
41850	TREATMENT OF GUM LESION	No	MCM 2136	0	NA	NA		Physician billing to Carrier
41870	GUM GRAFT	No	MCM 2136	0	NA	NA		Physician billing to Carrier
41872	REPAIR GUM	No	MCM 2136	0	NA	NA		Physician billing to Carrier
41874	REPAIR TOOTH SOCKET	No	MCM 2136	0	NA	NA		Physician billing to Carrier
41899	DENTAL SURGERY PROCEDURE	No	MCM 2136	0	NA	NA		Physician billing to Carrier
42000	DRAINAGE MOUTH ROOF LESION	No		0	NA	NA		Physician billing to Carrier
42100	BIOPSY ROOF OF MOUTH	No		0	NA	NA		Physician billing to Carrier
42104	EXCISION LESION, MOUTH ROOF	No		0	NA	NA		Physician billing to Carrier
42106	EXCISION LESION, MOUTH ROOF	No		0	NA	NA		Physician billing to Carrier
42107	EXCISION LESION, MOUTH ROOF	No		0	NA	NA		Physician billing to Carrier
42120	REMOVE PALATE/LESION	No		0	NA	NA		Physician billing to Carrier
42140	EXCISION OF UVULA	No		0	NA	NA		Physician billing to Carrier
42145	REPAIR PALATE, PHARYNX/UVULA	No		0	NA	NA		Physician billing to Carrier
42160	TREATMENT MOUTH ROOF LESION	No		0	NA	NA		Physician billing to Carrier
42180	REPAIR PALATE	No		0	NA	NA		Physician billing to Carrier
42182	REPAIR PALATE	No		0	NA	NA		Physician billing to Carrier
42200	RECONSTRUCT CLEFT PALATE	No		0	NA	NA		Physician billing to Carrier
42205	RECONSTRUCT CLEFT PALATE	No		0	NA	NA		Physician billing to Carrier
42210	RECONSTRUCT CLEFT PALATE	No		0	NA	NA		Physician billing to Carrier
42215	RECONSTRUCT CLEFT PALATE	No		0	NA	NA		Physician billing to Carrier
42220	RECONSTRUCT CLEFT PALATE	No		0	NA	NA		Physician billing to Carrier
42225	RECONSTRUCT CLEFT PALATE	No		0	NA	NA		Physician billing to Carrier
42226	LENGTHENING OF PALATE	No		0	NA	NA		Physician billing to Carrier
42227	LENGTHENING OF PALATE	No		0	NA	NA		Physician billing to Carrier
42235	REPAIR PALATE	No		0	NA	NA		Physician billing to Carrier
42260	REPAIR NOSE TO LIP FISTULA	No		0	NA	NA		Physician billing to Carrier
42280	PREPARATION, PALATE MOLD	No		0	NA	NA		Physician billing to Carrier
42281	INSERTION, PALATE PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
42299	PALATE/UVULA SURGERY	No		0	NA	NA		Physician billing to Carrier
42300	DRAINAGE OF SALIVARY GLAND	No		0	NA	NA		Physician billing to Carrier
42305	DRAINAGE OF SALIVARY GLAND	No		0	NA	NA		Physician billing to Carrier
42310	DRAINAGE OF SALIVARY GLAND	No		0	NA	NA		Physician billing to Carrier
42320	DRAINAGE OF SALIVARY GLAND	No		0	NA	NA		Physician billing to Carrier
42325	CREATE SALIVARY CYST DRAIN	No		0	NA	NA		Physician billing to Carrier
42326	CREATE SALIVARY CYST DRAIN	No		0	NA	NA		Physician billing to Carrier
42330	REMOVAL OF SALIVARY STONE	No		0	NA	NA		Physician billing to Carrier
42335	REMOVAL OF SALIVARY STONE	No		0	NA	NA		Physician billing to Carrier
42340	REMOVAL OF SALIVARY STONE	No		0	NA	NA		Physician billing to Carrier
42400	BIOPSY OF SALIVARY GLAND	No		0	NA	NA		Physician billing to Carrier
42405	BIOPSY OF SALIVARY GLAND	No		0	NA	NA		Physician billing to Carrier
42408	EXCISION OF SALIVARY CYST	No		095	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
42409	DRAINAGE OF SALIVARY CYST	No		0	NA	NA		Physician billing to Carrier
42410	EXCISE PAROTID GLAND/LESION	No		0	NA	NA		Physician billing to Carrier
42415	EXCISE PAROTID GLAND/LESION	No		0	NA	NA		Physician billing to Carrier
42420	EXCISE PAROTID GLAND/LESION	No		0	NA	NA		Physician billing to Carrier
42425	EXCISE PAROTID GLAND/LESION	No		0	NA	NA		Physician billing to Carrier
42426	EXCISE PAROTID GLAND/LESION	No		0	NA	NA		Physician billing to Carrier
42440	EXCISE SUBMAXILLARY GLAND	No		0	NA	NA		Physician billing to Carrier
42450	EXCISE SUBLINGUAL GLAND	No		0	NA	NA		Physician billing to Carrier
42500	REPAIR SALIVARY DUCT	No		0	NA	NA		Physician billing to Carrier
42505	REPAIR SALIVARY DUCT	No		0	NA	NA		Physician billing to Carrier
42507	PAROTID DUCT DIVERSION	No		0	NA	NA		Physician billing to Carrier
42508	PAROTID DUCT DIVERSION	No		0	NA	NA		Physician billing to Carrier
42509	PAROTID DUCT DIVERSION	No		0	NA	NA		Physician billing to Carrier
42510	PAROTID DUCT DIVERSION	No		0	NA	NA		Physician billing to Carrier
42550	INJECTION FOR SALIVARY X-RAY	No		0	NA	NA		Physician billing to Carrier
42600	CLOSURE OF SALIVARY FISTULA	No		0	NA	NA		Physician billing to Carrier
42650	DILATION OF SALIVARY DUCT	No		0	NA	NA		Physician billing to Carrier
42660	DILATION OF SALIVARY DUCT	No		0	NA	NA		Physician billing to Carrier
42665	LIGATION OF SALIVARY DUCT	No		0	NA	NA		Physician billing to Carrier
42699	SALIVARY SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
42700	DRAINAGE OF TONSIL ABSCESS	No		0	NA	NA		Physician billing to Carrier
42720	DRAINAGE OF THROAT ABSCESS	No		0	NA	NA		Physician billing to Carrier
42725	DRAINAGE OF THROAT ABSCESS	No		0	NA	NA		Physician billing to Carrier
42800	BIOPSY OF THROAT	No		0	NA	NA		Physician billing to Carrier
42802	BIOPSY OF THROAT	No		0	NA	NA		Physician billing to Carrier
42804	BIOPSY OF UPPER NOSE/THROAT	No		0	NA	NA		Physician billing to Carrier
42806	BIOPSY OF UPPER NOSE/THROAT	No		0	NA	NA		Physician billing to Carrier
42808	EXCISE PHARYNX LESION	No		0	NA	NA		Physician billing to Carrier
42809	REMOVE PHARYNX FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
42810	EXCISION OF NECK CYST	No		0	NA	NA		Physician billing to Carrier
42815	EXCISION OF NECK CYST	No		0	NA	NA		Physician billing to Carrier
42820	REMOVE TONSILS AND ADENOIDS	No		0	NA	NA		Physician billing to Carrier
42821	REMOVE TONSILS AND ADENOIDS	No		0	NA	NA		Physician billing to Carrier
42825	REMOVAL OF TONSILS	No		0	NA	NA		Physician billing to Carrier
42826	REMOVAL OF TONSILS	No		0	NA	NA		Physician billing to Carrier
42830	REMOVAL OF ADENOIDS	No		0	NA	NA		Physician billing to Carrier
42831	REMOVAL OF ADENOIDS	No		0	NA	NA		Physician billing to Carrier
42835	REMOVAL OF ADENOIDS	No		0	NA	NA		Physician billing to Carrier
42836	REMOVAL OF ADENOIDS	No		0	NA	NA		Physician billing to Carrier
42842	EXTENSIVE SURGERY OF THROAT	No		0	NA	NA		Physician billing to Carrier
42844	EXTENSIVE SURGERY OF THROAT	No		0	NA	NA		Physician billing to Carrier
42845	EXTENSIVE SURGERY OF THROAT	No		0	NA	NA		Physician billing to Carrier
42860	EXCISION OF TONSIL TAGS	No		0	NA	NA		Physician billing to Carrier
42870	EXCISION OF LINGUAL TONSIL	No		0 96	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
42890	PARTIAL REMOVAL OF PHARYNX	No		0	NA	NA		Physician billing to Carrier
42892	REVISION OF PHARYNGEAL WALLS	No		0	NA	NA		Physician billing to Carrier
42894	REVISION OF PHARYNGEAL WALLS	No		0	NA	NA		Physician billing to Carrier
42900	REPAIR THROAT WOUND	No		0	NA	NA		Physician billing to Carrier
42950	RECONSTRUCTION OF THROAT	No		0	NA	NA		Physician billing to Carrier
42953	REPAIR THROAT, ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
42955	SURGICAL OPENING OF THROAT	No		0	NA	NA		Physician billing to Carrier
42960	CONTROL THROAT BLEEDING	No		0	NA	NA		Physician billing to Carrier
42961	CONTROL THROAT BLEEDING	No		0	NA	NA		Physician billing to Carrier
42962	CONTROL THROAT BLEEDING	No		0	NA	NA		Physician billing to Carrier
42970	CONTROL NOSE/THROAT BLEEDING	No		0	NA	NA		Physician billing to Carrier
42971	CONTROL NOSE/THROAT BLEEDING	No		0	NA	NA		Physician billing to Carrier
42972	CONTROL NOSE/THROAT BLEEDING	No		0	NA	NA		Physician billing to Carrier
42999	THROAT SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
43020	INCISION OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43030	THROAT MUSCLE SURGERY	No		0	NA	NA		Physician billing to Carrier
43045	INCISION OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43100	EXCISION OF ESOPHAGUS LESION	No		0	NA	NA		Physician billing to Carrier
43101	EXCISION OF ESOPHAGUS LESION	No		0	NA	NA		Physician billing to Carrier
43107	REMOVAL OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43108	REMOVAL OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43112	REMOVAL OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43113	REMOVAL OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43116	PARTIAL REMOVAL OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43117	PARTIAL REMOVAL OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43118	PARTIAL REMOVAL OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43121	PARTIAL REMOVAL OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43122	PARITAL REMOVAL OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43123	PARTIAL REMOVAL OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43124	REMOVAL OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43130	REMOVAL OF ESOPHAGUS POUCH	No		0	NA	NA		Physician billing to Carrier
43135	REMOVAL OF ESOPHAGUS POUCH	No		0	NA	NA		Physician billing to Carrier
43200	ESOPHAGUS ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43202	ESOPHAGUS ENDOSCOPY, BIOPSY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43204	ESOPHAGUS ENDOSCOPY & INJECT	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43205	ESOPHAGUS ENDOSCOPY/LIGATION	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43215	ESOPHAGUS ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43216	ESOPHAGUS ENDOSCOPY/LESION	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43217	ESOPHAGUS ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43219	ESOPHAGUS ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43220	ESOPH ENDOSCOPY, DILATION	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43226	ESOPH ENDOSCOPY, DILATION	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43227	ESOPH ENDOSCOPY, REPAIR	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43228	ESOPH ENDOSCOPY, ABLATION	No	CIM 35-59	097	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
43231	ESOPH ENDOSCOPY W/US EXAM	No		0	NA	NA		Physician billing to Carrier
43232	ESOPH ENDOSCOPY W/US FN BX	No		0	NA	NA		Physician billing to Carrier
43234	UPPER GI ENDOSCOPY, EXAM	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43235	UPPR GI ENDOSCOPY, DIAGNOSIS	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43239	UPPER GI ENDOSCOPY, BIOPSY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43240	ESOPH ENDOSCOPE W/DRAIN CYST	No		0	NA	NA		Physician billing to Carrier
43241	UPPER GI ENDOSCOPY WITH TUBE	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43242	UPPR GI ENDOSCOPY W/US FN BX	No		0	NA	NA		Physician billing to Carrier
43243	UPPER GI ENDOSCOPY & INJECT	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43244	UPPER GI ENDOSCOPY/LIGATION	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43245	OPERATIVE UPPER GI ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43246	PLACE GASTROSTOMY TUBE	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43247	OPERATIVE UPPER GI ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43248	UPPR GI ENDOSCOPY/GUIDE WIRE	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43249	ESOPH ENDOSCOPY, DILATION	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43250	UPPER GI ENDOSCOPY/TUMOR	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43251	OPERATIVE UPPER GI ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43255	OPERATIVE UPPER GI ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43256	UPPR GI ENDOSCOPY W STENT	No		0	NA	NA		Physician billing to Carrier
43258	OPERATIVE UPPER GI ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43259	ENDOSCOPIC ULTRASOUND EXAM	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43260	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43261	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43262	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43263	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43264	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43265	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43267	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43268	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43269	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43271	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43272	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
43280	LAPAROSCOPY, FUNDOPLASTY	No		0	NA	NA		Physician billing to Carrier
43289	LAPAROSCOPE PROC, ESOPH	No		0	NA	NA		Physician billing to Carrier
43300	REPAIR OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43305	REPAIR ESOPHAGUS AND FISTULA	No		0	NA	NA		Physician billing to Carrier
43310	REPAIR OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43312	REPAIR ESOPHAGUS AND FISTULA	No		0	NA	NA		Physician billing to Carrier
43320	FUSE ESOPHAGUS & STOMACH	No		0	NA	NA		Physician billing to Carrier
43324	REVISE ESOPHAGUS & STOMACH	No		0	NA	NA		Physician billing to Carrier
43325	REVISE ESOPHAGUS & STOMACH	No		0	NA	NA		Physician billing to Carrier
43326	REVISE ESOPHAGUS & STOMACH	No		0	NA	NA		Physician billing to Carrier
43330	REPAIR OF ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43331	REPAIR OF ESOPHAGUS	No		0 98	NA	NA		Physician billing to Carrier

HCPCCS Code	Short HCPCCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
43340	FUSE ESOPHAGUS & INTESTINE	No		0	NA	NA		Physician billing to Carrier
43341	FUSE ESOPHAGUS & INTESTINE	No		0	NA	NA		Physician billing to Carrier
43350	SURGICAL OPENING, ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43351	SURGICAL OPENING, ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43352	SURGICAL OPENING, ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43360	GASTROINTESTINAL REPAIR	No		0	NA	NA		Physician billing to Carrier
43361	GASTROINTESTINAL REPAIR	No		0	NA	NA		Physician billing to Carrier
43400	LIGATE ESOPHAGUS VEINS	No		0	NA	NA		Physician billing to Carrier
43401	ESOPHAGUS SURGERY FOR VEINS	No		0	NA	NA		Physician billing to Carrier
43405	LIGATE/STAPLE ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43410	REPAIR ESOPHAGUS WOUND	No		0	NA	NA		Physician billing to Carrier
43415	REPAIR ESOPHAGUS WOUND	No		0	NA	NA		Physician billing to Carrier
43420	REPAIR ESOPHAGUS OPENING	No		0	NA	NA		Physician billing to Carrier
43425	REPAIR ESOPHAGUS OPENING	No		0	NA	NA		Physician billing to Carrier
43450	DILATE ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43453	DILATE ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43456	DILATE ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43458	DILATE ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43460	PRESSURE TREATMENT ESOPHAGUS	No		0	NA	NA		Physician billing to Carrier
43496	FREE JEJUNUM FLAP, MICROVASC	No		0	NA	NA		Physician billing to Carrier
43499	ESOPHAGUS SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
43500	SURGICAL OPENING OF STOMACH	No		0	NA	NA		Physician billing to Carrier
43501	SURGICAL REPAIR OF STOMACH	No		0	NA	NA		Physician billing to Carrier
43502	SURGICAL REPAIR OF STOMACH	No		0	NA	NA		Physician billing to Carrier
43510	SURGICAL OPENING OF STOMACH	No		0	NA	NA		Physician billing to Carrier
43520	INCISION OF PYLORIC MUSCLE	No		0	NA	NA		Physician billing to Carrier
43600	BIOPSY OF STOMACH	No		0	NA	NA		Physician billing to Carrier
43605	BIOPSY OF STOMACH	No		0	NA	NA		Physician billing to Carrier
43610	EXCISION OF STOMACH LESION	No		0	NA	NA		Physician billing to Carrier
43611	EXCISION OF STOMACH LESION	No		0	NA	NA		Physician billing to Carrier
43620	REMOVAL OF STOMACH	No		0	NA	NA		Physician billing to Carrier
43621	REMOVAL OF STOMACH	No		0	NA	NA		Physician billing to Carrier
43622	REMOVAL OF STOMACH	No		0	NA	NA		Physician billing to Carrier
43631	REMOVAL OF STOMACH, PARTIAL	No		0	NA	NA		Physician billing to Carrier
43632	REMOVAL OF STOMACH, PARTIAL	No		0	NA	NA		Physician billing to Carrier
43633	REMOVAL OF STOMACH, PARTIAL	No		0	NA	NA		Physician billing to Carrier
43634	REMOVAL OF STOMACH, PARTIAL	No		0	NA	NA		Physician billing to Carrier
43635	REMOVAL OF STOMACH, PARTIAL	No		0	NA	NA		Physician billing to Carrier
43638	REMOVAL OF STOMACH, PARTIAL	No		0	NA	NA		Physician billing to Carrier
43639	REMOVAL OF STOMACH, PARTIAL	No		0	NA	NA		Physician billing to Carrier
43640	VAGOTOMY & PYLORUS REPAIR	No		0	NA	NA		Physician billing to Carrier
43641	VAGOTOMY & PYLORUS REPAIR	No		0	NA	NA		Physician billing to Carrier
43651	LAPAROSCOPY, VAGUS NERVE	No		0	NA	NA		Physician billing to Carrier
43652	LAPAROSCOPY, VAGUS NERVE	No		099	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
43653	LAPAROSCOPY, GASTROSTOMY	No		0	NA	NA		Physician billing to Carrier
43659	LAPAROSCOPE PROC, STOM	No		0	NA	NA		Physician billing to Carrier
43750	PLACE GASTROSTOMY TUBE	No		0	NA	NA		Physician billing to Carrier
43752	NASAL/OROGASTRIC W/STENT	No		0	NA	NA		Physician billing to Carrier
43760	CHANGE GASTROSTOMY TUBE	No		0	NA	NA		Physician billing to Carrier
43761	REPOSITION GASTROSTOMY TUBE	No		0	NA	NA		Physician billing to Carrier
43800	RECONSTRUCTION OF PYLORUS	No		0	NA	NA		Physician billing to Carrier
43810	FUSION OF STOMACH AND BOWEL	No		0	NA	NA		Physician billing to Carrier
43820	FUSION OF STOMACH AND BOWEL	No		0	NA	NA		Physician billing to Carrier
43825	FUSION OF STOMACH AND BOWEL	No		0	NA	NA		Physician billing to Carrier
43830	PLACE GASTROSTOMY TUBE	No		0	NA	NA		Physician billing to Carrier
43831	PLACE GASTROSTOMY TUBE	No		0	NA	NA		Physician billing to Carrier
43832	PLACE GASTROSTOMY TUBE	No		0	NA	NA		Physician billing to Carrier
43840	REPAIR OF STOMACH LESION	No		0	NA	NA		Physician billing to Carrier
43842	GASTROPLASTY FOR OBESITY	No	CIM 35-26, CIM 35-40	0	NA	NA		Physician billing to Carrier
43843	GASTROPLASTY FOR OBESITY	No	CIM 35-26, CIM 35-40	0	NA	NA		Physician billing to Carrier
43846	GASTRIC BYPASS FOR OBESITY	No	CIM 35-26, CIM 35-40	0	NA	NA		Physician billing to Carrier
43847	GASTRIC BYPASS FOR OBESITY	No	CIM 35-26, CIM 35-40	0	NA	NA		Physician billing to Carrier
43848	REVISION GASTROPLASTY	No	CIM 35-26, CIM 35-40	0	NA	NA		Physician billing to Carrier
43850	REVISE STOMACH-BOWEL FUSION	No		0	NA	NA		Physician billing to Carrier
43855	REVISE STOMACH-BOWEL FUSION	No		0	NA	NA		Physician billing to Carrier
43860	REVISE STOMACH-BOWEL FUSION	No		0	NA	NA		Physician billing to Carrier
43865	REVISE STOMACH-BOWEL FUSION	No		0	NA	NA		Physician billing to Carrier
43870	REPAIR STOMACH OPENING	No		0	NA	NA		Physician billing to Carrier
43880	REPAIR STOMACH-BOWEL FISTULA	No		0	NA	NA		Physician billing to Carrier
43999	STOMACH SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
44005	FREEING OF BOWEL ADHESION	No		0	NA	NA		Physician billing to Carrier
44010	INCISION OF SMALL BOWEL	No		0	NA	NA		Physician billing to Carrier
44015	INSERT NEEDLE CATH BOWEL	No		0	NA	NA		Physician billing to Carrier
44020	EXPLORATION OF SMALL BOWEL	No		0	NA	NA		Physician billing to Carrier
44021	DECOMPRESS SMALL BOWEL	No		0	NA	NA		Physician billing to Carrier
44025	INCISION OF LARGE BOWEL	No		0	NA	NA		Physician billing to Carrier
44050	REDUCE BOWEL OBSTRUCTION	No		0	NA	NA		Physician billing to Carrier
44055	CORRECT MALROTATION OF BOWEL	No		0	NA	NA		Physician billing to Carrier
44100	BIOPSY OF BOWEL	No		0	NA	NA		Physician billing to Carrier
44110	EXCISION OF BOWEL LESION(S)	No		0	NA	NA		Physician billing to Carrier
44111	EXCISION OF BOWEL LESION(S)	No		0	NA	NA		Physician billing to Carrier
44120	REMOVAL OF SMALL INTESTINE	No		0	NA	NA		Physician billing to Carrier
44121	REMOVAL OF SMALL INTESTINE	No		0	NA	NA		Physician billing to Carrier
44125	REMOVAL OF SMALL INTESTINE	No		0	NA	NA		Physician billing to Carrier
44130	BOWEL TO BOWEL FUSION	No		0	NA	NA		Physician billing to Carrier
44132	ENTERECTOMY, CADAVER DONOR	No	Non-Covered by Medicare CIM 35-82	0	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
44133	ENTERECTOMY, LIVE DONOR	No	Non-Covered by Medicare CIM 35-82	0	NA	NA		SNFs cannot bill for this service
44135	INTESTINE TRANSPLNT, CADAVER	No	Non-Covered by Medicare CIM 35-82	0	NA	NA		SNFs cannot bill for this service
44136	INTESTINE TRANSPLANT, LIVE	No	Non-Covered by Medicare CIM 35-82	0	NA	NA		SNFs cannot bill for this service
44139	MOBILIZATION OF COLON	No		0	NA	NA		Physician billing to Carrier
44140	PARTIAL REMOVAL OF COLON	No		0	NA	NA		Physician billing to Carrier
44141	PARTIAL REMOVAL OF COLON	No		0	NA	NA		Physician billing to Carrier
44143	PARTIAL REMOVAL OF COLON	No		0	NA	NA		Physician billing to Carrier
44144	PARTIAL REMOVAL OF COLON	No		0	NA	NA		Physician billing to Carrier
44145	PARTIAL REMOVAL OF COLON	No		0	NA	NA		Physician billing to Carrier
44146	PARTIAL REMOVAL OF COLON	No		0	NA	NA		Physician billing to Carrier
44147	PARTIAL REMOVAL OF COLON	No		0	NA	NA		Physician billing to Carrier
44150	REMOVAL OF COLON	No		0	NA	NA		Physician billing to Carrier
44151	REMOVAL OF COLON/ILEOSTOMY	No		0	NA	NA		Physician billing to Carrier
44152	REMOVAL OF COLON/ILEOSTOMY	No		0	NA	NA		Physician billing to Carrier
44153	REMOVAL OF COLON/ILEOSTOMY	No		0	NA	NA		Physician billing to Carrier
44155	REMOVAL OF COLON/ILEOSTOMY	No		0	NA	NA		Physician billing to Carrier
44156	REMOVAL OF COLON/ILEOSTOMY	No		0	NA	NA		Physician billing to Carrier
44160	REMOVAL OF COLON	No		0	NA	NA		Physician billing to Carrier
44200	LAPAROSCOPY, ENTEROLYSIS	No		0	NA	NA		Physician billing to Carrier
44201	LAPAROSCOPY, JEJUNOSTOMY	No		0	NA	NA		Physician billing to Carrier
44202	LAPARO, RESECT INTESTINE	No		0	NA	NA		Physician billing to Carrier
44209	LAPAROSCOPE PROC, INTESTINE	No		0	NA	NA		Physician billing to Carrier
44300	OPEN BOWEL TO SKIN	No		0	NA	NA		Physician billing to Carrier
44310	ILEOSTOMY/JEJUNOSTOMY	No		0	NA	NA		Physician billing to Carrier
44312	REVISION OF ILEOSTOMY	No		0	NA	NA		Physician billing to Carrier
44314	REVISION OF ILEOSTOMY	No		0	NA	NA		Physician billing to Carrier
44316	DEVISE BOWEL POUCH	No		0	NA	NA		Physician billing to Carrier
44320	COLOSTOMY	No		0	NA	NA		Physician billing to Carrier
44322	COLOSTOMY WITH BIOPSIES	No		0	NA	NA		Physician billing to Carrier
44340	REVISION OF COLOSTOMY	No		0	NA	NA		Physician billing to Carrier
44345	REVISION OF COLOSTOMY	No		0	NA	NA		Physician billing to Carrier
44346	REVISION OF COLOSTOMY	No		0	NA	NA		Physician billing to Carrier
44360	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
44363	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
44364	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
44365	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
44366	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
44369	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
44370	SMALL BOWEL ENDOSCOPY/STENT	No		0	NA	NA		Physician billing to Carrier
44372	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
44373	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
44376	SMALL BOWEL ENDOSCOPY	No		0	NA	NA		Physician billing to Carrier
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	No		0	NA	NA		Physician billing to Carrier
44378	SMALL BOWEL ENDOSCOPY	No		0	NA	NA		Physician billing to Carrier
44379	S BOWEL ENDOSCOPE W/STENT	No		0	NA	NA		Physician billing to Carrier
44380	SMALL BOWEL ENDOSCOPY	No		0	NA	NA		Physician billing to Carrier
44382	SMALL BOWEL ENDOSCOPY	No		0	NA	NA		Physician billing to Carrier
44383	ILEOSCOPY W/STENT	No		0	NA	NA		Physician billing to Carrier
44385	ENDOSCOPY OF BOWEL POUCH	No		0	NA	NA		Physician billing to Carrier
44386	ENDOSCOPY, BOWEL POUCH/BIOP	No		0	NA	NA		Physician billing to Carrier
44388	COLON ENDOSCOPY	No		0	NA	NA		Physician billing to Carrier
44389	COLONOSCOPY WITH BIOPSY	No		0	NA	NA		Physician billing to Carrier
44390	COLONOSCOPY FOR FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
44391	COLONOSCOPY FOR BLEEDING	No		0	NA	NA		Physician billing to Carrier
44392	COLONOSCOPY & POLYPECTOMY	No		0	NA	NA		Physician billing to Carrier
44393	COLONOSCOPY, LESION REMOVAL	No		0	NA	NA		Physician billing to Carrier
44394	COLONOSCOPY W/SNARE	No		0	NA	NA		Physician billing to Carrier
44397	COLONOSCOPY W STENT	No		0	NA	NA		Physician billing to Carrier
44500	INTRO, GASTROINTESTINAL TUBE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
44602	SUTURE, SMALL INTESTINE	No		0	NA	NA		Physician billing to Carrier
44603	SUTURE, SMALL INTESTINE	No		0	NA	NA		Physician billing to Carrier
44604	SUTURE, LARGE INTESTINE	No		0	NA	NA		Physician billing to Carrier
44605	REPAIR OF BOWEL LESION	No		0	NA	NA		Physician billing to Carrier
44615	INTESTINAL STRICTUROPLASTY	No		0	NA	NA		Physician billing to Carrier
44620	REPAIR BOWEL OPENING	No		0	NA	NA		Physician billing to Carrier
44625	REPAIR BOWEL OPENING	No		0	NA	NA		Physician billing to Carrier
44626	REPAIR BOWEL OPENING	No		0	NA	NA		Physician billing to Carrier
44640	REPAIR BOWEL-SKIN FISTULA	No		0	NA	NA		Physician billing to Carrier
44650	REPAIR BOWEL FISTULA	No		0	NA	NA		Physician billing to Carrier
44660	REPAIR BOWEL-BLADDER FISTULA	No		0	NA	NA		Physician billing to Carrier
44661	REPAIR BOWEL-BLADDER FISTULA	No		0	NA	NA		Physician billing to Carrier
44680	SURGICAL REVISION, INTESTINE	No		0	NA	NA		Physician billing to Carrier
44700	SUSPEND BOWEL W/PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
44799	INTESTINE SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
44800	EXCISION OF BOWEL POUCH	No		0	NA	NA		Physician billing to Carrier
44820	EXCISION OF MESENTERY LESION	No		0	NA	NA		Physician billing to Carrier
44850	REPAIR OF MESENTERY	No		0	NA	NA		Physician billing to Carrier
44899	BOWEL SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
44900	DRAIN APP ABSCESS, OPEN	No		0	NA	NA		Physician billing to Carrier
44901	DRAIN APP ABSCESS, PERCUT	No		0	NA	NA		Physician billing to Carrier
44950	APPENDECTOMY	No		0	NA	NA		Physician billing to Carrier
44955	APPENDECTOMY ADD-ON	No		0	NA	NA		Physician billing to Carrier
44960	APPENDECTOMY	No		0	NA	NA		Physician billing to Carrier
44970	LAPAROSCOPY, APPENDECTOMY	No		Q02	NA	NA		Physician billing to Carrier

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
44979	LAPAROSCOPE PROC, APP	No		0	NA	NA		Physician billing to Carrier
45000	DRAINAGE OF PELVIC ABSCESS	No		0	NA	NA		Physician billing to Carrier
45005	DRAINAGE OF RECTAL ABSCESS	No		0	NA	NA		Physician billing to Carrier
45020	DRAINAGE OF RECTAL ABSCESS	No		0	NA	NA		Physician billing to Carrier
45100	BIOPSY OF RECTUM	No		0	NA	NA		Physician billing to Carrier
45108	REMOVAL OF ANORECTAL LESION	No		0	NA	NA		Physician billing to Carrier
45110	REMOVAL OF RECTUM	No		0	NA	NA		Physician billing to Carrier
45111	PARTIAL REMOVAL OF RECTUM	No		0	NA	NA		Physician billing to Carrier
45112	REMOVAL OF RECTUM	No		0	NA	NA		Physician billing to Carrier
45113	PARTIAL PROCTECTOMY	No		0	NA	NA		Physician billing to Carrier
45114	PARTIAL REMOVAL OF RECTUM	No		0	NA	NA		Physician billing to Carrier
45116	PARTIAL REMOVAL OF RECTUM	No		0	NA	NA		Physician billing to Carrier
45119	REMOVE RECTUM W/RESERVOIR	No		0	NA	NA		Physician billing to Carrier
45120	REMOVAL OF RECTUM	No		0	NA	NA		Physician billing to Carrier
45121	REMOVAL OF RECTUM AND COLON	No		0	NA	NA		Physician billing to Carrier
45123	PARTIAL PROCTECTOMY	No		0	NA	NA		Physician billing to Carrier
45126	PELVIC EXENTERATION	No		0	NA	NA		Physician billing to Carrier
45130	EXCISION OF RECTAL PROLAPSE	No		0	NA	NA		Physician billing to Carrier
45135	EXCISION OF RECTAL PROLAPSE	No		0	NA	NA		Physician billing to Carrier
45150	EXCISION OF RECTAL STRICTURE	No		0	NA	NA		Physician billing to Carrier
45160	EXCISION OF RECTAL LESION	No		0	NA	NA		Physician billing to Carrier
45170	EXCISION OF RECTAL LESION	No		0	NA	NA		Physician billing to Carrier
45190	DESTRUCTION, RECTAL TUMOR	No		0	NA	NA		Physician billing to Carrier
45300	PROCTOSIGMOIDOSCOPY DX	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45303	PROCTOSIGMOIDOSCOPY DILATE	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45305	PROTOSIGMOIDOSCOPY W/BX	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45307	PROTOSIGMOIDOSCOPY FB	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45308	PROTOSIGMOIDOSCOPY REMOVAL	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45309	PROTOSIGMOIDOSCOPY REMOVAL	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45315	PROTOSIGMOIDOSCOPY REMOVAL	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45317	PROTOSIGMOIDOSCOPY BLEED	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45320	PROTOSIGMOIDOSCOPY ABLATE	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45321	PROTOSIGMOIDOSCOPY VOLVUL	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45327	PROCTOSIGMOIDOSCOPY W/STENT	No		0	NA	NA		Physician billing to Carrier
45330	DIAGNOSTIC SIGMOIDOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45331	SIGMOIDOSCOPY AND BIOPSY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45332	SIGMOIDOSCOPY W/FB REMOVAL	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45333	SIGMOIDOSCOPY & POLYPECTOMY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45334	SIGMOIDOSCOPY FOR BLEEDING	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45337	SIGMOIDOSCOPY & DECOMPRESS	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45338	SIGMOIDOSCPY W/TUMR REMOVE	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45339	SIGMOIDOSCOPY W/ABLATE TUMR	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45341	SIGMOIDOSCOPY W/ULTRASOUND	No		0	NA	NA		Physician billing to Carrier
45342	SIGMOIDOSCOPY W/US GUIDE BX	No		003	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
45345	SIGMODOSCOPY W/STENT	No		0	NA	NA		Physician billing to Carrier
45355	SURGICAL COLONOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45378	DIAGNOSTIC COLONOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45379	COLONOSCOPY W/FB REMOVAL	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45380	COLONOSCOPY AND BIOPSY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45382	COLONOSCOPY/CONTROL BLEEDING	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45383	LESION REMOVAL COLONOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45384	LESION REMOVE COLONOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45385	LESION REMOVAL COLONOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
45387	COLONOSCOPY W/STENT	No		0	NA	NA		Physician billing to Carrier
45500	REPAIR OF RECTUM	No		0	NA	NA		Physician billing to Carrier
45505	REPAIR OF RECTUM	No		0	NA	NA		Physician billing to Carrier
45520	TREATMENT OF RECTAL PROLAPSE	No		0	NA	NA		Physician billing to Carrier
45540	CORRECT RECTAL PROLAPSE	No		0	NA	NA		Physician billing to Carrier
45541	CORRECT RECTAL PROLAPSE	No		0	NA	NA		Physician billing to Carrier
45550	REPAIR RECTUM/REMOVE SIGMOID	No		0	NA	NA		Physician billing to Carrier
45560	REPAIR OF RECTOCELE	No		0	NA	NA		Physician billing to Carrier
45562	EXPLORATION/REPAIR OF RECTUM	No		0	NA	NA		Physician billing to Carrier
45563	EXPLORATION/REPAIR OF RECTUM	No		0	NA	NA		Physician billing to Carrier
45800	REPAIR RECT/BLADDER FISTULA	No		0	NA	NA		Physician billing to Carrier
45805	REPAIR FISTULA W/COLOSTOMY	No		0	NA	NA		Physician billing to Carrier
45820	REPAIR RECTOURETHRAL FISTULA	No		0	NA	NA		Physician billing to Carrier
45825	REPAIR FISTULA W/COLOSTOMY	No		0	NA	NA		Physician billing to Carrier
45900	REDUCTION OF RECTAL PROLAPSE	No		0	NA	NA		Physician billing to Carrier
45905	DILATION OF ANAL SPHINCTER	No		0	NA	NA		Physician billing to Carrier
45910	DILATION OF RECTAL NARROWING	No		0	NA	NA		Physician billing to Carrier
45915	REMOVE RECTAL OBSTRUCTION	No		0	NA	NA		Physician billing to Carrier
45999	RECTUM SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
46030	REMOVAL OF RECTAL MARKER	No		0	NA	NA		Physician billing to Carrier
46040	INCISION OF RECTAL ABSCESS	No		0	NA	NA		Physician billing to Carrier
46045	INCISION OF RECTAL ABSCESS	No		0	NA	NA		Physician billing to Carrier
46050	INCISION OF ANAL ABSCESS	No		0	NA	NA		Physician billing to Carrier
46060	INCISION OF RECTAL ABSCESS	No		0	NA	NA		Physician billing to Carrier
46070	INCISION OF ANAL SEPTUM	No		0	NA	NA		Physician billing to Carrier
46080	INCISION OF ANAL SPHINCTER	No		0	NA	NA		Physician billing to Carrier
46083	INCISE EXTERNAL HEMORRHOID	No		0	NA	NA		Physician billing to Carrier
46200	REMOVAL OF ANAL FISSURE	No		0	NA	NA		Physician billing to Carrier
46210	REMOVAL OF ANAL CRYPT	No		0	NA	NA		Physician billing to Carrier
46211	REMOVAL OF ANAL CRYPTS	No		0	NA	NA		Physician billing to Carrier
46220	REMOVAL OF ANAL TAB	No		0	NA	NA		Physician billing to Carrier
46221	LIGATION OF HEMORRHOID(S)	No		0	NA	NA		Physician billing to Carrier
46230	REMOVAL OF ANAL TABS	No		0	NA	NA		Physician billing to Carrier
46250	HEMORRHOIDECTOMY	No		0	NA	NA		Physician billing to Carrier
46255	HEMORRHOIDECTOMY	No		Q04	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
46257	REMOVE HEMORRHOIDS & FISSURE	No		0	NA	NA		Physician billing to Carrier
46258	REMOVE HEMORRHOIDS & FISTULA	No		0	NA	NA		Physician billing to Carrier
46260	HEMORRHOIDECTOMY	No		0	NA	NA		Physician billing to Carrier
46261	REMOVE HEMORRHOIDS & FISSURE	No		0	NA	NA		Physician billing to Carrier
46262	REMOVE HEMORRHOIDS & FISTULA	No		0	NA	NA		Physician billing to Carrier
46270	REMOVAL OF ANAL FISTULA	No		0	NA	NA		Physician billing to Carrier
46275	REMOVAL OF ANAL FISTULA	No		0	NA	NA		Physician billing to Carrier
46280	REMOVAL OF ANAL FISTULA	No		0	NA	NA		Physician billing to Carrier
46285	REMOVAL OF ANAL FISTULA	No		0	NA	NA		Physician billing to Carrier
46288	REPAIR ANAL FISTULA	No		0	NA	NA		Physician billing to Carrier
46320	REMOVAL OF HEMORRHOID CLOT	No		0	NA	NA		Physician billing to Carrier
46500	INJECTION INTO HEMORRHOIDS	No		0	NA	NA		Physician billing to Carrier
46600	DIAGNOSTIC ANOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
46604	ANOSCOPY AND DILATION	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
46606	ANOSCOPY AND BIOPSY	No		0	NA	NA		Physician billing to Carrier
46608	ANOSCOPY/ REMOVE FOR BODY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
46610	ANOSCOPY/REMOVE LESION	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
46611	ANOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
46612	ANOSCOPY/ REMOVE LESIONS	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
46614	ANOSCOPY/CONTROL BLEEDING	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
46615	ANOSCOPY	No	CIM 35-59	0	NA	NA		Physician billing to Carrier
46700	REPAIR OF ANAL STRICTURE	No		0	NA	NA		Physician billing to Carrier
46705	REPAIR OF ANAL STRICTURE	No		0	NA	NA		Physician billing to Carrier
46715	REPAIR OF ANOVAGINAL FISTULA	No		0	NA	NA		Physician billing to Carrier
46716	REPAIR OF ANOVAGINAL FISTULA	No		0	NA	NA		Physician billing to Carrier
46730	CONSTRUCTION OF ABSENT ANUS	No		0	NA	NA		Physician billing to Carrier
46735	CONSTRUCTION OF ABSENT ANUS	No		0	NA	NA		Physician billing to Carrier
46740	CONSTRUCTION OF ABSENT ANUS	No		0	NA	NA		Physician billing to Carrier
46742	REPAIR OF IMPERFORATED ANUS	No		0	NA	NA		Physician billing to Carrier
46744	REPAIR OF CLOACAL ANOMALY	No		0	NA	NA		Physician billing to Carrier
46746	REPAIR OF CLOACAL ANOMALY	No		0	NA	NA		Physician billing to Carrier
46748	REPAIR OF CLOACAL ANOMALY	No		0	NA	NA		Physician billing to Carrier
46750	REPAIR OF ANAL SPHINCTER	No		0	NA	NA		Physician billing to Carrier
46751	REPAIR OF ANAL SPHINCTER	No		0	NA	NA		Physician billing to Carrier
46753	RECONSTRUCTION OF ANUS	No		0	NA	NA		Physician billing to Carrier
46754	REMOVAL OF SUTURE FROM ANUS	No		0	NA	NA		Physician billing to Carrier
46760	REPAIR OF ANAL SPHINCTER	No		0	NA	NA		Physician billing to Carrier
46761	REPAIR OF ANAL SPHINCTER	No		0	NA	NA		Physician billing to Carrier
46762	IMPLANT ARTIFICIAL SPHINCTER	No		0	NA	NA		Physician billing to Carrier
46900	DESTRUCTION, ANAL LESION(S)	No		0	NA	NA		Physician billing to Carrier
46910	DESTRUCTION, ANAL LESION(S)	No		0	NA	NA		Physician billing to Carrier
46916	CRYOSURGERY, ANAL LESION(S)	No		0	NA	NA		Physician billing to Carrier
46917	LASER SURGERY, ANAL LESIONS	No		0	NA	NA		Physician billing to Carrier
46922	EXCISION OF ANAL LESION(S)	No		Q05	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
46924	DESTRUCTION, ANAL LESION(S)	No		0	NA	NA		Physician billing to Carrier
46934	DESTRUCTION OF HEMORRHOIDS	No		0	NA	NA		Physician billing to Carrier
46935	DESTRUCTION OF HEMORRHOIDS	No		0	NA	NA		Physician billing to Carrier
46936	DESTRUCTION OF HEMORRHOIDS	No		0	NA	NA		Physician billing to Carrier
46937	CRYOTHERAPY OF RECTAL LESION	No		0	NA	NA		Physician billing to Carrier
46938	CRYOTHERAPY OF RECTAL LESION	No		0	NA	NA		Physician billing to Carrier
46940	TREATMENT OF ANAL FISSURE	No		0	NA	NA		Physician billing to Carrier
46942	TREATMENT OF ANAL FISSURE	No		0	NA	NA		Physician billing to Carrier
46945	LIGATION OF HEMORRHOIDS	No		0	NA	NA		Physician billing to Carrier
46946	LIGATION OF HEMORRHOIDS	No		0	NA	NA		Physician billing to Carrier
46999	ANUS SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
47000	NEEDLE BIOPSY OF LIVER	No		0	NA	NA		Physician billing to Carrier
47001	NEEDLE BIOPSY, LIVER ADD-ON	No		0	NA	NA		Physician billing to Carrier
47010	OPEN DRAINAGE, LIVER LESION	No		0	NA	NA		Physician billing to Carrier
47011	PERCUT DRAIN, LIVER LESION	No		0	NA	NA		Physician billing to Carrier
47015	INJECT/ASPIRATE LIVER CYST	No		0	NA	NA		Physician billing to Carrier
47100	WEDGE BIOPSY OF LIVER	No		0	NA	NA		Physician billing to Carrier
47120	PARTIAL REMOVAL OF LIVER	No		0	NA	NA		Physician billing to Carrier
47122	EXTENSIVE REMOVAL OF LIVER	No		0	NA	NA		Physician billing to Carrier
47125	PARTIAL REMOVAL OF LIVER	No		0	NA	NA		Physician billing to Carrier
47130	PARTIAL REMOVAL OF LIVER	No		0	NA	NA		Physician billing to Carrier
47133	REMOVAL OF DONOR LIVER	No		9	NA	NA		SNFs cannot bill for this service
47134	PARTIAL REMOVAL, DONOR LIVER	No	CIM 35-53	0	NA	NA		Physician billing to Carrier
47135	TRANSPLANTATION OF LIVER	No	CIM 35-53	0	NA	NA		Physician billing to Carrier
47136	TRANSPLANTATION OF LIVER	No	CIM 35-53	0	NA	NA		Physician billing to Carrier
47300	SURGERY FOR LIVER LESION	No		0	NA	NA		Physician billing to Carrier
47350	REPAIR LIVER WOUND	No		0	NA	NA		Physician billing to Carrier
47360	REPAIR LIVER WOUND	No		0	NA	NA		Physician billing to Carrier
47361	REPAIR LIVER WOUND	No		0	NA	NA		Physician billing to Carrier
47362	REPAIR LIVER WOUND	No		0	NA	NA		Physician billing to Carrier
47379	LAPAROSCOPE PROCEDURE, LIVER	No		0	NA	NA		Physician billing to Carrier
47399	LIVER SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
47400	INCISION OF LIVER DUCT	No		0	NA	NA		Physician billing to Carrier
47420	INCISION OF BILE DUCT	No		0	NA	NA		Physician billing to Carrier
47425	INCISION OF BILE DUCT	No		0	NA	NA		Physician billing to Carrier
47460	INCISE BILE DUCT SPHINCTER	No		0	NA	NA		Physician billing to Carrier
47480	INCISION OF GALLBLADDER	No		0	NA	NA		Physician billing to Carrier
47490	INCISION OF GALLBLADDER	No		0	NA	NA		Physician billing to Carrier
47500	INJECTION FOR LIVER X-RAYS	No		0	NA	NA		Physician billing to Carrier
47505	INJECTION FOR LIVER X-RAYS	No		0	NA	NA		Physician billing to Carrier
47510	INSERT CATHETER, BILE DUCT	No		0	NA	NA		Physician billing to Carrier
47511	INSERT BILE DUCT DRAIN	No		0	NA	NA		Physician billing to Carrier
47525	CHANGE BILE DUCT CATHETER	No		0	NA	NA		Physician billing to Carrier
47530	REVISE/REINSERT BILE TUBE	No		Q06	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
47550	BILE DUCT ENDOSCOPY ADD-ON	No		0	NA	NA		Physician billing to Carrier
47552	BILIARY ENDOSCOPY THRU SKIN	No		0	NA	NA		Physician billing to Carrier
47553	BILIARY ENDOSCOPY THRU SKIN	No		0	NA	NA		Physician billing to Carrier
47554	BILIARY ENDOSCOPY THRU SKIN	No		0	NA	NA		Physician billing to Carrier
47555	BILIARY ENDOSCOPY THRU SKIN	No		0	NA	NA		Physician billing to Carrier
47556	BILIARY ENDOSCOPY THRU SKIN	No		0	NA	NA		Physician billing to Carrier
47560	LAPAROSCOPY W/CHOLANGIO	No		0	NA	NA		Physician billing to Carrier
47561	LAPARO W/CHOLANGIO/BIOPSY	No		0	NA	NA		Physician billing to Carrier
47562	LAPAROSCOPIC CHOLECYSTECTOMY	No		0	NA	NA		Physician billing to Carrier
47563	LAPARO CHOLECYSTECTOMY/GRAPH	No		0	NA	NA		Physician billing to Carrier
47564	LAPARO CHOLECYSTECTOMY/EXPLR	No		0	NA	NA		Physician billing to Carrier
47570	LAPARO CHOLECYSTOENTEROSTOMY	No		0	NA	NA		Physician billing to Carrier
47579	LAPAROSCOPE PROC, BILIARY	No		0	NA	NA		Physician billing to Carrier
47600	REMOVAL OF GALLBLADDER	No		0	NA	NA		Physician billing to Carrier
47605	REMOVAL OF GALLBLADDER	No		0	NA	NA		Physician billing to Carrier
47610	REMOVAL OF GALLBLADDER	No		0	NA	NA		Physician billing to Carrier
47612	REMOVAL OF GALLBLADDER	No		0	NA	NA		Physician billing to Carrier
47620	REMOVAL OF GALLBLADDER	No		0	NA	NA		Physician billing to Carrier
47630	REMOVE BILE DUCT STONE	No		0	NA	NA		Physician billing to Carrier
47700	EXPLORATION OF BILE DUCTS	No		0	NA	NA		Physician billing to Carrier
47701	BILE DUCT REVISION	No		0	NA	NA		Physician billing to Carrier
47711	EXCISION OF BILE DUCT TUMOR	No		0	NA	NA		Physician billing to Carrier
47712	EXCISION OF BILE DUCT TUMOR	No		0	NA	NA		Physician billing to Carrier
47715	EXCISION OF BILE DUCT CYST	No		0	NA	NA		Physician billing to Carrier
47716	FUSION OF BILE DUCT CYST	No		0	NA	NA		Physician billing to Carrier
47720	FUSE GALLBLADDER & BOWEL	No		0	NA	NA		Physician billing to Carrier
47721	FUSE UPPER GI STRUCTURES	No		0	NA	NA		Physician billing to Carrier
47740	FUSE GALLBLADDER & BOWEL	No		0	NA	NA		Physician billing to Carrier
47741	FUSE GALLBLADDER & BOWEL	No		0	NA	NA		Physician billing to Carrier
47760	FUSE BILE DUCTS AND BOWEL	No		0	NA	NA		Physician billing to Carrier
47765	FUSE LIVER DUCTS & BOWEL	No		0	NA	NA		Physician billing to Carrier
47780	FUSE BILE DUCTS AND BOWEL	No		0	NA	NA		Physician billing to Carrier
47785	FUSE BILE DUCTS AND BOWEL	No		0	NA	NA		Physician billing to Carrier
47800	RECONSTRUCTION OF BILE DUCTS	No		0	NA	NA		Physician billing to Carrier
47801	PLACEMENT, BILE DUCT SUPPORT	No		0	NA	NA		Physician billing to Carrier
47802	FUSE LIVER DUCT & INTESTINE	No		0	NA	NA		Physician billing to Carrier
47900	SUTURE BILE DUCT INJURY	No		0	NA	NA		Physician billing to Carrier
47999	BILE TRACT SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
48000	DRAINAGE OF ABDOMEN	No		0	NA	NA		Physician billing to Carrier
48001	PLACEMENT OF DRAIN, PANCREAS	No		0	NA	NA		Physician billing to Carrier
48005	RESECT/DEBRIDE PANCREAS	No		0	NA	NA		Physician billing to Carrier
48020	REMOVAL OF PANCREATIC STONE	No		0	NA	NA		Physician billing to Carrier
48100	BIOPSY OF PANCREAS	No		0	NA	NA		Physician billing to Carrier
48102	NEEDLE BIOPSY, PANCREAS	No		Q07	NA	NA		Physician billing to Carrier

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
48120	REMOVAL OF PANCREAS LESION	No		0	NA	NA		Physician billing to Carrier
48140	PARTIAL REMOVAL OF PANCREAS	No		0	NA	NA		Physician billing to Carrier
48145	PARTIAL REMOVAL OF PANCREAS	No		0	NA	NA		Physician billing to Carrier
48146	PANCREATECTOMY	No		0	NA	NA		Physician billing to Carrier
48148	REMOVAL OF PANCREATIC DUCT	No		0	NA	NA		Physician billing to Carrier
48150	PARTIAL REMOVAL OF PANCREAS	No		0	NA	NA		Physician billing to Carrier
48152	PANCREATECTOMY	No		0	NA	NA		Physician billing to Carrier
48153	PANCREATECTOMY	No		0	NA	NA		Physician billing to Carrier
48154	PANCREATECTOMY	No		0	NA	NA		Physician billing to Carrier
48155	REMOVAL OF PANCREAS	No		0	NA	NA		Physician billing to Carrier
48160	PANCREAS REMOVAL/TRANSPLANT	No	Non-Covered by Medicare CIM 35-82	0	NA	NA		SNFs cannot bill for this service
48180	FUSE PANCREAS AND BOWEL	No		0	NA	NA		Physician billing to Carrier
48400	INJECTION, INTRAOP ADD-ON	No		0	NA	NA		Physician billing to Carrier
48500	SURGERY OF PANCREAS CYST	No		0	NA	NA		Physician billing to Carrier
48510	DRAIN PANCREATIC PSEUDOCYST	No		0	NA	NA		Physician billing to Carrier
48511	DRAIN PANCREATIC PSEUDOCYST	No		0	NA	NA		Physician billing to Carrier
48520	FUSE PANCREAS CYST AND BOWEL	No		0	NA	NA		Physician billing to Carrier
48540	FUSE PANCREAS CYST AND BOWEL	No		0	NA	NA		Physician billing to Carrier
48545	PANCREATORRHAPHY	No		0	NA	NA		Physician billing to Carrier
48547	DUODENAL EXCLUSION	No		0	NA	NA		Physician billing to Carrier
48550	DONOR PANCREATECTOMY	No	Non-Covered by Medicare CIM 35-82	9	NA	NA		SNFs cannot bill for this service
48554	TRANSPL ALLOGRAFT PANCREAS	No	Non-Covered by Medicare CIM 35-82	0	NA	NA		SNFs cannot bill for this service
48556	REMOVAL, ALLOGRAFT PANCREAS	No		0	NA	NA		Physician billing to Carrier
48999	PANCREAS SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
49000	EXPLORATION OF ABDOMEN	No		0	NA	NA		Physician billing to Carrier
49002	REOPENING OF ABDOMEN	No		0	NA	NA		Physician billing to Carrier
49010	EXPLORATION BEHIND ABDOMEN	No		0	NA	NA		Physician billing to Carrier
49020	DRAIN ABDOMINAL ABSCESS	No		0	NA	NA		Physician billing to Carrier
49021	DRAIN ABDOMINAL ABSCESS	No		0	NA	NA		Physician billing to Carrier
49040	DRAIN, OPEN, ABDOM ABSCESS	No		0	NA	NA		Physician billing to Carrier
49041	DRAIN, PERCUT, ABDOM ABSCESS	No		0	NA	NA		Physician billing to Carrier
49060	DRAIN, OPEN, RETROP ABSCESS	No		0	NA	NA		Physician billing to Carrier
49061	DRAIN, PERCUT, RETROPER ABSC	No		0	NA	NA		Physician billing to Carrier
49062	DRAIN TO PERITONEAL CAVITY	No		0	NA	NA		Physician billing to Carrier
49080	PUNCTURE, PERITONEAL CAVITY	No		0	NA	NA		Physician billing to Carrier
49081	REMOVAL OF ABDOMINAL FLUID	No		0	NA	NA		Physician billing to Carrier
49085	REMOVE ABDOMEN FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
49180	BIOPSY, ABDOMINAL MASS	No		0	NA	NA		Physician billing to Carrier
49200	REMOVAL OF ABDOMINAL LESION	No		0	NA	NA		Physician billing to Carrier
49201	REMOVAL OF ABDOMINAL LESION	No		0	NA	NA		Physician billing to Carrier
49215	EXCISE SACRAL SPINE TUMOR	No		0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
49220	MULTIPLE SURGERY, ABDOMEN	No		0	NA	NA		Physician billing to Carrier
49250	EXCISION OF UMBILICUS	No		0	NA	NA		Physician billing to Carrier
49255	REMOVAL OF OMENTUM	No		0	NA	NA		Physician billing to Carrier
49320	DIAG LAPARO SEPARATE PROC	No		0	NA	NA		Physician billing to Carrier
49321	LAPAROSCOPY, BIOPSY	No		0	NA	NA		Physician billing to Carrier
49322	LAPAROSCOPY, ASPIRATION	No		0	NA	NA		Physician billing to Carrier
49323	LAPARO DRAIN LYMPHOCELE	No		0	NA	NA		Physician billing to Carrier
49329	LAPARO PROC, ABDM/PER/OMENT	No		0	NA	NA		Physician billing to Carrier
49400	AIR INJECTION INTO ABDOMEN	No		0	NA	NA		Physician billing to Carrier
49420	INSERT ABDOMINAL DRAIN	No		0	NA	NA		Physician billing to Carrier
49421	INSERT ABDOMINAL DRAIN	No		0	NA	NA		Physician billing to Carrier
49422	REMOVE PERM CANNULA/CATHETER	No		0	NA	NA		Physician billing to Carrier
49423	EXCHANGE DRAINAGE CATHETER	No		0	NA	NA		Physician billing to Carrier
49424	ASSESS CYST, CONTRAST INJECT	No		0	NA	NA		Physician billing to Carrier
49425	INSERT ABDOMEN-VENOUS DRAIN	No		0	NA	NA		Physician billing to Carrier
49426	REVISE ABDOMEN-VENOUS SHUNT	No		0	NA	NA		Physician billing to Carrier
49427	INJECTION, ABDOMINAL SHUNT	No		0	NA	NA		Physician billing to Carrier
49428	LIGATION OF SHUNT	No		0	NA	NA		Physician billing to Carrier
49429	REMOVAL OF SHUNT	No		0	NA	NA		Physician billing to Carrier
49495	REPAIR INGUINAL HERNIA, INIT	No		0	NA	NA		Physician billing to Carrier
49496	REPAIR INGUINAL HERNIA, INIT	No		0	NA	NA		Physician billing to Carrier
49500	REPAIR INGUINAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49501	REPAIR INGUINAL HERNIA, INIT	No		0	NA	NA		Physician billing to Carrier
49505	REPAIR INGUINAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49507	REPAIR INGUINAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49520	REREPAIR INGUINAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49521	REPAIR INGUINAL HERNIA, REC	No		0	NA	NA		Physician billing to Carrier
49525	REPAIR INGUINAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49540	REPAIR LUMBAR HERNIA	No		0	NA	NA		Physician billing to Carrier
49550	REPAIR FEMORAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49553	REPAIR FEMORAL HERNIA, INIT	No		0	NA	NA		Physician billing to Carrier
49555	REPAIR FEMORAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49557	REPAIR FEMORAL HERNIA, RECUR	No		0	NA	NA		Physician billing to Carrier
49560	REPAIR ABDOMINAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49561	REPAIR INCISIONAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49565	REREPAIR ABDOMINAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49566	REPAIR INCISIONAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49568	HERNIA REPAIR W/MESH	No		0	NA	NA		Physician billing to Carrier
49570	REPAIR EPIGASTRIC HERNIA	No		0	NA	NA		Physician billing to Carrier
49572	REPAIR EPIGASTRIC HERNIA	No		0	NA	NA		Physician billing to Carrier
49580	REPAIR UMBILICAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49582	REPAIR UMBILICAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49585	REPAIR UMBILICAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49587	REPAIR UMBILICAL HERNIA	No		Q09	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
49590	REPAIR ABDOMINAL HERNIA	No		0	NA	NA		Physician billing to Carrier
49600	REPAIR UMBILICAL LESION	No		0	NA	NA		Physician billing to Carrier
49605	REPAIR UMBILICAL LESION	No		0	NA	NA		Physician billing to Carrier
49606	REPAIR UMBILICAL LESION	No		0	NA	NA		Physician billing to Carrier
49610	REPAIR UMBILICAL LESION	No		0	NA	NA		Physician billing to Carrier
49611	REPAIR UMBILICAL LESION	No		0	NA	NA		Physician billing to Carrier
49650	LAPARO HERNIA REPAIR INITIAL	No		0	NA	NA		Physician billing to Carrier
49651	LAPARO HERNIA REPAIR RECUR	No		0	NA	NA		Physician billing to Carrier
49659	LAPARO PROC, HERNIA REPAIR	No		0	NA	NA		Physician billing to Carrier
49900	REPAIR OF ABDOMINAL WALL	No		0	NA	NA		Physician billing to Carrier
49905	OMENTAL FLAP	No		0	NA	NA		Physician billing to Carrier
49906	FREE OMENTAL FLAP, MICROVASC	No		0	NA	NA		Physician billing to Carrier
49999	ABDOMEN SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
50010	EXPLORATION OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50020	RENAL ABSCESS, OPEN DRAIN	No		0	NA	NA		Physician billing to Carrier
50021	RENAL ABSCESS, PERCUT DRAIN	No		0	NA	NA		Physician billing to Carrier
50040	DRAINAGE OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50045	EXPLORATION OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50060	REMOVAL OF KIDNEY STONE	No	CIM 35-81	0	NA	NA		Physician billing to Carrier
50065	INCISION OF KIDNEY	No	CIM 35-81	0	NA	NA		Physician billing to Carrier
50070	INCISION OF KIDNEY	No	CIM 35-81	0	NA	NA		Physician billing to Carrier
50075	REMOVAL OF KIDNEY STONE	No	CIM 35-81	0	NA	NA		Physician billing to Carrier
50080	REMOVAL OF KIDNEY STONE	No	CIM 35-81	0	NA	NA		Physician billing to Carrier
50081	REMOVAL OF KIDNEY STONE	No	CIM 35-81	0	NA	NA		Physician billing to Carrier
50100	REVISE KIDNEY BLOOD VESSELS	No		0	NA	NA		Physician billing to Carrier
50120	EXPLORATION OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50125	EXPLORE AND DRAIN KIDNEY	No		0	NA	NA		Physician billing to Carrier
50130	REMOVAL OF KIDNEY STONE	No		0	NA	NA		Physician billing to Carrier
50135	EXPLORATION OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50200	BIOPSY OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50205	BIOPSY OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50220	REMOVAL OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50225	REMOVAL OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50230	REMOVAL OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50234	REMOVAL OF KIDNEY & URETER	No		0	NA	NA		Physician billing to Carrier
50236	REMOVAL OF KIDNEY & URETER	No		0	NA	NA		Physician billing to Carrier
50240	PARTIAL REMOVAL OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50280	REMOVAL OF KIDNEY LESION	No		0	NA	NA		Physician billing to Carrier
50290	REMOVAL OF KIDNEY LESION	No		0	NA	NA		Physician billing to Carrier
50300	REMOVAL OF DONOR KIDNEY	No		9	NA	NA		SNFs cannot bill for this service
50320	REMOVAL OF DONOR KIDNEY	No		0	NA	NA		Physician billing to Carrier
50340	REMOVAL OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50360	TRANSPLANTATION OF KIDNEY	No	MCM 4176 CIM 3582	0	NA	NA		Physician billing to Carrier
50365	TRANSPLANTATION OF KIDNEY	No	MCM 4176 CIM 3582	Q10	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
50370	REMOVE TRANSPLANTED KIDNEY	No		0	NA	NA		Physician billing to Carrier
50380	REIMPLANTATION OF KIDNEY	No		0	NA	NA		Physician billing to Carrier
50390	DRAINAGE OF KIDNEY LESION	No		0	NA	NA		Physician billing to Carrier
50392	INSERT KIDNEY DRAIN	No		0	NA	NA		Physician billing to Carrier
50393	INSERT URETERAL TUBE	No		0	NA	NA		Physician billing to Carrier
50394	INJECTION FOR KIDNEY X-RAY	No		0	NA	NA		Physician billing to Carrier
50395	CREATE PASSAGE TO KIDNEY	No		0	NA	NA		Physician billing to Carrier
50396	MEASURE KIDNEY PRESSURE	No		0	NA	NA		Physician billing to Carrier
50398	CHANGE KIDNEY TUBE	No		0	NA	NA		Physician billing to Carrier
50400	REVISION OF KIDNEY/URETER	No		0	NA	NA		Physician billing to Carrier
50405	REVISION OF KIDNEY/URETER	No		0	NA	NA		Physician billing to Carrier
50500	REPAIR OF KIDNEY WOUND	No		0	NA	NA		Physician billing to Carrier
50520	CLOSE KIDNEY-SKIN FISTULA	No		0	NA	NA		Physician billing to Carrier
50525	REPAIR RENAL-ABDOMEN FISTULA	No		0	NA	NA		Physician billing to Carrier
50526	REPAIR RENAL-ABDOMEN FISTULA	No		0	NA	NA		Physician billing to Carrier
50540	REVISION OF HORSESHOE KIDNEY	No		0	NA	NA		Physician billing to Carrier
50541	LAPARO ABLATE RENAL CYST	No		0	NA	NA		Physician billing to Carrier
50544	LAPAROSCOPY, PYELOPLASTY	No		0	NA	NA		Physician billing to Carrier
50545	LAPARO RADICAL NEPHRECTOMY	No		0	NA	NA		Physician billing to Carrier
50546	LAPAROSCOPIC NEPHRECTOMY	No		0	NA	NA		Physician billing to Carrier
50547	LAPARO REMOVAL DONOR KIDNEY	No		0	NA	NA		Physician billing to Carrier
50548	LAPARO REMOVE K/URETER	No		0	NA	NA		Physician billing to Carrier
50549	LAPAROSCOPE PROC, RENAL	No		0	NA	NA		Physician billing to Carrier
50551	KIDNEY ENDOSCOPY	No		0	NA	NA		Physician billing to Carrier
50553	KIDNEY ENDOSCOPY	No		0	NA	NA		Physician billing to Carrier
50555	KIDNEY ENDOSCOPY & BIOPSY	No		0	NA	NA		Physician billing to Carrier
50557	KIDNEY ENDOSCOPY & TREATMENT	No		0	NA	NA		Physician billing to Carrier
50559	RENAL ENDOSCOPY/RADIOTRACER	No		0	NA	NA		Physician billing to Carrier
50561	KIDNEY ENDOSCOPY & TREATMENT	No		0	NA	NA		Physician billing to Carrier
50570	KIDNEY ENDOSCOPY	No		0	NA	NA		Physician billing to Carrier
50572	KIDNEY ENDOSCOPY	No		0	NA	NA		Physician billing to Carrier
50574	KIDNEY ENDOSCOPY & BIOPSY	No		0	NA	NA		Physician billing to Carrier
50575	KIDNEY ENDOSCOPY	No		0	NA	NA		Physician billing to Carrier
50576	KIDNEY ENDOSCOPY & TREATMENT	No		0	NA	NA		Physician billing to Carrier
50578	RENAL ENDOSCOPY/RADIOTRACER	No		0	NA	NA		Physician billing to Carrier
50580	KIDNEY ENDOSCOPY & TREATMENT	No		0	NA	NA		Physician billing to Carrier
50590	FRAGMENTING OF KIDNEY STONE	No	CIM 35-8	0	NA	NA		Physician billing to Carrier
50600	EXPLORATION OF URETER	No		0	NA	NA		Physician billing to Carrier
50605	INSERT URETERAL SUPPORT	No		0	NA	NA		Physician billing to Carrier
50610	REMOVAL OF URETER STONE	No		0	NA	NA		Physician billing to Carrier
50620	REMOVAL OF URETER STONE	No		0	NA	NA		Physician billing to Carrier
50630	REMOVAL OF URETER STONE	No		0	NA	NA		Physician billing to Carrier
50650	REMOVAL OF URETER	No		0	NA	NA		Physician billing to Carrier
50660	REMOVAL OF URETER	No		Q11	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
50684	INJECTION FOR URETER X-RAY	No		0	NA	NA		Physician billing to Carrier
50686	MEASURE URETER PRESSURE	No		0	NA	NA		Physician billing to Carrier
50688	CHANGE OF URETER TUBE	No		0	NA	NA		Physician billing to Carrier
50690	INJECTION FOR URETER X-RAY	No		0	NA	NA		Physician billing to Carrier
50700	REVISION OF URETER	No		0	NA	NA		Physician billing to Carrier
50715	RELEASE OF URETER	No		0	NA	NA		Physician billing to Carrier
50722	RELEASE OF URETER	No		0	NA	NA		Physician billing to Carrier
50725	RELEASE/REVISE URETER	No		0	NA	NA		Physician billing to Carrier
50727	REVISE URETER	No		0	NA	NA		Physician billing to Carrier
50728	REVISE URETER	No		0	NA	NA		Physician billing to Carrier
50740	FUSION OF URETER & KIDNEY	No		0	NA	NA		Physician billing to Carrier
50750	FUSION OF URETER & KIDNEY	No		0	NA	NA		Physician billing to Carrier
50760	FUSION OF URETERS	No		0	NA	NA		Physician billing to Carrier
50770	SPLICING OF URETERS	No		0	NA	NA		Physician billing to Carrier
50780	REIMPLANT URETER IN BLADDER	No		0	NA	NA		Physician billing to Carrier
50782	REIMPLANT URETER IN BLADDER	No		0	NA	NA		Physician billing to Carrier
50783	REIMPLANT URETER IN BLADDER	No		0	NA	NA		Physician billing to Carrier
50785	REIMPLANT URETER IN BLADDER	No		0	NA	NA		Physician billing to Carrier
50800	IMPLANT URETER IN BOWEL	No		0	NA	NA		Physician billing to Carrier
50810	FUSION OF URETER & BOWEL	No		0	NA	NA		Physician billing to Carrier
50815	URINE SHUNT TO BOWEL	No		0	NA	NA		Physician billing to Carrier
50820	CONSTRUCT BOWEL BLADDER	No		0	NA	NA		Physician billing to Carrier
50825	CONSTRUCT BOWEL BLADDER	No		0	NA	NA		Physician billing to Carrier
50830	REVISE URINE FLOW	No		0	NA	NA		Physician billing to Carrier
50840	REPLACE URETER BY BOWEL	No		0	NA	NA		Physician billing to Carrier
50845	APPENDICO-VESICOSTOMY	No		0	NA	NA		Physician billing to Carrier
50860	TRANSPLANT URETER TO SKIN	No		0	NA	NA		Physician billing to Carrier
50900	REPAIR OF URETER	No		0	NA	NA		Physician billing to Carrier
50920	CLOSURE URETER/SKIN FISTULA	No		0	NA	NA		Physician billing to Carrier
50930	CLOSURE URETER/BOWEL FISTULA	No		0	NA	NA		Physician billing to Carrier
50940	RELEASE OF URETER	No		0	NA	NA		Physician billing to Carrier
50945	LAPAROSCOPY URETEROLITHOTOMY	No		0	NA	NA		Physician billing to Carrier
50947	LAPARO NEW URETER/BLADDER	No		0	NA	NA		Physician billing to Carrier
50948	LAPARO NEW URETER/BLADDER	No		0	NA	NA		Physician billing to Carrier
50949	LAPAROSCOPE PROC, URETER	No		0	NA	NA		Physician billing to Carrier
50951	ENDOSCOPY OF URETER	No		0	NA	NA		Physician billing to Carrier
50953	ENDOSCOPY OF URETER	No		0	NA	NA		Physician billing to Carrier
50955	URETER ENDOSCOPY & BIOPSY	No		0	NA	NA		Physician billing to Carrier
50957	URETER ENDOSCOPY & TREATMENT	No		0	NA	NA		Physician billing to Carrier
50959	URETER ENDOSCOPY & TRACER	No		0	NA	NA		Physician billing to Carrier
50961	URETER ENDOSCOPY & TREATMENT	No		0	NA	NA		Physician billing to Carrier
50970	URETER ENDOSCOPY	No		0	NA	NA		Physician billing to Carrier
50972	URETER ENDOSCOPY & CATHETER	No		0	NA	NA		Physician billing to Carrier
50974	URETER ENDOSCOPY & BIOPSY	No		Q12	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
50976	URETER ENDOSCOPY & TREATMENT	No		0	NA	NA		Physician billing to Carrier
50978	URETER ENDOSCOPY & TRACER	No		0	NA	NA		Physician billing to Carrier
50980	URETER ENDOSCOPY & TREATMENT	No		0	NA	NA		Physician billing to Carrier
51000	DRAINAGE OF BLADDER	No		0	NA	NA		Physician billing to Carrier
51005	DRAINAGE OF BLADDER	No		0	NA	NA		Physician billing to Carrier
51010	DRAINAGE OF BLADDER	No		0	NA	NA		Physician billing to Carrier
51020	INCISE & TREAT BLADDER	No		0	NA	NA		Physician billing to Carrier
51030	INCISE & TREAT BLADDER	No		0	NA	NA		Physician billing to Carrier
51040	INCISE & DRAIN BLADDER	No		0	NA	NA		Physician billing to Carrier
51045	INCISE BLADDER/DRAIN URETER	No		0	NA	NA		Physician billing to Carrier
51050	REMOVAL OF BLADDER STONE	No		0	NA	NA		Physician billing to Carrier
51060	REMOVAL OF URETER STONE	No		0	NA	NA		Physician billing to Carrier
51065	REMOVAL OF URETER STONE	No		0	NA	NA		Physician billing to Carrier
51080	DRAINAGE OF BLADDER ABSCESS	No		0	NA	NA		Physician billing to Carrier
51500	REMOVAL OF BLADDER CYST	No		0	NA	NA		Physician billing to Carrier
51520	REMOVAL OF BLADDER LESION	No		0	NA	NA		Physician billing to Carrier
51525	REMOVAL OF BLADDER LESION	No		0	NA	NA		Physician billing to Carrier
51530	REMOVAL OF BLADDER LESION	No		0	NA	NA		Physician billing to Carrier
51535	REPAIR OF URETER LESION	No		0	NA	NA		Physician billing to Carrier
51550	PARTIAL REMOVAL OF BLADDER	No		0	NA	NA		Physician billing to Carrier
51555	PARTIAL REMOVAL OF BLADDER	No		0	NA	NA		Physician billing to Carrier
51565	REVISE BLADDER & URETER(S)	No		0	NA	NA		Physician billing to Carrier
51570	REMOVAL OF BLADDER	No		0	NA	NA		Physician billing to Carrier
51575	REMOVAL OF BLADDER & NODES	No		0	NA	NA		Physician billing to Carrier
51580	REMOVE BLADDER/REVISE TRACT	No		0	NA	NA		Physician billing to Carrier
51585	REMOVAL OF BLADDER & NODES	No		0	NA	NA		Physician billing to Carrier
51590	REMOVE BLADDER/REVISE TRACT	No		0	NA	NA		Physician billing to Carrier
51595	REMOVE BLADDER/REVISE TRACT	No		0	NA	NA		Physician billing to Carrier
51596	REMOVE BLADDER/CREATE POUCH	No		0	NA	NA		Physician billing to Carrier
51597	REMOVAL OF PELVIC STRUCTURES	No		0	NA	NA		Physician billing to Carrier
51600	INJECTION FOR BLADDER X-RAY	No		0	NA	NA		Physician billing to Carrier
51605	PREPARATION FOR BLADDER XRAY	No		0	NA	NA		Physician billing to Carrier
51610	INJECTION FOR BLADDER X-RAY	No		0	NA	NA		Physician billing to Carrier
51700	IRRIGATION OF BLADDER	No		0	NA	NA		Physician billing to Carrier
51705	CHANGE OF BLADDER TUBE	No		0	NA	NA		Physician billing to Carrier
51710	CHANGE OF BLADDER TUBE	No		0	NA	NA		Physician billing to Carrier
51715	ENDOSCOPIC INJECTION/IMPLANT	No		0	NA	NA		Physician billing to Carrier
51720	TREATMENT OF BLADDER LESION	No		0	NA	NA		Physician billing to Carrier
51725	SIMPLE CYSTOMETROGRAM	No		1	NA	NA		SNFs cannot bill for this service
51726	COMPLEX CYSTOMETROGRAM	No		1	NA	NA		SNFs cannot bill for this service
51736	URINE FLOW MEASUREMENT	No		1	NA	NA		SNFs cannot bill for this service
51741	ELECTRO-UROFLOWMETRY, FIRST	No		1	NA	NA		SNFs cannot bill for this service
51772	URETHRA PRESSURE PROFILE	Yes	SNF 516	1	Yes	NA		Physician billing to Carrier
51784	ANAL/URINARY MUSCLE STUDY	Yes	SNF 516	213	Yes	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
51785	ANAL/URINARY MUSCLE STUDY	Yes	SNF 516	1	Yes	NA		Physician billing to Carrier
51792	URINARY REFLEX STUDY	Yes	SNF 516	1	Yes	NA		Physician billing to Carrier
51795	URINE VOIDING PRESSURE STUDY	Yes	SNF 516	1	Yes	NA		Physician billing to Carrier
51797	INTRAABDOMINAL PRESSURE TEST	Yes	SNF 516	1	Yes	NA		Physician billing to Carrier
51800	REVISION OF BLADDER/URETHRA	No		0	NA	NA		Physician billing to Carrier
51820	REVISION OF URINARY TRACT	No		0	NA	NA		Physician billing to Carrier
51840	ATTACH BLADDER/URETHRA	No		0	NA	NA		Physician billing to Carrier
51841	ATTACH BLADDER/URETHRA	No		0	NA	NA		Physician billing to Carrier
51845	REPAIR BLADDER NECK	No		0	NA	NA		Physician billing to Carrier
51860	REPAIR OF BLADDER WOUND	No		0	NA	NA		Physician billing to Carrier
51865	REPAIR OF BLADDER WOUND	No		0	NA	NA		Physician billing to Carrier
51880	REPAIR OF BLADDER OPENING	No		0	NA	NA		Physician billing to Carrier
51900	REPAIR BLADDER/VAGINA LESION	No		0	NA	NA		Physician billing to Carrier
51920	CLOSE BLADDER-UTERUS FISTULA	No		0	NA	NA		Physician billing to Carrier
51925	HYSTERECTOMY/BLADDER REPAIR	No		0	NA	NA		Physician billing to Carrier
51940	CORRECTION OF BLADDER DEFECT	No		0	NA	NA		Physician billing to Carrier
51960	REVISION OF BLADDER & BOWEL	No		0	NA	NA		Physician billing to Carrier
51980	CONSTRUCT BLADDER OPENING	No		0	NA	NA		Physician billing to Carrier
51990	LAPARO URETHRAL SUSPENSION	No		0	NA	NA		Physician billing to Carrier
51992	LAPARO SLING OPERATION	No		0	NA	NA		Physician billing to Carrier
52000	CYSTOSCOPY	No		0	NA	NA		Physician billing to Carrier
52005	CYSTOSCOPY & URETER CATHETER	No		0	NA	NA		Physician billing to Carrier
52007	CYSTOSCOPY AND BIOPSY	No		0	NA	NA		Physician billing to Carrier
52010	CYSTOSCOPY & DUCT CATHETER	No		0	NA	NA		Physician billing to Carrier
52204	CYSTOSCOPY	No		0	NA	NA		Physician billing to Carrier
52214	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52224	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52234	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52235	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52240	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52250	CYSTOSCOPY AND RADIOTRACER	No		0	NA	NA		Physician billing to Carrier
52260	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52265	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52270	CYSTOSCOPY & REVISE URETHRA	No		0	NA	NA		Physician billing to Carrier
52275	CYSTOSCOPY & REVISE URETHRA	No		0	NA	NA		Physician billing to Carrier
52276	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52277	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52281	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52282	CYSTOSCOPY, IMPLANT STENT	No		0	NA	NA		Physician billing to Carrier
52283	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52285	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52290	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52300	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52301	CYSTOSCOPY AND TREATMENT	No		Q14	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
52305	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52310	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52315	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52317	REMOVE BLADDER STONE	No		0	NA	NA		Physician billing to Carrier
52318	REMOVE BLADDER STONE	No		0	NA	NA		Physician billing to Carrier
52320	CYSTOSCOPY AND TREATMENT	No	CIM 35-81	0	NA	NA		Physician billing to Carrier
52325	CYSTOSCOPY, STONE REMOVAL	No	CIM 35-81	0	NA	NA		Physician billing to Carrier
52327	CYSTOSCOPY, INJECT MATERIAL	No		0	NA	NA		Physician billing to Carrier
52330	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52332	CYSTOSCOPY AND TREATMENT	No		0	NA	NA		Physician billing to Carrier
52334	CREATE PASSAGE TO KIDNEY	No		0	NA	NA		Physician billing to Carrier
52335	Endoscopy of urinary tract	No		0	NA	NA		Physician billing to Carrier
52336	Cystoscopy, stone removal	No		0	NA	NA		Physician billing to Carrier
52337	Cystoscopy, stone removal	No		0	NA	NA		Physician billing to Carrier
52338	Cystoscopy and treatment	No		0	NA	NA		Physician billing to Carrier
52339	Cystoscopy and treatment	No		0	NA	NA		Physician billing to Carrier
52340	Cystoscopy and treatment	No		0	NA	NA		Physician billing to Carrier
52341	CYSTO W/URETER STRICTURE TX	No		0	NA	NA		Physician billing to Carrier
52342	CYSTO W/UP STRICTURE TX	No		0	NA	NA		Physician billing to Carrier
52343	CYSTO W/RENAL STRICTURE TX	No		0	NA	NA		Physician billing to Carrier
52344	CYSTO/URETERO, STONE REMOVE	No		0	NA	NA		Physician billing to Carrier
52345	CYSTO/URETERO W/UP STRICTURE	No		0	NA	NA		Physician billing to Carrier
52346	CYSTOURETERO W/RENAL STRICT	No		0	NA	NA		Physician billing to Carrier
52351	CYSTOURETRO & OR PYELOSCOPE	No		0	NA	NA		Physician billing to Carrier
52352	CYSTOURETRO W/STONE REMOVE	No		0	NA	NA		Physician billing to Carrier
52353	CYSTOURETERO W/LITHOTRIPSY	No		0	NA	NA		Physician billing to Carrier
52354	CYSTOURETERO W/BIOPSY	No		0	NA	NA		Physician billing to Carrier
52355	CYSTOURETERO W/EXCISE TUMOR	No		0	NA	NA		Physician billing to Carrier
52400	CYSTOURETERO W/CONGEN REPR	No		0	NA	NA		Physician billing to Carrier
52450	INCISION OF PROSTATE	No		0	NA	NA		Physician billing to Carrier
52500	REVISION OF BLADDER NECK	No		0	NA	NA		Physician billing to Carrier
52510	DILATION PROSTATIC URETHRA	No		0	NA	NA		Physician billing to Carrier
52601	PROSTATECTOMY (TURP)	No		0	NA	NA		Physician billing to Carrier
52606	CONTROL POSTOP BLEEDING	No		0	NA	NA		Physician billing to Carrier
52612	PROSTATECTOMY, FIRST STAGE	No		0	NA	NA		Physician billing to Carrier
52614	PROSTATECTOMY, SECOND STAGE	No		0	NA	NA		Physician billing to Carrier
52620	REMOVE RESIDUAL PROSTATE	No		0	NA	NA		Physician billing to Carrier
52630	REMOVE PROSTATE REGROWTH	No		0	NA	NA		Physician billing to Carrier
52640	RELIEVE BLADDER CONTRACTURE	No		0	NA	NA		Physician billing to Carrier
52647	LASER SURGERY OF PROSTATE	No	CIM 35-52	0	NA	NA		Physician billing to Carrier
52648	LASER SURGERY OF PROSTATE	No		0	NA	NA		Physician billing to Carrier
52700	DRAINAGE OF PROSTATE ABSCESS	No		0	NA	NA		Physician billing to Carrier
53000	INCISION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53010	INCISION OF URETHRA	No		Q15	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
53020	INCISION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53025	INCISION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53040	DRAINAGE OF URETHRA ABSCESS	No		0	NA	NA		Physician billing to Carrier
53060	DRAINAGE OF URETHRA ABSCESS	No		0	NA	NA		Physician billing to Carrier
53080	DRAINAGE OF URINARY LEAKAGE	No		0	NA	NA		Physician billing to Carrier
53085	DRAINAGE OF URINARY LEAKAGE	No		0	NA	NA		Physician billing to Carrier
53200	BIOPSY OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53210	REMOVAL OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53215	REMOVAL OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53220	TREATMENT OF URETHRA LESION	No		0	NA	NA		Physician billing to Carrier
53230	REMOVAL OF URETHRA LESION	No		0	NA	NA		Physician billing to Carrier
53235	REMOVAL OF URETHRA LESION	No		0	NA	NA		Physician billing to Carrier
53240	SURGERY FOR URETHRA POUCH	No		0	NA	NA		Physician billing to Carrier
53250	REMOVAL OF URETHRA GLAND	No		0	NA	NA		Physician billing to Carrier
53260	TREATMENT OF URETHRA LESION	No		0	NA	NA		Physician billing to Carrier
53265	TREATMENT OF URETHRA LESION	No		0	NA	NA		Physician billing to Carrier
53270	REMOVAL OF URETHRA GLAND	No		0	NA	NA		Physician billing to Carrier
53275	REPAIR OF URETHRA DEFECT	No		0	NA	NA		Physician billing to Carrier
53400	REVISE URETHRA, STAGE 1	No		0	NA	NA		Physician billing to Carrier
53405	REVISE URETHRA, STAGE 2	No		0	NA	NA		Physician billing to Carrier
53410	RECONSTRUCTION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53415	RECONSTRUCTION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53420	RECONSTRUCT URETHRA, STAGE 1	No		0	NA	NA		Physician billing to Carrier
53425	RECONSTRUCT URETHRA, STAGE 2	No		0	NA	NA		Physician billing to Carrier
53430	RECONSTRUCTION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53440	CORRECT BLADDER FUNCTION	No		0	NA	NA		Physician billing to Carrier
53442	REMOVE PERINEAL PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
53443	RECONSTRUCTION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53445	CORRECT URINE FLOW CONTROL	No		0	NA	NA		Physician billing to Carrier
53447	REMOVE ARTIFICIAL SPHINCTER	No		0	NA	NA		Physician billing to Carrier
53449	CORRECT ARTIFICIAL SPHINCTER	No		0	NA	NA		Physician billing to Carrier
53450	REVISION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53460	REVISION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53502	REPAIR OF URETHRA INJURY	No		0	NA	NA		Physician billing to Carrier
53505	REPAIR OF URETHRA INJURY	No		0	NA	NA		Physician billing to Carrier
53510	REPAIR OF URETHRA INJURY	No		0	NA	NA		Physician billing to Carrier
53515	REPAIR OF URETHRA INJURY	No		0	NA	NA		Physician billing to Carrier
53520	REPAIR OF URETHRA DEFECT	No		0	NA	NA		Physician billing to Carrier
53600	DILATE URETHRA STRICTURE	No		0	NA	NA		Physician billing to Carrier
53601	DILATE URETHRA STRICTURE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
53605	DILATE URETHRA STRICTURE	No		0	NA	NA		Physician billing to Carrier
53620	DILATE URETHRA STRICTURE	No		0	NA	NA		Physician billing to Carrier
53621	DILATE URETHRA STRICTURE	No		0	NA	NA		Physician billing to Carrier
53660	DILATION OF URETHRA	Yes	SNF 516	Q16	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
53661	DILATION OF URETHRA	Yes		0	NA	NA		Physician billing to Carrier
53665	DILATION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
53670	INSERT URINARY CATHETER	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
53675	INSERT URINARY CATHETER	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
53850	PROSTATIC MICROWAVE THERMOTX	No		0	NA	NA		Physician billing to Carrier
53852	PROSTATIC RF THERMOTX	No		0	NA	NA		Physician billing to Carrier
53899	UROLOGY SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
54000	SLITTING OF PREPUCE	No		0	NA	NA		Physician billing to Carrier
54001	SLITTING OF PREPUCE	No		0	NA	NA		Physician billing to Carrier
54015	DRAIN PENIS LESION	No		0	NA	NA		Physician billing to Carrier
54050	DESTRUCTION, PENIS LESION(S)	No		0	NA	NA		Physician billing to Carrier
54055	DESTRUCTION, PENIS LESION(S)	No		0	NA	NA		Physician billing to Carrier
54056	CRYOSURGERY, PENIS LESION(S)	No		0	NA	NA		Physician billing to Carrier
54057	LASER SURG, PENIS LESION(S)	No		0	NA	NA		Physician billing to Carrier
54060	EXCISION OF PENIS LESION(S)	No		0	NA	NA		Physician billing to Carrier
54065	DESTRUCTION, PENIS LESION(S)	No		0	NA	NA		Physician billing to Carrier
54100	BIOPSY OF PENIS	No		0	NA	NA		Physician billing to Carrier
54105	BIOPSY OF PENIS	No		0	NA	NA		Physician billing to Carrier
54110	TREATMENT OF PENIS LESION	No		0	NA	NA		Physician billing to Carrier
54111	TREAT PENIS LESION, GRAFT	No		0	NA	NA		Physician billing to Carrier
54112	TREAT PENIS LESION, GRAFT	No		0	NA	NA		Physician billing to Carrier
54115	TREATMENT OF PENIS LESION	No		0	NA	NA		Physician billing to Carrier
54120	PARTIAL REMOVAL OF PENIS	No		0	NA	NA		Physician billing to Carrier
54125	REMOVAL OF PENIS	No	CIM 35-61	0	NA	NA		Physician billing to Carrier
54130	REMOVE PENIS & NODES	No		0	NA	NA		Physician billing to Carrier
54135	REMOVE PENIS & NODES	No		0	NA	NA		Physician billing to Carrier
54150	CIRCUMCISION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
54152	CIRCUMCISION	No		0	NA	NA		Physician billing to Carrier
54160	CIRCUMCISION	No		0	NA	NA		Physician billing to Carrier
54161	CIRCUMCISION	No		0	NA	NA		Physician billing to Carrier
54200	TREATMENT OF PENIS LESION	No		0	NA	NA		Physician billing to Carrier
54205	TREATMENT OF PENIS LESION	No		0	NA	NA		Physician billing to Carrier
54220	TREATMENT OF PENIS LESION	No		0	NA	NA		Physician billing to Carrier
54230	PREPARE PENIS STUDY	No		0	NA	NA		Physician billing to Carrier
54231	DYNAMIC CAVERNOSOMETRY	No		0	NA	NA		Physician billing to Carrier
54235	PENILE INJECTION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
54240	PENIS STUDY	Yes	CIM 50-54, CIM 50-6 SNF 516	1	Yes	NA		Physician billing to Carrier
54250	PENIS STUDY	Yes	MCM 2055 CIM 35-24 SNF 516	1	Yes	NA		Physician billing to Carrier
54300	REVISION OF PENIS	No		0	NA	NA		Physician billing to Carrier
54304	REVISION OF PENIS	No		0	NA	NA		Physician billing to Carrier
54308	RECONSTRUCTION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
54312	RECONSTRUCTION OF URETHRA	No		0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
54316	RECONSTRUCTION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
54318	RECONSTRUCTION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
54322	RECONSTRUCTION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
54324	RECONSTRUCTION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
54326	RECONSTRUCTION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
54328	REVISE PENIS/URETHRA	No		0	NA	NA		Physician billing to Carrier
54332	REVISE PENIS/URETHRA	No		0	NA	NA		Physician billing to Carrier
54336	REVISE PENIS/URETHRA	No		0	NA	NA		Physician billing to Carrier
54340	SECONDARY URETHRAL SURGERY	No		0	NA	NA		Physician billing to Carrier
54344	SECONDARY URETHRAL SURGERY	No		0	NA	NA		Physician billing to Carrier
54348	SECONDARY URETHRAL SURGERY	No		0	NA	NA		Physician billing to Carrier
54352	RECONSTRUCT URETHRA/PENIS	No		0	NA	NA		Physician billing to Carrier
54360	PENIS PLASTIC SURGERY	No		0	NA	NA		Physician billing to Carrier
54380	REPAIR PENIS	No		0	NA	NA		Physician billing to Carrier
54385	REPAIR PENIS	No		0	NA	NA		Physician billing to Carrier
54390	REPAIR PENIS AND BLADDER	No		0	NA	NA		Physician billing to Carrier
54400	INSERT SEMI-RIGID PROSTHESIS	No	CIM 35-24	0	NA	NA		Physician billing to Carrier
54401	INSERT SELF-CONTD PROSTHESIS	No	CIM 35-24	0	NA	NA		Physician billing to Carrier
54402	REMOVE PENIS PROSTHESIS	No	CIM 35-24	0	NA	NA		Physician billing to Carrier
54405	INSERT MULTI-COMP PROSTHESIS	No	CIM 35-24	0	NA	NA		Physician billing to Carrier
54407	REMOVE MULTI-COMP PROSTHESIS	No	CIM 35-24	0	NA	NA		Physician billing to Carrier
54409	REVISE PENIS PROSTHESIS	No	CIM 35-24	0	NA	NA		Physician billing to Carrier
54420	REVISION OF PENIS	No		0	NA	NA		Physician billing to Carrier
54430	REVISION OF PENIS	No		0	NA	NA		Physician billing to Carrier
54435	REVISION OF PENIS	No		0	NA	NA		Physician billing to Carrier
54440	REPAIR OF PENIS	No		0	NA	NA		Physician billing to Carrier
54450	PREPUTIAL STRETCHING	No		0	NA	NA		Physician billing to Carrier
54500	BIOPSY OF TESTIS	No		0	NA	NA		Physician billing to Carrier
54505	BIOPSY OF TESTIS	No		0	NA	NA		Physician billing to Carrier
54510	REMOVAL OF TESTIS LESION	No		0	NA	NA		Physician billing to Carrier
54512	EXCISE LESION TESTIS	No		0	NA	NA		Physician billing to Carrier
54520	REMOVAL OF TESTIS	No	CIM 35-61	0	NA	NA		Physician billing to Carrier
54522	ORCHIECTOMY, PARTIAL	No		0	NA	NA		Physician billing to Carrier
54530	REMOVAL OF TESTIS	No		0	NA	NA		Physician billing to Carrier
54535	EXTENSIVE TESTIS SURGERY	No		0	NA	NA		Physician billing to Carrier
54550	EXPLORATION FOR TESTIS	No		0	NA	NA		Physician billing to Carrier
54560	EXPLORATION FOR TESTIS	No		0	NA	NA		Physician billing to Carrier
54600	REDUCE TESTIS TORSION	No		0	NA	NA		Physician billing to Carrier
54620	SUSPENSION OF TESTIS	No		0	NA	NA		Physician billing to Carrier
54640	SUSPENSION OF TESTIS	No		0	NA	NA		Physician billing to Carrier
54650	ORCHIOPEXY (FOWLER-STEPHENS)	No		0	NA	NA		Physician billing to Carrier
54660	REVISION OF TESTIS	No	CIM 35-61	0	NA	NA		Physician billing to Carrier
54670	REPAIR TESTIS INJURY	No		0	NA	NA		Physician billing to Carrier
54680	RELOCATION OF TESTIS(ES)	No		Q18	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
54690	LAPAROSCOPY, ORCHIECTOMY	No		0	NA	NA		Physician billing to Carrier
54692	LAPAROSCOPY, ORCHIOPEXY	No		0	NA	NA		Physician billing to Carrier
54699	LAPAROSCOPE PROC, TESTIS	No		0	NA	NA		Physician billing to Carrier
54700	DRAINAGE OF SCROTUM	No		0	NA	NA		Physician billing to Carrier
54800	BIOPSY OF EPIDIDYMIS	No		0	NA	NA		Physician billing to Carrier
54820	EXPLORATION OF EPIDIDYMIS	No		0	NA	NA		Physician billing to Carrier
54830	REMOVE EPIDIDYMIS LESION	No		0	NA	NA		Physician billing to Carrier
54840	REMOVE EPIDIDYMIS LESION	No		0	NA	NA		Physician billing to Carrier
54860	REMOVAL OF EPIDIDYMIS	No		0	NA	NA		Physician billing to Carrier
54861	REMOVAL OF EPIDIDYMIS	No		0	NA	NA		Physician billing to Carrier
54900	FUSION OF SPERMATIC DUCTS	No		0	NA	NA		Physician billing to Carrier
54901	FUSION OF SPERMATIC DUCTS	No		0	NA	NA		Physician billing to Carrier
55000	DRAINAGE OF HYDROCELE	No		0	NA	NA		Physician billing to Carrier
55040	REMOVAL OF HYDROCELE	No		0	NA	NA		Physician billing to Carrier
55041	REMOVAL OF HYDROCELES	No		0	NA	NA		Physician billing to Carrier
55060	REPAIR OF HYDROCELE	No		0	NA	NA		Physician billing to Carrier
55100	DRAINAGE OF SCROTUM ABSCESS	No		0	NA	NA		Physician billing to Carrier
55110	EXPLORE SCROTUM	No		0	NA	NA		Physician billing to Carrier
55120	REMOVAL OF SCROTUM LESION	No		0	NA	NA		Physician billing to Carrier
55150	REMOVAL OF SCROTUM	No		0	NA	NA		Physician billing to Carrier
55175	REVISION OF SCROTUM	No		0	NA	NA		Physician billing to Carrier
55180	REVISION OF SCROTUM	No		0	NA	NA		Physician billing to Carrier
55200	INCISION OF SPERM DUCT	No		0	NA	NA		Physician billing to Carrier
55250	REMOVAL OF SPERM DUCT(S)	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
55300	PREPARE, SPERM DUCT X-RAY	No		0	NA	NA		Physician billing to Carrier
55400	REPAIR OF SPERM DUCT	No		0	NA	NA		Physician billing to Carrier
55450	LIGATION OF SPERM DUCT	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
55500	REMOVAL OF HYDROCELE	No		0	NA	NA		Physician billing to Carrier
55520	REMOVAL OF SPERM CORD LESION	No		0	NA	NA		Physician billing to Carrier
55530	REVISE SPERMATIC CORD VEINS	No		0	NA	NA		Physician billing to Carrier
55535	REVISE SPERMATIC CORD VEINS	No		0	NA	NA		Physician billing to Carrier
55540	REVISE HERNIA & SPERM VEINS	No		0	NA	NA		Physician billing to Carrier
55550	LAPARO LIGATE SPERMATIC VEIN	No		0	NA	NA		Physician billing to Carrier
55559	LAPARO PROC, SPERMATIC CORD	No		0	NA	NA		Physician billing to Carrier
55600	INCISE SPERM DUCT POUCH	No		0	NA	NA		Physician billing to Carrier
55605	INCISE SPERM DUCT POUCH	No		0	NA	NA		Physician billing to Carrier
55650	REMOVE SPERM DUCT POUCH	No		0	NA	NA		Physician billing to Carrier
55680	REMOVE SPERM POUCH LESION	No		0	NA	NA		Physician billing to Carrier
55700	BIOPSY OF PROSTATE	No		0	NA	NA		Physician billing to Carrier
55705	BIOPSY OF PROSTATE	No		0	NA	NA		Physician billing to Carrier
55720	DRAINAGE OF PROSTATE ABSCESS	No		0	NA	NA		Physician billing to Carrier
55725	DRAINAGE OF PROSTATE ABSCESS	No		0	NA	NA		Physician billing to Carrier
55801	REMOVAL OF PROSTATE	No		0	NA	NA		Physician billing to Carrier
55810	EXTENSIVE PROSTATE SURGERY	No		Q19	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
55812	EXTENSIVE PROSTATE SURGERY	No		0	NA	NA		Physician billing to Carrier
55815	EXTENSIVE PROSTATE SURGERY	No		0	NA	NA		Physician billing to Carrier
55821	REMOVAL OF PROSTATE	No		0	NA	NA		Physician billing to Carrier
55831	REMOVAL OF PROSTATE	No		0	NA	NA		Physician billing to Carrier
55840	EXTENSIVE PROSTATE SURGERY	No		0	NA	NA		Physician billing to Carrier
55842	EXTENSIVE PROSTATE SURGERY	No		0	NA	NA		Physician billing to Carrier
55845	EXTENSIVE PROSTATE SURGERY	No		0	NA	NA		Physician billing to Carrier
55859	PERCUT/NEEDLE INSERT, PROS	No		0	NA	NA		Physician billing to Carrier
55860	SURGICAL EXPOSURE, PROSTATE	No		0	NA	NA		Physician billing to Carrier
55862	EXTENSIVE PROSTATE SURGERY	No		0	NA	NA		Physician billing to Carrier
55865	EXTENSIVE PROSTATE SURGERY	No		0	NA	NA		Physician billing to Carrier
55870	ELECTROEJACULATION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
55873	CRYOABLATE PROSTATE	No		0	NA	NA		Physician billing to Carrier
55899	GENITAL SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
55970	SEX TRANSFORMATION, M TO F	No	Non-Covered by Medicare CIM 35-61	9	NA	NA		SNFs cannot bill for this service
55980	SEX TRANSFORMATION, F TO M	No	Non-Covered by Medicare CIM 35-61	9	NA	NA		SNFs cannot bill for this service
56405	I & D OF VULVA/PERINEUM	No		0	NA	NA		Physician billing to Carrier
56420	DRAINAGE OF GLAND ABSCESS	No		0	NA	NA		Physician billing to Carrier
56440	SURGERY FOR VULVA LESION	No		0	NA	NA		Physician billing to Carrier
56441	LYSIS OF LABIAL LESION(S)	No		0	NA	NA		Physician billing to Carrier
56501	DESTRUCTION, VULVA LESION(S)	No		0	NA	NA		Physician billing to Carrier
56515	DESTRUCTION, VULVA LESION(S)	No		0	NA	NA		Physician billing to Carrier
56605	BIOPSY OF VULVA/PERINEUM	No		0	NA	NA		Physician billing to Carrier
56606	BIOPSY OF VULVA/PERINEUM	No		0	NA	NA		Physician billing to Carrier
56620	PARTIAL REMOVAL OF VULVA	No		0	NA	NA		Physician billing to Carrier
56625	COMPLETE REMOVAL OF VULVA	No	CIM 35-61	0	NA	NA		Physician billing to Carrier
56630	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA	NA		Physician billing to Carrier
56631	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA	NA		Physician billing to Carrier
56632	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA	NA		Physician billing to Carrier
56633	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA	NA		Physician billing to Carrier
56634	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA	NA		Physician billing to Carrier
56637	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA	NA		Physician billing to Carrier
56640	EXTENSIVE VULVA SURGERY	No		0	NA	NA		Physician billing to Carrier
56700	PARTIAL REMOVAL OF HYMEN	No		0	NA	NA		Physician billing to Carrier
56720	INCISION OF HYMEN	No		0	NA	NA		Physician billing to Carrier
56740	REMOVE VAGINA GLAND LESION	No		0	NA	NA		Physician billing to Carrier
56800	REPAIR OF VAGINA	No		0	NA	NA		Physician billing to Carrier
56805	REPAIR CLITORIS	No		0	NA	NA		Physician billing to Carrier
56810	REPAIR OF PERINEUM	No		0	NA	NA		Physician billing to Carrier
57000	EXPLORATION OF VAGINA	No		0	NA	NA		Physician billing to Carrier
57010	DRAINAGE OF PELVIC ABSCESS	No		0	NA	NA		Physician billing to Carrier
57020	DRAINAGE OF PELVIC FLUID	No		0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
57022	I & D VAGINAL HEMATOMA, OB	No		0	NA	NA		Physician billing to Carrier
57023	I & D VAG HEMATOMA, TRAUMA	No		0	NA	NA		Physician billing to Carrier
57061	DESTRUCTION VAGINA LESION(S)	No		0	NA	NA		Physician billing to Carrier
57065	DESTRUCTION VAGINA LESION(S)	No		0	NA	NA		Physician billing to Carrier
57100	BIOPSY OF VAGINA	No		0	NA	NA		Physician billing to Carrier
57105	BIOPSY OF VAGINA	No		0	NA	NA		Physician billing to Carrier
57106	REMOVE VAGINA WALL, PARTIAL	No		0	NA	NA		Physician billing to Carrier
57107	REMOVE VAGINA TISSUE, PART	No		0	NA	NA		Physician billing to Carrier
57109	VAGINECTOMY PARTIAL W/NODES	No		0	NA	NA		Physician billing to Carrier
57110	REMOVE VAGINA WALL, COMPLETE	No	CIM 35-61	0	NA	NA		Physician billing to Carrier
57111	REMOVE VAGINA TISSUE, COMPL	No	CIM 35-61	0	NA	NA		Physician billing to Carrier
57112	VAGINECTOMY W/NODES, COMPL	No	CIM 35-61	0	NA	NA		Physician billing to Carrier
57120	CLOSURE OF VAGINA	No		0	NA	NA		Physician billing to Carrier
57130	REMOVE VAGINA LESION	No		0	NA	NA		Physician billing to Carrier
57135	REMOVE VAGINA LESION	No		0	NA	NA		Physician billing to Carrier
57150	TREAT VAGINA INFECTION	No		0	NA	NA		Physician billing to Carrier
57160	INSERT PESSARY/OTHER DEVICE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
57170	FITTING OF DIAPHRAGM/CAP	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
57180	TREAT VAGINAL BLEEDING	No		0	NA	NA		Physician billing to Carrier
57200	REPAIR OF VAGINA	No		0	NA	NA		Physician billing to Carrier
57210	REPAIR VAGINA/PERINEUM	No		0	NA	NA		Physician billing to Carrier
57220	REVISION OF URETHRA	No		0	NA	NA		Physician billing to Carrier
57230	REPAIR OF URETHRAL LESION	No		0	NA	NA		Physician billing to Carrier
57240	REPAIR BLADDER & VAGINA	No		0	NA	NA		Physician billing to Carrier
57250	REPAIR RECTUM & VAGINA	No		0	NA	NA		Physician billing to Carrier
57260	REPAIR OF VAGINA	No		0	NA	NA		Physician billing to Carrier
57265	EXTENSIVE REPAIR OF VAGINA	No		0	NA	NA		Physician billing to Carrier
57268	REPAIR OF BOWEL BULGE	No		0	NA	NA		Physician billing to Carrier
57270	REPAIR OF BOWEL POUCH	No		0	NA	NA		Physician billing to Carrier
57280	SUSPENSION OF VAGINA	No		0	NA	NA		Physician billing to Carrier
57282	REPAIR OF VAGINAL PROLAPSE	No		0	NA	NA		Physician billing to Carrier
57284	REPAIR PARAVAGINAL DEFECT	No		0	NA	NA		Physician billing to Carrier
57287	REVISE/REMOVE SLING REPAIR	No		0	NA	NA		Physician billing to Carrier
57288	REPAIR BLADDER DEFECT	No		0	NA	NA		Physician billing to Carrier
57289	REPAIR BLADDER & VAGINA	No		0	NA	NA		Physician billing to Carrier
57291	CONSTRUCTION OF VAGINA	No	CIM 35-61	0	NA	NA		Physician billing to Carrier
57292	CONSTRUCT VAGINA WITH GRAFT	No	CIM 35-61	0	NA	NA		Physician billing to Carrier
57300	REPAIR RECTUM-VAGINA FISTULA	No		0	NA	NA		Physician billing to Carrier
57305	REPAIR RECTUM-VAGINA FISTULA	No		0	NA	NA		Physician billing to Carrier
57307	FISTULA REPAIR & COLOSTOMY	No		0	NA	NA		Physician billing to Carrier
57308	FISTULA REPAIR, TRANSPERINE	No		0	NA	NA		Physician billing to Carrier
57310	REPAIR URETHROVAGINAL LESION	No		0	NA	NA		Physician billing to Carrier
57311	REPAIR URETHROVAGINAL LESION	No		0	NA	NA		Physician billing to Carrier
57320	REPAIR BLADDER-VAGINA LESION	No		Q21	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
57330	REPAIR BLADDER-VAGINA LESION	No		0	NA	NA		Physician billing to Carrier
57335	REPAIR VAGINA	No		0	NA	NA		Physician billing to Carrier
57400	DILATION OF VAGINA	No		0	NA	NA		Physician billing to Carrier
57410	PELVIC EXAMINATION	No		0	NA	NA		Physician billing to Carrier
57415	REMOVE VAGINAL FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
57452	EXAMINATION OF VAGINA	No		0	NA	NA		Physician billing to Carrier
57454	VAGINA EXAMINATION & BIOPSY	No		0	NA	NA		Physician billing to Carrier
57460	CERVIX EXCISION	No		0	NA	NA		Physician billing to Carrier
57500	BIOPSY OF CERVIX	No		0	NA	NA		Physician billing to Carrier
57505	ENDOCERVICAL CURETTAGE	No		0	NA	NA		Physician billing to Carrier
57510	CAUTERIZATION OF CERVIX	No		0	NA	NA		Physician billing to Carrier
57511	CRYOCAUTERY OF CERVIX	No		0	NA	NA		Physician billing to Carrier
57513	LASER SURGERY OF CERVIX	No		0	NA	NA		Physician billing to Carrier
57520	CONIZATION OF CERVIX	No		0	NA	NA		Physician billing to Carrier
57522	CONIZATION OF CERVIX	No		0	NA	NA		Physician billing to Carrier
57530	REMOVAL OF CERVIX	No		0	NA	NA		Physician billing to Carrier
57531	REMOVAL OF CERVIX, RADICAL	No		0	NA	NA		Physician billing to Carrier
57540	REMOVAL OF RESIDUAL CERVIX	No		0	NA	NA		Physician billing to Carrier
57545	REMOVE CERVIX/REPAIR PELVIS	No		0	NA	NA		Physician billing to Carrier
57550	REMOVAL OF RESIDUAL CERVIX	No		0	NA	NA		Physician billing to Carrier
57555	REMOVE CERVIX/REPAIR VAGINA	No		0	NA	NA		Physician billing to Carrier
57556	REMOVE CERVIX, REPAIR BOWEL	No		0	NA	NA		Physician billing to Carrier
57700	REVISION OF CERVIX	No		0	NA	NA		Physician billing to Carrier
57720	REVISION OF CERVIX	No		0	NA	NA		Physician billing to Carrier
57800	DILATION OF CERVICAL CANAL	No		0	NA	NA		Physician billing to Carrier
57820	D & C OF RESIDUAL CERVIX	No		0	NA	NA		Physician billing to Carrier
58100	BIOPSY OF UTERUS LINING	No		0	NA	NA		Physician billing to Carrier
58120	DILATION AND CURETTAGE	No		0	NA	NA		Physician billing to Carrier
58140	REMOVAL OF UTERUS LESION	No		0	NA	NA		Physician billing to Carrier
58145	REMOVAL OF UTERUS LESION	No		0	NA	NA		Physician billing to Carrier
58150	TOTAL HYSTERECTOMY	No	CIM 35-11, CIM35-61	0	NA	NA		Physician billing to Carrier
58152	TOTAL HYSTERECTOMY	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58180	PARTIAL HYSTERECTOMY	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58200	EXTENSIVE HYSTERECTOMY	No	CIM 35-11, CIM35-61	0	NA	NA		Physician billing to Carrier
58210	EXTENSIVE HYSTERECTOMY	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58240	REMOVAL OF PELVIS CONTENTS	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58260	VAGINAL HYSTERECTOMY	No	CIM 35-11, CIM35-61	0	NA	NA		Physician billing to Carrier
58262	VAGINAL HYSTERECTOMY	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58263	VAGINAL HYSTERECTOMY	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58267	HYSTERECTOMY & VAGINA REPAIR	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58270	HYSTERECTOMY & VAGINA REPAIR	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58275	HYSTERECTOMY/REVISE VAGINA	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58280	HYSTERECTOMY/REVISE VAGINA	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58285	EXTENSIVE HYSTERECTOMY	No	CIM 35-11	Q22	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
58300	INSERT INTRAUTERINE DEVICE	Yes	Non-Covered by Medicare Statute 1862a1A SNF 516	9	NA	NA		Physician billing to Carrier
58301	REMOVE INTRAUTERINE DEVICE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
58321	ARTIFICIAL INSEMINATION	Yes	MCM 2005.1 SNF 516	0	NA	NA		Physician billing to Carrier
58322	ARTIFICIAL INSEMINATION	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
58323	SPERM WASHING	Yes	MCM 2005.1 SNF 516	0	NA	NA		Physician billing to Carrier
58340	CATHETER FOR HYSTEROGRAPHY	No		0	NA	NA		Physician billing to Carrier
58345	REOPEN FALLOPIAN TUBE	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
58350	REOPEN FALLOPIAN TUBE	No		0	NA	NA		Physician billing to Carrier
58353	ENDOMETR ABLATE, THERMAL	No		0	NA	NA		Physician billing to Carrier
58400	SUSPENSION OF UTERUS	No		0	NA	NA		Physician billing to Carrier
58410	SUSPENSION OF UTERUS	No		0	NA	NA		Physician billing to Carrier
58520	REPAIR OF RUPTURED UTERUS	No		0	NA	NA		Physician billing to Carrier
58540	REVISION OF UTERUS	No		0	NA	NA		Physician billing to Carrier
58550	LAPARO-ASST VAG HYSTERECTOMY	No		0	NA	NA		Physician billing to Carrier
58551	LAPAROSCOPY, REMOVE MYOMA	No		0	NA	NA		Physician billing to Carrier
58555	HYSTEROSCOPY, DX, SEP PROC	No		0	NA	NA		Physician billing to Carrier
58558	HYSTEROSCOPY, BIOPSY	No		0	NA	NA		Physician billing to Carrier
58559	HYSTEROSCOPY, LYSIS	No		0	NA	NA		Physician billing to Carrier
58560	HYSTEROSCOPY, RESECT SEPTUM	No		0	NA	NA		Physician billing to Carrier
58561	HYSTEROSCOPY, REMOVE MYOMA	No		0	NA	NA		Physician billing to Carrier
58562	HYSTEROSCOPY, REMOVE FB	No		0	NA	NA		Physician billing to Carrier
58563	HYSTEROSCOPY, ABLATION	No		0	NA	NA		Physician billing to Carrier
58578	LAPARO PROC, UTERUS	No		0	NA	NA		Physician billing to Carrier
58579	HYSTEROSCOPE PROCEDURE	No		0	NA	NA		Physician billing to Carrier
58600	DIVISION OF FALLOPIAN TUBE	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58605	DIVISION OF FALLOPIAN TUBE	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58611	LIGATE OVIDUCT(S) ADD-ON	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58615	OCCLUDE FALLOPIAN TUBE(S)	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58660	LAPAROSCOPY, LYSIS	No		0	NA	NA		Physician billing to Carrier
58661	LAPAROSCOPY, REMOVE ADNEXA	No		0	NA	NA		Physician billing to Carrier
58662	LAPAROSCOPY, EXCISE LESIONS	No		0	NA	NA		Physician billing to Carrier
58670	LAPAROSCOPY, TUBAL CAUTERY	No		0	NA	NA		Physician billing to Carrier
58671	LAPAROSCOPY, TUBAL BLOCK	No		0	NA	NA		Physician billing to Carrier
58672	LAPAROSCOPY, FIMBRIOPLASTY	No		0	NA	NA		Physician billing to Carrier
58673	LAPAROSCOPY, SALPINGOSTOMY	No		0	NA	NA		Physician billing to Carrier
58679	LAPARO PROC, OVIDUCT-OVARY	No		0	NA	NA		Physician billing to Carrier
58700	REMOVAL OF FALLOPIAN TUBE	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58720	REMOVAL OF OVARY/TUBE(S)	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58740	REVISE FALLOPIAN TUBE(S)	No		0	NA	NA		Physician billing to Carrier
58750	REPAIR OVIDUCT	No		0	NA	NA		Physician billing to Carrier
58752	REVISE OVARIAN TUBE(S)	No		0	NA	NA		Physician billing to Carrier
58760	REMOVE TUBAL OBSTRUCTION	No		0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
58770	CREATE NEW TUBAL OPENING	No		0	NA	NA		Physician billing to Carrier
58800	DRAINAGE OF OVARIAN CYST(S)	No		0	NA	NA		Physician billing to Carrier
58805	DRAINAGE OF OVARIAN CYST(S)	No		0	NA	NA		Physician billing to Carrier
58820	DRAIN OVARY ABSCESS, OPEN	No		0	NA	NA		Physician billing to Carrier
58822	DRAIN OVARY ABSCESS, PERCUT	No		0	NA	NA		Physician billing to Carrier
58823	DRAIN PELVIC ABSCESS, PERCUT	No		0	NA	NA		Physician billing to Carrier
58825	TRANSPOSITION, OVARY(S)	No		0	NA	NA		Physician billing to Carrier
58900	BIOPSY OF OVARY(S)	No		0	NA	NA		Physician billing to Carrier
58920	PARTIAL REMOVAL OF OVARY(S)	No		0	NA	NA		Physician billing to Carrier
58925	REMOVAL OF OVARIAN CYST(S)	No		0	NA	NA		Physician billing to Carrier
58940	REMOVAL OF OVARY(S)	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58943	REMOVAL OF OVARY(S)	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58950	RESECT OVARIAN MALIGNANCY	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58951	RESECT OVARIAN MALIGNANCY	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58952	RESECT OVARIAN MALIGNANCY	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58960	EXPLORATION OF ABDOMEN	No	CIM 35-11	0	NA	NA		Physician billing to Carrier
58970	RETRIEVAL OF OOCYTE	No		0	NA	NA		Physician billing to Carrier
58974	TRANSFER OF EMBRYO	No		0	NA	NA		Physician billing to Carrier
58976	TRANSFER OF EMBRYO	No		0	NA	NA		Physician billing to Carrier
58999	GENITAL SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
59000	AMNIOCENTESIS	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59012	FETAL CORD PUNCTURE,PRENATAL	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59015	CHORION BIOPSY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59020	FETAL CONTRACT STRESS TEST	Yes	SNF 516	1	Yes	NA		Physician billing to Carrier
59025	FETAL NON-STRESS TEST	Yes	SNF 516	1	Yes	NA		Physician billing to Carrier
59030	FETAL SCALP BLOOD SAMPLE	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59050	FETAL MONITOR W/REPORT	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59051	FETAL MONITOR/INTERPRET ONLY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59100	REMOVE UTERUS LESION	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59120	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59121	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59130	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59135	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59136	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59140	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59150	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59151	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59160	D & C AFTER DELIVERY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59200	INSERT CERVICAL DILATOR	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59300	EPISIOTOMY OR VAGINAL REPAIR	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59320	REVISION OF CERVIX	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59325	REVISION OF CERVIX	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59350	REPAIR OF UTERUS	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59400	OBSTETRICAL CARE	No	MCM 2005.1	Q24	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
59409	OBSTETRICAL CARE	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59410	OBSTETRICAL CARE	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59412	ANTEPARTUM MANIPULATION	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59414	DELIVER PLACENTA	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59425	ANTEPARTUM CARE ONLY	Yes	MCM 2005.1 SNF 516	0	NA	NA		Physician billing to Carrier
59426	ANTEPARTUM CARE ONLY	Yes	MCM 2005.1 SNF 516	0	NA	NA		Physician billing to Carrier
59430	CARE AFTER DELIVERY	Yes	MCM 2005.1 SNF 516	0	NA	NA		Physician billing to Carrier
59510	CESAREAN DELIVERY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59514	CESAREAN DELIVERY ONLY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59515	CESAREAN DELIVERY	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59525	REMOVE UTERUS AFTER CESAREAN	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59610	VBAC DELIVERY	No		0	NA	NA		Physician billing to Carrier
59612	VBAC DELIVERY ONLY	No		0	NA	NA		Physician billing to Carrier
59614	VBAC CARE AFTER DELIVERY	No		0	NA	NA		Physician billing to Carrier
59618	ATTEMPTED VBAC DELIVERY	No		0	NA	NA		Physician billing to Carrier
59620	ATTEMPTED VBAC DELIVERY ONLY	No		0	NA	NA		Physician billing to Carrier
59622	ATTEMPTED VBAC AFTER CARE	No		0	NA	NA		Physician billing to Carrier
59812	TREATMENT OF MISCARRIAGE	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59820	CARE OF MISCARRIAGE	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59821	TREATMENT OF MISCARRIAGE	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59830	TREAT UTERUS INFECTION	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59840	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA	NA		Physician billing to Carrier
59841	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA	NA		Physician billing to Carrier
59850	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA	NA		Physician billing to Carrier
59851	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA	NA		Physician billing to Carrier
59852	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA	NA		Physician billing to Carrier
59855	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA	NA		Physician billing to Carrier
59856	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA	NA		Physician billing to Carrier
59857	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA	NA		Physician billing to Carrier
59866	ABORTION (MPR)	No	CIM 35-99	0	NA	NA		Physician billing to Carrier
59870	EVACUATE MOLE OF UTERUS	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
59871	REMOVE CERCLAGE SUTURE	No		0	NA	NA		Physician billing to Carrier
59898	LAPARO PROC, OB CARE/DELIVER	No		0	NA	NA		Physician billing to Carrier
59899	MATERNITY CARE PROCEDURE	No	MCM 2005.1	0	NA	NA		Physician billing to Carrier
60000	DRAIN THYROID/TONGUE CYST	No		0	NA	NA		Physician billing to Carrier
60001	ASPIRATE/INJECT THYRIOD CYST	No		0	NA	NA		Physician billing to Carrier
60100	BIOPSY OF THYROID	No		0	NA	NA		Physician billing to Carrier
60200	REMOVE THYROID LESION	No		Q25	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
60210	PARTIAL THYROID EXCISION	No		0	NA	NA		Physician billing to Carrier
60212	PARITAL THYROID EXCISION	No		0	NA	NA		Physician billing to Carrier
60220	PARTIAL REMOVAL OF THYROID	No		0	NA	NA		Physician billing to Carrier
60225	PARTIAL REMOVAL OF THYROID	No		0	NA	NA		Physician billing to Carrier
60240	REMOVAL OF THYROID	No		0	NA	NA		Physician billing to Carrier
60252	REMOVAL OF THYROID	No		0	NA	NA		Physician billing to Carrier
60254	EXTENSIVE THYROID SURGERY	No		0	NA	NA		Physician billing to Carrier
60260	REPEAT THYROID SURGERY	No		0	NA	NA		Physician billing to Carrier
60270	REMOVAL OF THYROID	No		0	NA	NA		Physician billing to Carrier
60271	REMOVAL OF THYROID	No		0	NA	NA		Physician billing to Carrier
60280	REMOVE THYROID DUCT LESION	No		0	NA	NA		Physician billing to Carrier
60281	REMOVE THYROID DUCT LESION	No		0	NA	NA		Physician billing to Carrier
60500	EXPLORE PARATHYROID GLANDS	No		0	NA	NA		Physician billing to Carrier
60502	RE-EXPLORE PARATHYROIDS	No		0	NA	NA		Physician billing to Carrier
60505	EXPLORE PARATHYROID GLANDS	No		0	NA	NA		Physician billing to Carrier
60512	AUTOTRANSPLANT PARATHYROID	No		0	NA	NA		Physician billing to Carrier
60520	REMOVAL OF THYMUS GLAND	No		0	NA	NA		Physician billing to Carrier
60521	REMOVAL OF THYMUS GLAND	No		0	NA	NA		Physician billing to Carrier
60522	REMOVAL OF THYMUS GLAND	No		0	NA	NA		Physician billing to Carrier
60540	EXPLORE ADRENAL GLAND	No		0	NA	NA		Physician billing to Carrier
60545	EXPLORE ADRENAL GLAND	No		0	NA	NA		Physician billing to Carrier
60600	REMOVE CAROTID BODY LESION	No	CIM 35-7	0	NA	NA		Physician billing to Carrier
60605	REMOVE CAROTID BODY LESION	No	CIM 35-7	0	NA	NA		Physician billing to Carrier
60650	LAPAROSCOPY ADRENALECTOMY	No		0	NA	NA		Physician billing to Carrier
60659	LAPARO PROC, ENDOCRINE	No		0	NA	NA		Physician billing to Carrier
60699	ENDOCRINE SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
61000	REMOVE CRANIAL CAVITY FLUID	No		0	NA	NA		Physician billing to Carrier
61001	REMOVE CRANIAL CAVITY FLUID	No		0	NA	NA		Physician billing to Carrier
61020	REMOVE BRAIN CAVITY FLUID	No		0	NA	NA		Physician billing to Carrier
61026	INJECTION INTO BRAIN CANAL	No		0	NA	NA		Physician billing to Carrier
61050	REMOVE BRAIN CANAL FLUID	No		0	NA	NA		Physician billing to Carrier
61055	INJECTION INTO BRAIN CANAL	No		0	NA	NA		Physician billing to Carrier
61070	BRAIN CANAL SHUNT PROCEDURE	No		0	NA	NA		Physician billing to Carrier
61105	TWIST DRILL HOLE	No		0	NA	NA		Physician billing to Carrier
61107	DRILL SKULL FOR IMPLANTATION	No		0	NA	NA		Physician billing to Carrier
61108	DRILL SKULL FOR DRAINAGE	No		0	NA	NA		Physician billing to Carrier
61120	BURR HOLE FOR PUNCTURE	No		0	NA	NA		Physician billing to Carrier
61140	PIERCE SKULL FOR BIOPSY	No		0	NA	NA		Physician billing to Carrier
61150	PIERCE SKULL FOR DRAINAGE	No		0	NA	NA		Physician billing to Carrier
61151	PIERCE SKULL FOR DRAINAGE	No		0	NA	NA		Physician billing to Carrier
61154	PIERCE SKULL & REMOVE CLOT	No		0	NA	NA		Physician billing to Carrier
61156	PIERCE SKULL FOR DRAINAGE	No		0	NA	NA		Physician billing to Carrier
61210	PIERCE SKULL, IMPLANT DEVICE	No		0	NA	NA		Physician billing to Carrier
61215	INSERT BRAIN-FLUID DEVICE	No		Q26	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
61250	PIERCE SKULL & EXPLORE	No		0	NA	NA		Physician billing to Carrier
61253	PIERCE SKULL & EXPLORE	No		0	NA	NA		Physician billing to Carrier
61304	OPEN SKULL FOR EXPLORATION	No		0	NA	NA		Physician billing to Carrier
61305	OPEN SKULL FOR EXPLORATION	No		0	NA	NA		Physician billing to Carrier
61312	OPEN SKULL FOR DRAINAGE	No		0	NA	NA		Physician billing to Carrier
61313	OPEN SKULL FOR DRAINAGE	No		0	NA	NA		Physician billing to Carrier
61314	OPEN SKULL FOR DRAINAGE	No		0	NA	NA		Physician billing to Carrier
61315	OPEN SKULL FOR DRAINAGE	No		0	NA	NA		Physician billing to Carrier
61320	OPEN SKULL FOR DRAINAGE	No		0	NA	NA		Physician billing to Carrier
61321	OPEN SKULL FOR DRAINAGE	No		0	NA	NA		Physician billing to Carrier
61330	DECOMPRESS EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
61332	EXPLORE/BIOPSY EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
61333	EXPLORE ORBIT/REMOVE LESION	No		0	NA	NA		Physician billing to Carrier
61334	EXPLORE ORBIT/REMOVE OBJECT	No		0	NA	NA		Physician billing to Carrier
61340	RELIEVE CRANIAL PRESSURE	No		0	NA	NA		Physician billing to Carrier
61343	INCISE SKULL (PRESS RELIEF)	No		0	NA	NA		Physician billing to Carrier
61345	RELIEVE CRANIAL PRESSURE	No		0	NA	NA		Physician billing to Carrier
61440	INCISE SKULL FOR SURGERY	No		0	NA	NA		Physician billing to Carrier
61450	INCISE SKULL FOR SURGERY	No		0	NA	NA		Physician billing to Carrier
61458	INCISE SKULL FOR BRAIN WOUND	No		0	NA	NA		Physician billing to Carrier
61460	INCISE SKULL FOR SURGERY	No		0	NA	NA		Physician billing to Carrier
61470	INCISE SKULL FOR SURGERY	No		0	NA	NA		Physician billing to Carrier
61480	INCISE SKULL FOR SURGERY	No		0	NA	NA		Physician billing to Carrier
61490	INCISE SKULL FOR SURGERY	No		0	NA	NA		Physician billing to Carrier
61500	REMOVAL OF SKULL LESION	No		0	NA	NA		Physician billing to Carrier
61501	REMOVE INFECTED SKULL BONE	No		0	NA	NA		Physician billing to Carrier
61510	REMOVAL OF BRAIN LESION	No		0	NA	NA		Physician billing to Carrier
61512	REMOVE BRAIN LINING LESION	No		0	NA	NA		Physician billing to Carrier
61514	REMOVAL OF BRAIN ABSCESS	No		0	NA	NA		Physician billing to Carrier
61516	REMOVAL OF BRAIN LESION	No		0	NA	NA		Physician billing to Carrier
61518	REMOVAL OF BRAIN LESION	No		0	NA	NA		Physician billing to Carrier
61519	REMOVE BRAIN LINING LESION	No		0	NA	NA		Physician billing to Carrier
61520	REMOVAL OF BRAIN LESION	No		0	NA	NA		Physician billing to Carrier
61521	REMOVAL OF BRAIN LESION	No		0	NA	NA		Physician billing to Carrier
61522	REMOVAL OF BRAIN ABSCESS	No		0	NA	NA		Physician billing to Carrier
61524	REMOVAL OF BRAIN LESION	No		0	NA	NA		Physician billing to Carrier
61526	REMOVAL OF BRAIN LESION	No		0	NA	NA		Physician billing to Carrier
61530	REMOVAL OF BRAIN LESION	No		0	NA	NA		Physician billing to Carrier
61531	IMPLANT BRAIN ELECTRODES	No		0	NA	NA		Physician billing to Carrier
61533	IMPLANT BRAIN ELECTRODES	No	CIM 50-40	0	NA	NA		Physician billing to Carrier
61534	REMOVAL OF BRAIN LESION	No		0	NA	NA		Physician billing to Carrier
61535	REMOVE BRAIN ELECTRODES	No		0	NA	NA		Physician billing to Carrier
61536	REMOVAL OF BRAIN LESION	No		0	NA	NA		Physician billing to Carrier
61538	REMOVAL OF BRAIN TISSUE	No		Q27	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
61539	REMOVAL OF BRAIN TISSUE	No		0	NA	NA		Physician billing to Carrier
61541	INCISION OF BRAIN TISSUE	No		0	NA	NA		Physician billing to Carrier
61542	REMOVAL OF BRAIN TISSUE	No		0	NA	NA		Physician billing to Carrier
61543	REMOVAL OF BRAIN TISSUE	No		0	NA	NA		Physician billing to Carrier
61544	REMOVE & TREAT BRAIN LESION	No		0	NA	NA		Physician billing to Carrier
61545	EXCISION OF BRAIN TUMOR	No		0	NA	NA		Physician billing to Carrier
61546	REMOVAL OF PITUITARY GLAND	No		0	NA	NA		Physician billing to Carrier
61548	REMOVAL OF PITUITARY GLAND	No		0	NA	NA		Physician billing to Carrier
61550	RELEASE OF SKULL SEAMS	No		0	NA	NA		Physician billing to Carrier
61552	RELEASE OF SKULL SEAMS	No		0	NA	NA		Physician billing to Carrier
61556	INCISE SKULL/SUTURES	No		0	NA	NA		Physician billing to Carrier
61557	INCISE SKULL/SUTURES	No		0	NA	NA		Physician billing to Carrier
61558	EXCISION OF SKULL/SUTURES	No		0	NA	NA		Physician billing to Carrier
61559	EXCISION OF SKULL/SUTURES	No		0	NA	NA		Physician billing to Carrier
61563	EXCISION OF SKULL TUMOR	No		0	NA	NA		Physician billing to Carrier
61564	EXCISION OF SKULL TUMOR	No		0	NA	NA		Physician billing to Carrier
61570	REMOVE FOREIGN BODY, BRAIN	No		0	NA	NA		Physician billing to Carrier
61571	INCISE SKULL FOR BRAIN WOUND	No		0	NA	NA		Physician billing to Carrier
61575	SKULL BASE/BRAINSTEM SURGERY	No		0	NA	NA		Physician billing to Carrier
61576	SKULL BASE/BRAINSTEM SURGERY	No		0	NA	NA		Physician billing to Carrier
61580	CRANIOFACIAL APPROACH, SKULL	No		0	NA	NA		Physician billing to Carrier
61581	CRANIOFACIAL APPROACH, SKULL	No		0	NA	NA		Physician billing to Carrier
61582	CRANIOFACIAL APPROACH, SKULL	No		0	NA	NA		Physician billing to Carrier
61583	CRANIOFACIAL APPROACH, SKULL	No		0	NA	NA		Physician billing to Carrier
61584	ORBITOCRANIAL APPROACH/SKULL	No		0	NA	NA		Physician billing to Carrier
61585	ORBITOCRANIAL APPROACH/SKULL	No		0	NA	NA		Physician billing to Carrier
61586	RESECT NASOPHARYNX, SKULL	No		0	NA	NA		Physician billing to Carrier
61590	INFRATEMPORAL APPROACH/SKULL	No		0	NA	NA		Physician billing to Carrier
61591	INFRATEMPORAL APPROACH/SKULL	No		0	NA	NA		Physician billing to Carrier
61592	ORBITOCRANIAL APPROACH/SKULL	No		0	NA	NA		Physician billing to Carrier
61595	TRANSTEMPORAL APPROACH/SKULL	No		0	NA	NA		Physician billing to Carrier
61596	TRANSCOCHLEAR APPROACH/SKULL	No		0	NA	NA		Physician billing to Carrier
61597	TRANSCONDYLAR APPROACH/SKULL	No		0	NA	NA		Physician billing to Carrier
61598	TRANSPETROSAL APPROACH/SKULL	No		0	NA	NA		Physician billing to Carrier
61600	RESECT/EXCISE CRANIAL LESION	No		0	NA	NA		Physician billing to Carrier
61601	RESECT/EXCISE CRANIAL LESION	No		0	NA	NA		Physician billing to Carrier
61605	RESECT/EXCISE CRANIAL LESION	No		0	NA	NA		Physician billing to Carrier
61606	RESECT/EXCISE CRANIAL LESION	No		0	NA	NA		Physician billing to Carrier
61607	RESECT/EXCISE CRANIAL LESION	No		0	NA	NA		Physician billing to Carrier
61608	RESECT/EXCISE CRANIAL LESION	No		0	NA	NA		Physician billing to Carrier
61609	TRANSECT ARTERY, SINUS	No		0	NA	NA		Physician billing to Carrier
61610	TRANSECT ARTERY, SINUS	No		0	NA	NA		Physician billing to Carrier
61611	TRANSECT ARTERY, SINUS	No		0	NA	NA		Physician billing to Carrier
61612	TRANSECT ARTERY, SINUS	No		Q28	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
61613	REMOVE ANEURYSM, SINUS	No		0	NA	NA		Physician billing to Carrier
61615	RESECT/EXCISE LESION, SKULL	No		0	NA	NA		Physician billing to Carrier
61616	RESECT/EXCISE LESION, SKULL	No		0	NA	NA		Physician billing to Carrier
61618	REPAIR DURA	No		0	NA	NA		Physician billing to Carrier
61619	REPAIR DURA	No		0	NA	NA		Physician billing to Carrier
61624	OCCLUSION/EMBOLIZATION CATH	No		0	NA	NA		Physician billing to Carrier
61626	OCCLUSION/EMBOLIZATION CATH	No		0	NA	NA		Physician billing to Carrier
61680	INTRACRANIAL VESSEL SURGERY	No		0	NA	NA		Physician billing to Carrier
61682	INTRACRANIAL VESSEL SURGERY	No		0	NA	NA		Physician billing to Carrier
61684	INTRACRANIAL VESSEL SURGERY	No		0	NA	NA		Physician billing to Carrier
61686	INTRACRANIAL VESSEL SURGERY	No		0	NA	NA		Physician billing to Carrier
61690	INTRACRANIAL VESSEL SURGERY	No		0	NA	NA		Physician billing to Carrier
61692	INTRACRANIAL VESSEL SURGERY	No		0	NA	NA		Physician billing to Carrier
61697	BRAIN ANEURYSM REPR, COMPLX	No		0	NA	NA		Physician billing to Carrier
61698	BRAIN ANEURYSM REPR, COMPLX	No		0	NA	NA		Physician billing to Carrier
61700	BRAIN ANEURYSM REPR , SIMPLE	No		0	NA	NA		Physician billing to Carrier
61702	INNER SKULL VESSEL SURGERY	No		0	NA	NA		Physician billing to Carrier
61703	CLAMP NECK ARTERY	No		0	NA	NA		Physician billing to Carrier
61705	REVISE CIRCULATION TO HEAD	No		0	NA	NA		Physician billing to Carrier
61708	REVISE CIRCULATION TO HEAD	No		0	NA	NA		Physician billing to Carrier
61710	REVISE CIRCULATION TO HEAD	No	CIM 35-35	0	NA	NA		Physician billing to Carrier
61711	FUSION OF SKULL ARTERIES	No	CIM 35-37	0	NA	NA		Physician billing to Carrier
61720	INCISE SKULL/BRAIN SURGERY	No		0	NA	NA		Physician billing to Carrier
61735	INCISE SKULL/BRAIN SURGERY	No		0	NA	NA		Physician billing to Carrier
61750	INCISE SKULL/BRAIN BIOPSY	No	CIM 35-84	0	NA	NA		Physician billing to Carrier
61751	BRAIN BIOPSY W/ CT/MR GUIDE	No		0	NA	NA		Physician billing to Carrier
61760	IMPLANT BRAIN ELECTRODES	No	CIM 50-40	0	NA	NA		Physician billing to Carrier
61770	INCISE SKULL FOR TREATMENT	No		0	NA	NA		Physician billing to Carrier
61790	TREAT TRIGEMINAL NERVE	No		0	NA	NA		Physician billing to Carrier
61791	TREAT TRIGEMINAL TRACT	No		0	NA	NA		Physician billing to Carrier
61793	FOCUS RADIATION BEAM	No		0	NA	NA		Physician billing to Carrier
61795	BRAIN SURGERY USING COMPUTER	No		0	NA	NA		Physician billing to Carrier
61850	IMPLANT NEUROELECTRODES	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
61860	IMPLANT NEUROELECTRODES	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
61862	IMPLANT NEUROSTIMUL, SUBCORT	No		0	NA	NA		Physician billing to Carrier
61870	IMPLANT NEUROELECTRODES	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
61875	IMPLANT NEUROELECTRODES	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
61880	REVISE/REMOVE NEUROELECTRODE	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
61885	IMPLANT NEUROSTIM ONE ARRAY	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
61886	IMPLANT NEUROSTIM ARRAYS	No		0	NA	NA		Physician billing to Carrier
61888	REVISE/REMOVE NEURORECEIVER	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
62000	TREAT SKULL FRACTURE	No		0	NA	NA		Physician billing to Carrier
62005	TREAT SKULL FRACTURE	No		0	NA	NA		Physician billing to Carrier
62010	TREATMENT OF HEAD INJURY	No		Q29	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
62100	REPAIR BRAIN FLUID LEAKAGE	No		0	NA	NA		Physician billing to Carrier
62115	REDUCTION OF SKULL DEFECT	No		0	NA	NA		Physician billing to Carrier
62116	REDUCTION OF SKULL DEFECT	No		0	NA	NA		Physician billing to Carrier
62117	REDUCTION OF SKULL DEFECT	No		0	NA	NA		Physician billing to Carrier
62120	REPAIR SKULL CAVITY LESION	No		0	NA	NA		Physician billing to Carrier
62121	INCISE SKULL REPAIR	No		0	NA	NA		Physician billing to Carrier
62140	REPAIR OF SKULL DEFECT	No		0	NA	NA		Physician billing to Carrier
62141	REPAIR OF SKULL DEFECT	No		0	NA	NA		Physician billing to Carrier
62142	REMOVE SKULL PLATE/FLAP	No		0	NA	NA		Physician billing to Carrier
62143	REPLACE SKULL PLATE/FLAP	No		0	NA	NA		Physician billing to Carrier
62145	REPAIR OF SKULL & BRAIN	No		0	NA	NA		Physician billing to Carrier
62146	REPAIR OF SKULL WITH GRAFT	No		0	NA	NA		Physician billing to Carrier
62147	REPAIR OF SKULL WITH GRAFT	No		0	NA	NA		Physician billing to Carrier
62180	ESTABLISH BRAIN CAVITY SHUNT	No		0	NA	NA		Physician billing to Carrier
62190	ESTABLISH BRAIN CAVITY SHUNT	No		0	NA	NA		Physician billing to Carrier
62192	ESTABLISH BRAIN CAVITY SHUNT	No		0	NA	NA		Physician billing to Carrier
62194	REPLACE/IRRIGATE CATHETER	No		0	NA	NA		Physician billing to Carrier
62200	ESTABLISH BRAIN CAVITY SHUNT	No		0	NA	NA		Physician billing to Carrier
62201	ESTABLISH BRAIN CAVITY SHUNT	No		0	NA	NA		Physician billing to Carrier
62220	ESTABLISH BRAIN CAVITY SHUNT	No		0	NA	NA		Physician billing to Carrier
62223	ESTABLISH BRAIN CAVITY SHUNT	No		0	NA	NA		Physician billing to Carrier
62225	REPLACE/IRRIGATE CATHETER	No		0	NA	NA		Physician billing to Carrier
62230	REPLACE/REVISE BRAIN SHUNT	No		0	NA	NA		Physician billing to Carrier
62256	REMOVE BRAIN CAVITY SHUNT	No		0	NA	NA		Physician billing to Carrier
62258	REPLACE BRAIN CAVITY SHUNT	No		0	NA	NA		Physician billing to Carrier
62263	LYSIS EPIDURAL ADHESIONS	No		0	NA	NA		Physician billing to Carrier
62268	DRAIN SPINAL CORD CYST	No		0	NA	NA		Physician billing to Carrier
62269	NEEDLE BIOPSY, SPINAL CORD	No		0	NA	NA		Physician billing to Carrier
62270	SPINAL FLUID TAP, DIAGNOSTIC	No		0	NA	NA		Physician billing to Carrier
62272	DRAIN SPINAL FLUID	No		0	NA	NA		Physician billing to Carrier
62273	TREAT EPIDURAL SPINE LESION	No	CIM 45-11	0	NA	NA		Physician billing to Carrier
62280	TREAT SPINAL CORD LESION	No		0	NA	NA		Physician billing to Carrier
62281	TREAT SPINAL CORD LESION	No		0	NA	NA		Physician billing to Carrier
62282	TREAT SPINAL CANAL LESION	No		0	NA	NA		Physician billing to Carrier
62284	INJECTION FOR MYELOGRAM	No		0	NA	NA		Physician billing to Carrier
62287	PERCUTANEOUS DISKECTOMY	No		0	NA	NA		Physician billing to Carrier
62290	INJECT FOR SPINE DISK X-RAY	No		0	NA	NA		Physician billing to Carrier
62291	INJECT FOR SPINE DISK X-RAY	No		0	NA	NA		Physician billing to Carrier
62292	INJECTION INTO DISK LESION	No		0	NA	NA		Physician billing to Carrier
62294	INJECTION INTO SPINAL ARTERY	No		0	NA	NA		Physician billing to Carrier
62310	INJECT SPINE C/T	No		0	NA	NA		Physician billing to Carrier
62311	INJECT SPINE L/S (CD)	No		0	NA	NA		Physician billing to Carrier
62318	INJECT SPINE W/CATH, C/T	No		0	NA	NA		Physician billing to Carrier
62319	INJECT SPINE W/CATH L/S (CD)	No		Q30	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
62350	IMPLANT SPINAL CANAL CATH	No		0	NA	NA		Physician billing to Carrier
62351	IMPLANT SPINAL CANAL CATH	No		0	NA	NA		Physician billing to Carrier
62355	REMOVE SPINAL CANAL CATHETER	No		0	NA	NA		Physician billing to Carrier
62360	INSERT SPINE INFUSION DEVICE	No		0	NA	NA		Physician billing to Carrier
62361	IMPLANT SPINE INFUSION PUMP	No		0	NA	NA		Physician billing to Carrier
62362	IMPLANT SPINE INFUSION PUMP	No		0	NA	NA		Physician billing to Carrier
62365	REMOVE SPINE INFUSION DEVICE	No		0	NA	NA		Physician billing to Carrier
62367	ANALYZE SPINE INFUSION PUMP	Yes	SNF 516	1	Yes	NA		Physician billing to Carrier
62368	ANALYZE SPINE INFUSION PUMP	Yes	SNF 516	1	Yes	NA		Physician billing to Carrier
63001	REMOVAL OF SPINAL LAMINA	No		0	NA	NA		Physician billing to Carrier
63003	REMOVAL OF SPINAL LAMINA	No		0	NA	NA		Physician billing to Carrier
63005	REMOVAL OF SPINAL LAMINA	No		0	NA	NA		Physician billing to Carrier
63011	REMOVAL OF SPINAL LAMINA	No		0	NA	NA		Physician billing to Carrier
63012	REMOVAL OF SPINAL LAMINA	No		0	NA	NA		Physician billing to Carrier
63015	REMOVAL OF SPINAL LAMINA	No		0	NA	NA		Physician billing to Carrier
63016	REMOVAL OF SPINAL LAMINA	No		0	NA	NA		Physician billing to Carrier
63017	REMOVAL OF SPINAL LAMINA	No		0	NA	NA		Physician billing to Carrier
63020	NECK SPINE DISK SURGERY	No		0	NA	NA		Physician billing to Carrier
63030	LOW BACK DISK SURGERY	No		0	NA	NA		Physician billing to Carrier
63035	SPINAL DISK SURGERY ADD-ON	No		0	NA	NA		Physician billing to Carrier
63040	LAMINOTOMY, SINGLE CERVICAL	No		0	NA	NA		Physician billing to Carrier
63042	LAMINOTOMY, SINGLE LUMBAR	No		0	NA	NA		Physician billing to Carrier
63043	LAMINOTOMY, ADDL CERVICAL	No		9	NA	NA		SNFs cannot bill for this service
63044	LAMINOTOMY, ADDL LUMBAR	No		9	NA	NA		SNFs cannot bill for this service
63045	REMOVAL OF SPINAL LAMINA	No		0	NA	NA		Physician billing to Carrier
63046	REMOVAL OF SPINAL LAMINA	No		0	NA	NA		Physician billing to Carrier
63047	REMOVAL OF SPINAL LAMINA	No		0	NA	NA		Physician billing to Carrier
63048	REMOVE SPINAL LAMINA ADD-ON	No		0	NA	NA		Physician billing to Carrier
63055	DECOMPRESS SPINAL CORD	No		0	NA	NA		Physician billing to Carrier
63056	DECOMPRESS SPINAL CORD	No		0	NA	NA		Physician billing to Carrier
63057	DECOMPRESS SPINE CORD ADD-ON	No		0	NA	NA		Physician billing to Carrier
63064	DECOMPRESS SPINAL CORD	No		0	NA	NA		Physician billing to Carrier
63066	DECOMPRESS SPINE CORD ADD-ON	No		0	NA	NA		Physician billing to Carrier
63075	NECK SPINE DISK SURGERY	No		0	NA	NA		Physician billing to Carrier
63076	NECK SPINE DISK SURGERY	No		0	NA	NA		Physician billing to Carrier
63077	SPINE DISK SURGERY, THORAX	No		0	NA	NA		Physician billing to Carrier
63078	SPINE DISK SURGERY, THORAX	No		0	NA	NA		Physician billing to Carrier
63081	REMOVAL OF VERTEBRAL BODY	No		0	NA	NA		Physician billing to Carrier
63082	REMOVE VERTEBRAL BODY ADD-ON	No		0	NA	NA		Physician billing to Carrier
63085	REMOVAL OF VERTEBRAL BODY	No		0	NA	NA		Physician billing to Carrier
63086	REMOVE VERTEBRAL BODY ADD-ON	No		0	NA	NA		Physician billing to Carrier
63087	REMOVAL OF VERTEBRAL BODY	No		0	NA	NA		Physician billing to Carrier
63088	REMOVE VERTEBRAL BODY ADD-ON	No		0	NA	NA		Physician billing to Carrier
63090	REMOVAL OF VERTEBRAL BODY	No		Q31	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
63091	REMOVE VERTEBRAL BODY ADD-ON	No		0	NA	NA		Physician billing to Carrier
63170	INCISE SPINAL CORD TRACT(S)	No		0	NA	NA		Physician billing to Carrier
63172	DRAINAGE OF SPINAL CYST	No		0	NA	NA		Physician billing to Carrier
63173	DRAINAGE OF SPINAL CYST	No		0	NA	NA		Physician billing to Carrier
63180	REVISE SPINAL CORD LIGAMENTS	No		0	NA	NA		Physician billing to Carrier
63182	REVISE SPINAL CORD LIGAMENTS	No		0	NA	NA		Physician billing to Carrier
63185	INCISE SPINAL COLUMN/NERVES	No		0	NA	NA		Physician billing to Carrier
63190	INCISE SPINAL COLUMN/NERVES	No		0	NA	NA		Physician billing to Carrier
63191	INCISE SPINAL COLUMN/NERVES	No		0	NA	NA		Physician billing to Carrier
63194	INCISE SPINAL COLUMN & CORD	No		0	NA	NA		Physician billing to Carrier
63195	INCISE SPINAL COLUMN & CORD	No		0	NA	NA		Physician billing to Carrier
63196	INCISE SPINAL COLUMN & CORD	No		0	NA	NA		Physician billing to Carrier
63197	INCISE SPINAL COLUMN & CORD	No		0	NA	NA		Physician billing to Carrier
63198	INCISE SPINAL COLUMN & CORD	No		0	NA	NA		Physician billing to Carrier
63199	INCISE SPINAL COLUMN & CORD	No		0	NA	NA		Physician billing to Carrier
63200	RELEASE OF SPINAL CORD	No		0	NA	NA		Physician billing to Carrier
63250	REVISE SPINAL CORD VESSELS	No		0	NA	NA		Physician billing to Carrier
63251	REVISE SPINAL CORD VESSELS	No		0	NA	NA		Physician billing to Carrier
63252	REVISE SPINAL CORD VESSELS	No		0	NA	NA		Physician billing to Carrier
63265	EXCISE INTRASPINAL LESION	No		0	NA	NA		Physician billing to Carrier
63266	EXCISE INTRASPINAL LESION	No		0	NA	NA		Physician billing to Carrier
63267	EXCISE INTRASPINAL LESION	No		0	NA	NA		Physician billing to Carrier
63268	EXCISE INTRASPINAL LESION	No		0	NA	NA		Physician billing to Carrier
63270	EXCISE INTRASPINAL LESION	No		0	NA	NA		Physician billing to Carrier
63271	EXCISE INTRASPINAL LESION	No		0	NA	NA		Physician billing to Carrier
63272	EXCISE INTRASPINAL LESION	No		0	NA	NA		Physician billing to Carrier
63273	EXCISE INTRASPINAL LESION	No		0	NA	NA		Physician billing to Carrier
63275	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63276	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63277	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63278	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63280	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63281	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63282	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63283	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63285	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63286	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63287	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63290	BIOPSY/EXCISE SPINAL TUMOR	No		0	NA	NA		Physician billing to Carrier
63300	REMOVAL OF VERTEBRAL BODY	No		0	NA	NA		Physician billing to Carrier
63301	REMOVAL OF VERTEBRAL BODY	No		0	NA	NA		Physician billing to Carrier
63302	REMOVAL OF VERTEBRAL BODY	No		0	NA	NA		Physician billing to Carrier
63303	REMOVAL OF VERTEBRAL BODY	No		0	NA	NA		Physician billing to Carrier
63304	REMOVAL OF VERTEBRAL BODY	No		Q32	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
63305	REMOVAL OF VERTEBRAL BODY	No		0	NA	NA		Physician billing to Carrier
63306	REMOVAL OF VERTEBRAL BODY	No		0	NA	NA		Physician billing to Carrier
63307	REMOVAL OF VERTEBRAL BODY	No		0	NA	NA		Physician billing to Carrier
63308	REMOVE VERTEBRAL BODY ADD-ON	No		0	NA	NA		Physician billing to Carrier
63600	REMOVE SPINAL CORD LESION	No		0	NA	NA		Physician billing to Carrier
63610	STIMULATION OF SPINAL CORD	No		0	NA	NA		Physician billing to Carrier
63615	REMOVE LESION OF SPINAL CORD	No		0	NA	NA		Physician billing to Carrier
63650	IMPLANT NEUROELECTRODES	No	CIM 35-20, CIM 35-46, CIM 65-8	0	NA	NA		Physician billing to Carrier
63655	IMPLANT NEUROELECTRODES	No	CIM 35-20, CIM 35-46, CIM 65-8	0	NA	NA		Physician billing to Carrier
63660	REVISE/REMOVE NEUROELECTRODE	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
63685	IMPLANT NEURORECEIVER	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
63688	REVISE/REMOVE NEURORECEIVER	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
63700	REPAIR OF SPINAL HERNIATION	No		0	NA	NA		Physician billing to Carrier
63702	REPAIR OF SPINAL HERNIATION	No		0	NA	NA		Physician billing to Carrier
63704	REPAIR OF SPINAL HERNIATION	No		0	NA	NA		Physician billing to Carrier
63706	REPAIR OF SPINAL HERNIATION	No		0	NA	NA		Physician billing to Carrier
63707	REPAIR SPINAL FLUID LEAKAGE	No		0	NA	NA		Physician billing to Carrier
63709	REPAIR SPINAL FLUID LEAKAGE	No		0	NA	NA		Physician billing to Carrier
63710	GRAFT REPAIR OF SPINE DEFECT	No		0	NA	NA		Physician billing to Carrier
63740	INSTALL SPINAL SHUNT	No		0	NA	NA		Physician billing to Carrier
63741	INSTALL SPINAL SHUNT	No		0	NA	NA		Physician billing to Carrier
63744	REVISION OF SPINAL SHUNT	No		0	NA	NA		Physician billing to Carrier
63746	REMOVAL OF SPINAL SHUNT	No		0	NA	NA		Physician billing to Carrier
64400	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64402	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64405	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64408	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64410	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64412	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64413	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64415	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64417	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64418	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64420	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64421	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64425	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64430	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64435	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64445	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64450	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64470	INJ PARAVERTEBRAL C/T	No		0	NA	NA		Physician billing to Carrier
64472	INJ PARAVERTEBRAL C/T ADD-ON	No		0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
64475	INJ PARAVERTEBRAL L/S	No		0	NA	NA		Physician billing to Carrier
64476	INJ PARAVERTEBRAL L/S ADD-ON	No		0	NA	NA		Physician billing to Carrier
64479	INJ FORAMEN EPIDURAL C/T	No		0	NA	NA		Physician billing to Carrier
64480	INJ FORAMEN EPIDURAL ADD-ON	No		0	NA	NA		Physician billing to Carrier
64483	INJ FORAMEN EPIDURAL L/S	No		0	NA	NA		Physician billing to Carrier
64484	INJ FORAMEN EPIDURAL ADD-ON	No		0	NA	NA		Physician billing to Carrier
64505	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64508	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64510	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64520	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64530	INJECTION FOR NERVE BLOCK	No		0	NA	NA		Physician billing to Carrier
64550	APPLY NEUROSTIMULATOR	Yes	CIM 35-20, CIM 65-8 SNF 516	0	NA	NA		Physician billing to Carrier
64553	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA	NA		Physician billing to Carrier
64555	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA	NA		Physician billing to Carrier
64560	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20, CIM 65-4	0	NA	NA		Physician billing to Carrier
64565	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA	NA		Physician billing to Carrier
64573	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA	NA		Physician billing to Carrier
64575	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA	NA		Physician billing to Carrier
64577	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA	NA		Physician billing to Carrier
64580	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA	NA		Physician billing to Carrier
64585	REVISE/REMOVE NEUROELECTRODE	No	CIM 65-8, CIM 35-20	0	NA	NA		Physician billing to Carrier
64590	IMPLANT NEURORECEIVER	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
64595	REVISE/REMOVE NEURORECEIVER	No	CIM 65-8	0	NA	NA		Physician billing to Carrier
64600	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64605	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64610	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64612	DESTROY NERVE, FACE MUSCLE	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64613	DESTROY NERVE, SPINE MUSCLE	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64614	DESTROY NERVE, EXTREM MUSC	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64620	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64622	DESTR PARAVERTEBRAL NERVE L/S	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64623	DESTR PARAVERTEBRAL N ADD-ON	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64626	DESTR PARAVERTEBRAL NERVE C/T	No		0	NA	NA		Physician billing to Carrier
64627	DESTR PARAVERTEBRAL N ADD-ON	No		0	NA	NA		Physician billing to Carrier
64630	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64640	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64680	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA	NA		Physician billing to Carrier
64702	REVISE FINGER/TOE NERVE	No		0	NA	NA		Physician billing to Carrier
64704	REVISE HAND/FOOT NERVE	No		0	NA	NA		Physician billing to Carrier
64708	REVISE ARM/LEG NERVE	No		0	NA	NA		Physician billing to Carrier
64712	REVISION OF SCIATIC NERVE	No		0	NA	NA		Physician billing to Carrier
64713	REVISION OF ARM NERVE(S)	No		0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
64714	REVISE LOW BACK NERVE(S)	No		0	NA	NA		Physician billing to Carrier
64716	REVISION OF CRANIAL NERVE	No		0	NA	NA		Physician billing to Carrier
64718	REVISE ULNAR NERVE AT ELBOW	No		0	NA	NA		Physician billing to Carrier
64719	REVISE ULNAR NERVE AT WRIST	No		0	NA	NA		Physician billing to Carrier
64721	CARPAL TUNNEL SURGERY	No		0	NA	NA		Physician billing to Carrier
64722	RELIEVE PRESSURE ON NERVE(S)	No		0	NA	NA		Physician billing to Carrier
64726	RELEASE FOOT/TOE NERVE	No		0	NA	NA		Physician billing to Carrier
64727	INTERNAL NERVE REVISION	No		0	NA	NA		Physician billing to Carrier
64732	INCISION OF BROW NERVE	No		0	NA	NA		Physician billing to Carrier
64734	INCISION OF CHEEK NERVE	No		0	NA	NA		Physician billing to Carrier
64736	INCISION OF CHIN NERVE	No		0	NA	NA		Physician billing to Carrier
64738	INCISION OF JAW NERVE	No		0	NA	NA		Physician billing to Carrier
64740	INCISION OF TONGUE NERVE	No		0	NA	NA		Physician billing to Carrier
64742	INCISION OF FACIAL NERVE	No		0	NA	NA		Physician billing to Carrier
64744	INCISE NERVE, BACK OF HEAD	No		0	NA	NA		Physician billing to Carrier
64746	INCISE DIAPHRAGM NERVE	No		0	NA	NA		Physician billing to Carrier
64752	INCISION OF VAGUS NERVE	No		0	NA	NA		Physician billing to Carrier
64755	INCISION OF STOMACH NERVES	No		0	NA	NA		Physician billing to Carrier
64760	INCISION OF VAGUS NERVE	No		0	NA	NA		Physician billing to Carrier
64761	INCISION OF PELVIS NERVE	No		0	NA	NA		Physician billing to Carrier
64763	INCISE HIP/THIGH NERVE	No		0	NA	NA		Physician billing to Carrier
64766	INCISE HIP/THIGH NERVE	No		0	NA	NA		Physician billing to Carrier
64771	SEVER CRANIAL NERVE	No		0	NA	NA		Physician billing to Carrier
64772	INCISION OF SPINAL NERVE	No		0	NA	NA		Physician billing to Carrier
64774	REMOVE SKIN NERVE LESION	No		0	NA	NA		Physician billing to Carrier
64776	REMOVE DIGIT NERVE LESION	No		0	NA	NA		Physician billing to Carrier
64778	DIGIT NERVE SURGERY ADD-ON	No		0	NA	NA		Physician billing to Carrier
64782	REMOVE LIMB NERVE LESION	No		0	NA	NA		Physician billing to Carrier
64783	LIMB NERVE SURGERY ADD-ON	No		0	NA	NA		Physician billing to Carrier
64784	REMOVE NERVE LESION	No		0	NA	NA		Physician billing to Carrier
64786	REMOVE SCIATIC NERVE LESION	No		0	NA	NA		Physician billing to Carrier
64787	IMPLANT NERVE END	No		0	NA	NA		Physician billing to Carrier
64788	REMOVE SKIN NERVE LESION	No		0	NA	NA		Physician billing to Carrier
64790	REMOVAL OF NERVE LESION	No		0	NA	NA		Physician billing to Carrier
64792	REMOVAL OF NERVE LESION	No		0	NA	NA		Physician billing to Carrier
64795	BIOPSY OF NERVE	No		0	NA	NA		Physician billing to Carrier
64802	REMOVE SYMPATHETIC NERVES	No		0	NA	NA		Physician billing to Carrier
64804	REMOVE SYMPATHETIC NERVES	No		0	NA	NA		Physician billing to Carrier
64809	REMOVE SYMPATHETIC NERVES	No		0	NA	NA		Physician billing to Carrier
64818	REMOVE SYMPATHETIC NERVES	No		0	NA	NA		Physician billing to Carrier
64820	REMOVE SYMPATHETIC NERVES	No		0	NA	NA		Physician billing to Carrier
64831	REPAIR OF DIGIT NERVE	No		0	NA	NA		Physician billing to Carrier
64832	REPAIR NERVE ADD-ON	No		0	NA	NA		Physician billing to Carrier
64834	REPAIR OF HAND OR FOOT NERVE	No		Q35	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
64835	REPAIR OF HAND OR FOOT NERVE	No		0	NA	NA		Physician billing to Carrier
64836	REPAIR OF HAND OR FOOT NERVE	No		0	NA	NA		Physician billing to Carrier
64837	REPAIR NERVE ADD-ON	No		0	NA	NA		Physician billing to Carrier
64840	REPAIR OF LEG NERVE	No		0	NA	NA		Physician billing to Carrier
64856	REPAIR/TRANSPOSE NERVE	No		0	NA	NA		Physician billing to Carrier
64857	REPAIR ARM/LEG NERVE	No		0	NA	NA		Physician billing to Carrier
64858	REPAIR SCIATIC NERVE	No		0	NA	NA		Physician billing to Carrier
64859	NERVE SURGERY	No		0	NA	NA		Physician billing to Carrier
64861	REPAIR OF ARM NERVES	No		0	NA	NA		Physician billing to Carrier
64862	REPAIR OF LOW BACK NERVES	No		0	NA	NA		Physician billing to Carrier
64864	REPAIR OF FACIAL NERVE	No		0	NA	NA		Physician billing to Carrier
64865	REPAIR OF FACIAL NERVE	No		0	NA	NA		Physician billing to Carrier
64866	FUSION OF FACIAL/OTHER NERVE	No		0	NA	NA		Physician billing to Carrier
64868	FUSION OF FACIAL/OTHER NERVE	No		0	NA	NA		Physician billing to Carrier
64870	FUSION OF FACIAL/OTHER NERVE	No		0	NA	NA		Physician billing to Carrier
64872	SUBSEQUENT REPAIR OF NERVE	No		0	NA	NA		Physician billing to Carrier
64874	REPAIR & REVISE NERVE ADD-ON	No		0	NA	NA		Physician billing to Carrier
64876	REPAIR NERVE/SHORTEN BONE	No		0	NA	NA		Physician billing to Carrier
64885	NERVE GRAFT, HEAD OR NECK	No		0	NA	NA		Physician billing to Carrier
64886	NERVE GRAFT, HEAD OR NECK	No		0	NA	NA		Physician billing to Carrier
64890	NERVE GRAFT, HAND OR FOOT	No		0	NA	NA		Physician billing to Carrier
64891	NERVE GRAFT, HAND OR FOOT	No		0	NA	NA		Physician billing to Carrier
64892	NERVE GRAFT, ARM OR LEG	No		0	NA	NA		Physician billing to Carrier
64893	NERVE GRAFT, ARM OR LEG	No		0	NA	NA		Physician billing to Carrier
64895	NERVE GRAFT, HAND OR FOOT	No		0	NA	NA		Physician billing to Carrier
64896	NERVE GRAFT, HAND OR FOOT	No		0	NA	NA		Physician billing to Carrier
64897	NERVE GRAFT, ARM OR LEG	No		0	NA	NA		Physician billing to Carrier
64898	NERVE GRAFT, ARM OR LEG	No		0	NA	NA		Physician billing to Carrier
64901	NERVE GRAFT ADD-ON	No		0	NA	NA		Physician billing to Carrier
64902	NERVE GRAFT ADD-ON	No		0	NA	NA		Physician billing to Carrier
64905	NERVE PEDICLE TRANSFER	No		0	NA	NA		Physician billing to Carrier
64907	NERVE PEDICLE TRANSFER	No		0	NA	NA		Physician billing to Carrier
64999	NERVOUS SYSTEM SURGERY	No		0	NA	NA		Physician billing to Carrier
65091	REVISE EYE	No		0	NA	NA		Physician billing to Carrier
65093	REVISE EYE WITH IMPLANT	No		0	NA	NA		Physician billing to Carrier
65101	REMOVAL OF EYE	No		0	NA	NA		Physician billing to Carrier
65103	REMOVE EYE/INSERT IMPLANT	No		0	NA	NA		Physician billing to Carrier
65105	REMOVE EYE/ATTACH IMPLANT	No		0	NA	NA		Physician billing to Carrier
65110	REMOVAL OF EYE	No		0	NA	NA		Physician billing to Carrier
65112	REMOVE EYE/REVISE SOCKET	No		0	NA	NA		Physician billing to Carrier
65114	REMOVE EYE/REVISE SOCKET	No		0	NA	NA		Physician billing to Carrier
65125	REVISE OCULAR IMPLANT	No		0	NA	NA		Physician billing to Carrier
65130	INSERT OCULAR IMPLANT	No		0	NA	NA		Physician billing to Carrier
65135	INSERT OCULAR IMPLANT	No		Q36	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
65140	ATTACH OCULAR IMPLANT	No		0	NA	NA		Physician billing to Carrier
65150	REVISE OCULAR IMPLANT	No		0	NA	NA		Physician billing to Carrier
65155	REINSERT OCULAR IMPLANT	No		0	NA	NA		Physician billing to Carrier
65175	REMOVAL OF OCULAR IMPLANT	No		0	NA	NA		Physician billing to Carrier
65205	REMOVE FOREIGN BODY FROM EYE	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
65210	REMOVE FOREIGN BODY FROM EYE	No		0	NA	NA		Physician billing to Carrier
65220	REMOVE FOREIGN BODY FROM EYE	No		0	NA	NA		Physician billing to Carrier
65222	REMOVE FOREIGN BODY FROM EYE	No		0	NA	NA		Physician billing to Carrier
65235	REMOVE FOREIGN BODY FROM EYE	No		0	NA	NA		Physician billing to Carrier
65260	REMOVE FOREIGN BODY FROM EYE	No		0	NA	NA		Physician billing to Carrier
65265	REMOVE FOREIGN BODY FROM EYE	No		0	NA	NA		Physician billing to Carrier
65270	REPAIR OF EYE WOUND	No		0	NA	NA		Physician billing to Carrier
65272	REPAIR OF EYE WOUND	No		0	NA	NA		Physician billing to Carrier
65273	REPAIR OF EYE WOUND	No		0	NA	NA		Physician billing to Carrier
65275	REPAIR OF EYE WOUND	No		0	NA	NA		Physician billing to Carrier
65280	REPAIR OF EYE WOUND	No		0	NA	NA		Physician billing to Carrier
65285	REPAIR OF EYE WOUND	No		0	NA	NA		Physician billing to Carrier
65286	REPAIR OF EYE WOUND	No		0	NA	NA		Physician billing to Carrier
65290	REPAIR OF EYE SOCKET WOUND	No		0	NA	NA		Physician billing to Carrier
65400	REMOVAL OF EYE LESION	No		0	NA	NA		Physician billing to Carrier
65410	BIOPSY OF CORNEA	No		0	NA	NA		Physician billing to Carrier
65420	REMOVAL OF EYE LESION	No		0	NA	NA		Physician billing to Carrier
65426	REMOVAL OF EYE LESION	No		0	NA	NA		Physician billing to Carrier
65430	CORNEAL SMEAR	No		0	NA	NA		Physician billing to Carrier
65435	CURETTE/TREAT CORNEA	No		0	NA	NA		Physician billing to Carrier
65436	CURETTE/TREAT CORNEA	No		0	NA	NA		Physician billing to Carrier
65450	TREATMENT OF CORNEAL LESION	No		0	NA	NA		Physician billing to Carrier
65600	REVISION OF CORNEA	No		0	NA	NA		Physician billing to Carrier
65710	CORNEAL TRANSPLANT	No		0	NA	NA		Physician billing to Carrier
65730	CORNEAL TRANSPLANT	No		0	NA	NA		Physician billing to Carrier
65750	CORNEAL TRANSPLANT	No		0	NA	NA		Physician billing to Carrier
65755	CORNEAL TRANSPLANT	No		0	NA	NA		Physician billing to Carrier
65760	REVISION OF CORNEA	No	CIM 35-54	9	NA	NA		SNFs cannot bill for this service
65765	REVISION OF CORNEA	No	CIM 35-54	9	NA	NA		SNFs cannot bill for this service
65767	CORNEAL TISSUE TRANSPLANT	No	CIM 35-54	0	NA	NA		Physician billing to Carrier
65770	REVISE CORNEA WITH IMPLANT	No		0	NA	NA		Physician billing to Carrier
65771	RADIAL KERATOTOMY	No	CIM 35-54	9	NA	NA		SNFs cannot bill for this service
65772	CORRECTION OF ASTIGMATISM	No		0	NA	NA		Physician billing to Carrier
65775	CORRECTION OF ASTIGMATISM	No		0	NA	NA		Physician billing to Carrier
65800	DRAINAGE OF EYE	No		0	NA	NA		Physician billing to Carrier
65805	DRAINAGE OF EYE	No		0	NA	NA		Physician billing to Carrier
65810	DRAINAGE OF EYE	No		0	NA	NA		Physician billing to Carrier
65815	DRAINAGE OF EYE	No		0	NA	NA		Physician billing to Carrier
65820	RELIEVE INNER EYE PRESSURE	No		Q37	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
65850	INCISION OF EYE	No		0	NA	NA		Physician billing to Carrier
65855	LASER SURGERY OF EYE	No	CIM 35-52	0	NA	NA		Physician billing to Carrier
65860	INCISE INNER EYE ADHESIONS	No	CIM 35-52	0	NA	NA		Physician billing to Carrier
65865	INCISE INNER EYE ADHESIONS	No		0	NA	NA		Physician billing to Carrier
65870	INCISE INNER EYE ADHESIONS	No		0	NA	NA		Physician billing to Carrier
65875	INCISE INNER EYE ADHESIONS	No		0	NA	NA		Physician billing to Carrier
65880	INCISE INNER EYE ADHESIONS	No		0	NA	NA		Physician billing to Carrier
65900	REMOVE EYE LESION	No		0	NA	NA		Physician billing to Carrier
65920	REMOVE IMPLANT FROM EYE	No		0	NA	NA		Physician billing to Carrier
65930	REMOVE BLOOD CLOT FROM EYE	No		0	NA	NA		Physician billing to Carrier
66020	INJECTION TREATMENT OF EYE	No		0	NA	NA		Physician billing to Carrier
66030	INJECTION TREATMENT OF EYE	No		0	NA	NA		Physician billing to Carrier
66130	REMOVE EYE LESION	No		0	NA	NA		Physician billing to Carrier
66150	GLAUCOMA SURGERY	No		0	NA	NA		Physician billing to Carrier
66155	GLAUCOMA SURGERY	No		0	NA	NA		Physician billing to Carrier
66160	GLAUCOMA SURGERY	No		0	NA	NA		Physician billing to Carrier
66165	GLAUCOMA SURGERY	No		0	NA	NA		Physician billing to Carrier
66170	GLAUCOMA SURGERY	No		0	NA	NA		Physician billing to Carrier
66172	INCISION OF EYE	No		0	NA	NA		Physician billing to Carrier
66180	IMPLANT EYE SHUNT	No		0	NA	NA		Physician billing to Carrier
66185	REVISE EYE SHUNT	No		0	NA	NA		Physician billing to Carrier
66220	REPAIR EYE LESION	No		0	NA	NA		Physician billing to Carrier
66225	REPAIR/GRAFT EYE LESION	No		0	NA	NA		Physician billing to Carrier
66250	FOLLOW-UP SURGERY OF EYE	No		0	NA	NA		Physician billing to Carrier
66500	INCISION OF IRIS	No		0	NA	NA		Physician billing to Carrier
66505	INCISION OF IRIS	No		0	NA	NA		Physician billing to Carrier
66600	REMOVE IRIS AND LESION	No		0	NA	NA		Physician billing to Carrier
66605	REMOVAL OF IRIS	No		0	NA	NA		Physician billing to Carrier
66625	REMOVAL OF IRIS	No		0	NA	NA		Physician billing to Carrier
66630	REMOVAL OF IRIS	No		0	NA	NA		Physician billing to Carrier
66635	REMOVAL OF IRIS	No		0	NA	NA		Physician billing to Carrier
66680	REPAIR IRIS & CILIARY BODY	No		0	NA	NA		Physician billing to Carrier
66682	REPAIR IRIS & CILIARY BODY	No		0	NA	NA		Physician billing to Carrier
66700	DESTRUCTION, CILIARY BODY	No		0	NA	NA		Physician billing to Carrier
66710	DESTRUCTION, CILIARY BODY	No		0	NA	NA		Physician billing to Carrier
66720	DESTRUCTION, CILIARY BODY	No		0	NA	NA		Physician billing to Carrier
66740	DESTRUCTION, CILIARY BODY	No		0	NA	NA		Physician billing to Carrier
66761	REVISION OF IRIS	No		0	NA	NA		Physician billing to Carrier
66762	REVISION OF IRIS	No	CIM 35-52	0	NA	NA		Physician billing to Carrier
66770	REMOVAL OF INNER EYE LESION	No		0	NA	NA		Physician billing to Carrier
66820	INCISION, SECONDARY CATARACT	No		0	NA	NA		Physician billing to Carrier
66821	AFTER CATARACT LASER SURGERY	No	CIM 35-52	0	NA	NA		Physician billing to Carrier
66825	REPOSITION INTRAOCULAR LENS	No		0	NA	NA		Physician billing to Carrier
66830	REMOVAL OF LENS LESION	No		Q38	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
66840	REMOVAL OF LENS MATERIAL	No		0	NA	NA		Physician billing to Carrier
66850	REMOVAL OF LENS MATERIAL	No	CIM 35-9	0	NA	NA		Physician billing to Carrier
66852	REMOVAL OF LENS MATERIAL	No		0	NA	NA		Physician billing to Carrier
66920	EXTRACTION OF LENS	No		0	NA	NA		Physician billing to Carrier
66930	EXTRACTION OF LENS	No		0	NA	NA		Physician billing to Carrier
66940	EXTRACTION OF LENS	No		0	NA	NA		Physician billing to Carrier
66982	CATARACT SURGERY, COMPLEX	No		0	NA	NA		Physician billing to Carrier
66983	CATARACT SURG W/IOL, 1 STAGE	No		0	NA	NA		Physician billing to Carrier
66984	CATARACT SURG W/IOL, I STAGE	No	CIM 35-9	0	NA	NA		Physician billing to Carrier
66985	INSERT LENS PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
66986	EXCHANGE LENS PROSTHESIS	No		0	NA	NA		Physician billing to Carrier
66999	EYE SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
67005	PARTIAL REMOVAL OF EYE FLUID	No		0	NA	NA		Physician billing to Carrier
67010	PARTIAL REMOVAL OF EYE FLUID	No	CIM 35-16	0	NA	NA		Physician billing to Carrier
67015	RELEASE OF EYE FLUID	No		0	NA	NA		Physician billing to Carrier
67025	REPLACE EYE FLUID	No		0	NA	NA		Physician billing to Carrier
67027	IMPLANT EYE DRUG SYSTEM	No	MCM 2049	0	NA	NA		Physician billing to Carrier
67028	INJECTION EYE DRUG	No		0	NA	NA		Physician billing to Carrier
67030	INCISE INNER EYE STRANDS	No		0	NA	NA		Physician billing to Carrier
67031	LASER SURGERY, EYE STRANDS	No		0	NA	NA		Physician billing to Carrier
67036	REMOVAL OF INNER EYE FLUID	No	CIM 35-16	0	NA	NA		Physician billing to Carrier
67038	STRIP RETINAL MEMBRANE	No	CIM 35-16	0	NA	NA		Physician billing to Carrier
67039	LASER TREATMENT OF RETINA	No		0	NA	NA		Physician billing to Carrier
67040	LASER TREATMENT OF RETINA	No	CIM 35-16	0	NA	NA		Physician billing to Carrier
67101	REPAIR DETACHED RETINA	No		0	NA	NA		Physician billing to Carrier
67105	REPAIR DETACHED RETINA	No		0	NA	NA		Physician billing to Carrier
67107	REPAIR DETACHED RETINA	No		0	NA	NA		Physician billing to Carrier
67108	REPAIR DETACHED RETINA	No	CIM 35-16	0	NA	NA		Physician billing to Carrier
67110	REPAIR DETACHED RETINA	No		0	NA	NA		Physician billing to Carrier
67112	REREPAIR DETACHED RETINA	No		0	NA	NA		Physician billing to Carrier
67115	RELEASE ENCIRCLING MATERIAL	No		0	NA	NA		Physician billing to Carrier
67120	REMOVE EYE IMPLANT MATERIAL	No		0	NA	NA		Physician billing to Carrier
67121	REMOVE EYE IMPLANT MATERIAL	No		0	NA	NA		Physician billing to Carrier
67141	TREATMENT OF RETINA	No		0	NA	NA		Physician billing to Carrier
67145	TREATMENT OF RETINA	No		0	NA	NA		Physician billing to Carrier
67208	TREATMENT OF RETINAL LESION	No		0	NA	NA		Physician billing to Carrier
67210	TREATMENT OF RETINAL LESION	No		0	NA	NA		Physician billing to Carrier
67218	TREATMENT OF RETINAL LESION	No		0	NA	NA		Physician billing to Carrier
67220	TREATMENT OF CHOROID LESION	No		0	NA	NA		Physician billing to Carrier
67221	OCULAR PHOTODYNAMIC THER	No		0	NA	NA		Physician billing to Carrier
67227	TREATMENT OF RETINAL LESION	No		0	NA	NA		Physician billing to Carrier
67228	TREATMENT OF RETINAL LESION	No		0	NA	NA		Physician billing to Carrier
67250	REINFORCE EYE WALL	No		0	NA	NA		Physician billing to Carrier
67255	REINFORCE/GRAFT EYE WALL	No		Q39	NA	NA		Physician billing to Carrier

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
67299	EYE SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
67311	REVISE EYE MUSCLE	No		0	NA	NA		Physician billing to Carrier
67312	REVISE TWO EYE MUSCLES	No		0	NA	NA		Physician billing to Carrier
67314	REVISE EYE MUSCLE	No		0	NA	NA		Physician billing to Carrier
67316	REVISE TWO EYE MUSCLES	No		0	NA	NA		Physician billing to Carrier
67318	REVISE EYE MUSCLE(S)	No		0	NA	NA		Physician billing to Carrier
67320	REVISE EYE MUSCLE(S) ADD-ON	No		0	NA	NA		Physician billing to Carrier
67331	EYE SURGERY FOLLOW-UP ADD-ON	No		0	NA	NA		Physician billing to Carrier
67332	REREVISE EYE MUSCLES ADD-ON	No		0	NA	NA		Physician billing to Carrier
67334	REVISE EYE MUSCLE W/SUTURE	No		0	NA	NA		Physician billing to Carrier
67335	EYE SUTURE DURING SURGERY	No		0	NA	NA		Physician billing to Carrier
67340	REVISE EYE MUSCLE ADD-ON	No		0	NA	NA		Physician billing to Carrier
67343	RELEASE EYE TISSUE	No		0	NA	NA		Physician billing to Carrier
67345	DESTROY NERVE OF EYE MUSCLE	No		0	NA	NA		Physician billing to Carrier
67350	BIOPSY EYE MUSCLE	No		0	NA	NA		Physician billing to Carrier
67399	EYE MUSCLE SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
67400	EXPLORE/BIOPSY EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67405	EXPLORE/DRAIN EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67412	EXPLORE/TREAT EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67413	EXPLORE/TREAT EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67414	EXPLR/DECOMPRESS EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67415	ASPIRATION, ORBITAL CONTENTS	No		0	NA	NA		Physician billing to Carrier
67420	EXPLORE/TREAT EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67430	EXPLORE/TREAT EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67440	EXPLORE/DRAIN EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67445	EXPLR/DECOMPRESS EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67450	EXPLORE/BIOPSY EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67500	INJECT/TREAT EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67505	INJECT/TREAT EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67515	INJECT/TREAT EYE SOCKET	No		0	NA	NA		Physician billing to Carrier
67550	INSERT EYE SOCKET IMPLANT	No		0	NA	NA		Physician billing to Carrier
67560	REVISE EYE SOCKET IMPLANT	No		0	NA	NA		Physician billing to Carrier
67570	DECOMPRESS OPTIC NERVE	No		0	NA	NA		Physician billing to Carrier
67599	ORBIT SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
67700	DRAINAGE OF EYELID ABSCESS	No		0	NA	NA		Physician billing to Carrier
67710	INCISION OF EYELID	No		0	NA	NA		Physician billing to Carrier
67715	INCISION OF EYELID FOLD	No		0	NA	NA		Physician billing to Carrier
67800	REMOVE EYELID LESION	No		0	NA	NA		Physician billing to Carrier
67801	REMOVE EYELID LESIONS	No		0	NA	NA		Physician billing to Carrier
67805	REMOVE EYELID LESIONS	No		0	NA	NA		Physician billing to Carrier
67808	REMOVE EYELID LESION(S)	No		0	NA	NA		Physician billing to Carrier
67810	BIOPSY OF EYELID	No		0	NA	NA		Physician billing to Carrier
67820	REVISE EYELASHES	No		0	NA	NA		Physician billing to Carrier
67825	REVISE EYELASHES	No		Q40	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
67830	REVISE EYELASHES	No		0	NA	NA		Physician billing to Carrier
67835	REVISE EYELASHES	No		0	NA	NA		Physician billing to Carrier
67840	REMOVE EYELID LESION	No		0	NA	NA		Physician billing to Carrier
67850	TREAT EYELID LESION	No		0	NA	NA		Physician billing to Carrier
67875	CLOSURE OF EYELID BY SUTURE	No		0	NA	NA		Physician billing to Carrier
67880	REVISION OF EYELID	No		0	NA	NA		Physician billing to Carrier
67882	REVISION OF EYELID	No		0	NA	NA		Physician billing to Carrier
67900	REPAIR BROW DEFECT	No		0	NA	NA		Physician billing to Carrier
67901	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67902	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67903	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67904	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67906	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67908	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67909	REVISE EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67911	REVISE EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67914	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67915	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67916	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67917	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67921	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67922	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67923	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67924	REPAIR EYELID DEFECT	No		0	NA	NA		Physician billing to Carrier
67930	REPAIR EYELID WOUND	No		0	NA	NA		Physician billing to Carrier
67935	REPAIR EYELID WOUND	No		0	NA	NA		Physician billing to Carrier
67938	REMOVE EYELID FOREIGN BODY	No		0	NA	NA		Physician billing to Carrier
67950	REVISION OF EYELID	No		0	NA	NA		Physician billing to Carrier
67961	REVISION OF EYELID	No		0	NA	NA		Physician billing to Carrier
67966	REVISION OF EYELID	No		0	NA	NA		Physician billing to Carrier
67971	RECONSTRUCTION OF EYELID	No		0	NA	NA		Physician billing to Carrier
67973	RECONSTRUCTION OF EYELID	No		0	NA	NA		Physician billing to Carrier
67974	RECONSTRUCTION OF EYELID	No		0	NA	NA		Physician billing to Carrier
67975	RECONSTRUCTION OF EYELID	No		0	NA	NA		Physician billing to Carrier
67999	REVISION OF EYELID	No		0	NA	NA		Physician billing to Carrier
68020	INCISE/DRAIN EYELID LINING	No		0	NA	NA		Physician billing to Carrier
68040	TREATMENT OF EYELID LESIONS	No		0	NA	NA		Physician billing to Carrier
68100	BIOPSY OF EYELID LINING	No		0	NA	NA		Physician billing to Carrier
68110	REMOVE EYELID LINING LESION	No		0	NA	NA		Physician billing to Carrier
68115	REMOVE EYELID LINING LESION	No		0	NA	NA		Physician billing to Carrier
68130	REMOVE EYELID LINING LESION	No		0	NA	NA		Physician billing to Carrier
68135	REMOVE EYELID LINING LESION	No		0	NA	NA		Physician billing to Carrier
68200	TREAT EYELID BY INJECTION	No		0	NA	NA		Physician billing to Carrier
68320	REVISE/GRAFT EYELID LINING	No		Q41	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
68325	REVISE/GRAFT EYELID LINING	No		0	NA	NA		Physician billing to Carrier
68326	REVISE/GRAFT EYELID LINING	No		0	NA	NA		Physician billing to Carrier
68328	REVISE/GRAFT EYELID LINING	No		0	NA	NA		Physician billing to Carrier
68330	REVISE EYELID LINING	No		0	NA	NA		Physician billing to Carrier
68335	REVISE/GRAFT EYELID LINING	No		0	NA	NA		Physician billing to Carrier
68340	SEPARATE EYELID ADHESIONS	No		0	NA	NA		Physician billing to Carrier
68360	REVISE EYELID LINING	No		0	NA	NA		Physician billing to Carrier
68362	REVISE EYELID LINING	No		0	NA	NA		Physician billing to Carrier
68399	EYELID LINING SURGERY	No		0	NA	NA		Physician billing to Carrier
68400	INCISE/DRAIN TEAR GLAND	No		0	NA	NA		Physician billing to Carrier
68420	INCISE/DRAIN TEAR SAC	No		0	NA	NA		Physician billing to Carrier
68440	INCISE TEAR DUCT OPENING	No		0	NA	NA		Physician billing to Carrier
68500	REMOVAL OF TEAR GLAND	No		0	NA	NA		Physician billing to Carrier
68505	PARTIAL REMOVAL, TEAR GLAND	No		0	NA	NA		Physician billing to Carrier
68510	BIOPSY OF TEAR GLAND	No		0	NA	NA		Physician billing to Carrier
68520	REMOVAL OF TEAR SAC	No		0	NA	NA		Physician billing to Carrier
68525	BIOPSY OF TEAR SAC	No		0	NA	NA		Physician billing to Carrier
68530	CLEARANCE OF TEAR DUCT	No		0	NA	NA		Physician billing to Carrier
68540	REMOVE TEAR GLAND LESION	No		0	NA	NA		Physician billing to Carrier
68550	REMOVE TEAR GLAND LESION	No		0	NA	NA		Physician billing to Carrier
68700	REPAIR TEAR DUCTS	No		0	NA	NA		Physician billing to Carrier
68705	REVISE TEAR DUCT OPENING	No		0	NA	NA		Physician billing to Carrier
68720	CREATE TEAR SAC DRAIN	No		0	NA	NA		Physician billing to Carrier
68745	CREATE TEAR DUCT DRAIN	No		0	NA	NA		Physician billing to Carrier
68750	CREATE TEAR DUCT DRAIN	No		0	NA	NA		Physician billing to Carrier
68760	CLOSE TEAR DUCT OPENING	No		0	NA	NA		Physician billing to Carrier
68761	CLOSE TEAR DUCT OPENING	No		0	NA	NA		Physician billing to Carrier
68770	CLOSE TEAR SYSTEM FISTULA	No		0	NA	NA		Physician billing to Carrier
68801	DILATE TEAR DUCT OPENING	No		0	NA	NA		Physician billing to Carrier
68810	PROBE NASOLACRIMAL DUCT	No		0	NA	NA		Physician billing to Carrier
68811	PROBE NASOLACRIMAL DUCT	No		0	NA	NA		Physician billing to Carrier
68815	PROBE NASOLACRIMAL DUCT	No		0	NA	NA		Physician billing to Carrier
68840	EXPLORE/IRRIGATE TEAR DUCTS	No		0	NA	NA		Physician billing to Carrier
68850	INJECTION FOR TEAR SAC X-RAY	No		0	NA	NA		Physician billing to Carrier
68899	TEAR DUCT SYSTEM SURGERY	No		0	NA	NA		Physician billing to Carrier
69000	DRAIN EXTERNAL EAR LESION	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
69005	DRAIN EXTERNAL EAR LESION	No		0	NA	NA		Physician billing to Carrier
69020	DRAIN OUTER EAR CANAL LESION	No		0	NA	NA		Physician billing to Carrier
69090	PIERCE EARLOBES	Yes	Non-Covered by Medicare Statute 1862a1A	9	NA	NA		Physician billing to Carrier
69100	BIOPSY OF EXTERNAL EAR	No		0	NA	NA		Physician billing to Carrier
69105	BIOPSY OF EXTERNAL EAR CANAL	No		0	NA	NA		Physician billing to Carrier
69110	REMOVE EXTERNAL EAR, PARTIAL	No		0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
69120	REMOVAL OF EXTERNAL EAR	No		0	NA	NA		Physician billing to Carrier
69140	REMOVE EAR CANAL LESION(S)	No		0	NA	NA		Physician billing to Carrier
69145	REMOVE EAR CANAL LESION(S)	No		0	NA	NA		Physician billing to Carrier
69150	EXTENSIVE EAR CANAL SURGERY	No		0	NA	NA		Physician billing to Carrier
69155	EXTENSIVE EAR/NECK SURGERY	No		0	NA	NA		Physician billing to Carrier
69200	CLEAR OUTER EAR CANAL	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
69205	CLEAR OUTER EAR CANAL	No		0	NA	NA		Physician billing to Carrier
69210	REMOVE IMPACTED EAR WAX	Yes	SNF 516	0	NA	NA		Physician billing to Carrier
69220	CLEAN OUT MASTOID CAVITY	No		0	NA	NA		Physician billing to Carrier
69222	CLEAN OUT MASTOID CAVITY	No		0	NA	NA		Physician billing to Carrier
69300	REVISE EXTERNAL EAR	No	MCM 2329	0	NA	NA		Physician billing to Carrier
69310	REBUILD OUTER EAR CANAL	No		0	NA	NA		Physician billing to Carrier
69320	REBUILD OUTER EAR CANAL	No		0	NA	NA		Physician billing to Carrier
69399	OUTER EAR SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
69400	INFLATE MIDDLE EAR CANAL	No		0	NA	NA		Physician billing to Carrier
69401	INFLATE MIDDLE EAR CANAL	No		0	NA	NA		Physician billing to Carrier
69405	CATHETERIZE MIDDLE EAR CANAL	No		0	NA	NA		Physician billing to Carrier
69410	INSET MIDDLE EAR (BAFFLE)	No		0	NA	NA		Physician billing to Carrier
69420	INCISION OF EARDRUM	No		0	NA	NA		Physician billing to Carrier
69421	INCISION OF EARDRUM	No		0	NA	NA		Physician billing to Carrier
69424	REMOVE VENTILATING TUBE	No		0	NA	NA		Physician billing to Carrier
69433	CREATE EARDRUM OPENING	No		0	NA	NA		Physician billing to Carrier
69436	CREATE EARDRUM OPENING	No		0	NA	NA		Physician billing to Carrier
69440	EXPLORATION OF MIDDLE EAR	No		0	NA	NA		Physician billing to Carrier
69450	EARDRUM REVISION	No		0	NA	NA		Physician billing to Carrier
69501	MASTOIDECTOMY	No		0	NA	NA		Physician billing to Carrier
69502	MASTOIDECTOMY	No		0	NA	NA		Physician billing to Carrier
69505	REMOVE MASTOID STRUCTURES	No		0	NA	NA		Physician billing to Carrier
69511	EXTENSIVE MASTOID SURGERY	No		0	NA	NA		Physician billing to Carrier
69530	EXTENSIVE MASTOID SURGERY	No		0	NA	NA		Physician billing to Carrier
69535	REMOVE PART OF TEMPORAL BONE	No		0	NA	NA		Physician billing to Carrier
69540	REMOVE EAR LESION	No		0	NA	NA		Physician billing to Carrier
69550	REMOVE EAR LESION	No		0	NA	NA		Physician billing to Carrier
69552	REMOVE EAR LESION	No		0	NA	NA		Physician billing to Carrier
69554	REMOVE EAR LESION	No		0	NA	NA		Physician billing to Carrier
69601	MASTOID SURGERY REVISION	No		0	NA	NA		Physician billing to Carrier
69602	MASTOID SURGERY REVISION	No		0	NA	NA		Physician billing to Carrier
69603	MASTOID SURGERY REVISION	No		0	NA	NA		Physician billing to Carrier
69604	MASTOID SURGERY REVISION	No		0	NA	NA		Physician billing to Carrier
69605	MASTOID SURGERY REVISION	No		0	NA	NA		Physician billing to Carrier
69610	REPAIR OF EARDRUM	No		0	NA	NA		Physician billing to Carrier
69620	REPAIR OF EARDRUM	No		0	NA	NA		Physician billing to Carrier
69631	REPAIR EARDRUM STRUCTURES	No		0	NA	NA		Physician billing to Carrier
69632	REBUILD EARDRUM STRUCTURES	No		Q43	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
69633	REBUILD EARDRUM STRUCTURES	No		0	NA	NA		Physician billing to Carrier
69635	REPAIR EARDRUM STRUCTURES	No		0	NA	NA		Physician billing to Carrier
69636	REBUILD EARDRUM STRUCTURES	No		0	NA	NA		Physician billing to Carrier
69637	REBUILD EARDRUM STRUCTURES	No		0	NA	NA		Physician billing to Carrier
69641	REVISE MIDDLE EAR & MASTOID	No		0	NA	NA		Physician billing to Carrier
69642	REVISE MIDDLE EAR & MASTOID	No		0	NA	NA		Physician billing to Carrier
69643	REVISE MIDDLE EAR & MASTOID	No		0	NA	NA		Physician billing to Carrier
69644	REVISE MIDDLE EAR & MASTOID	No		0	NA	NA		Physician billing to Carrier
69645	REVISE MIDDLE EAR & MASTOID	No		0	NA	NA		Physician billing to Carrier
69646	REVISE MIDDLE EAR & MASTOID	No		0	NA	NA		Physician billing to Carrier
69650	RELEASE MIDDLE EAR BONE	No		0	NA	NA		Physician billing to Carrier
69660	REVISE MIDDLE EAR BONE	No		0	NA	NA		Physician billing to Carrier
69661	REVISE MIDDLE EAR BONE	No		0	NA	NA		Physician billing to Carrier
69662	REVISE MIDDLE EAR BONE	No		0	NA	NA		Physician billing to Carrier
69666	REPAIR MIDDLE EAR STRUCTURES	No		0	NA	NA		Physician billing to Carrier
69667	REPAIR MIDDLE EAR STRUCTURES	No		0	NA	NA		Physician billing to Carrier
69670	REMOVE MASTOID AIR CELLS	No		0	NA	NA		Physician billing to Carrier
69676	REMOVE MIDDLE EAR NERVE	No		0	NA	NA		Physician billing to Carrier
69700	CLOSE MASTOID FISTULA	No		0	NA	NA		Physician billing to Carrier
69710	IMPLANT/REPLACE HEARING AID	No	Non-Covered by Medicare Statute 1862,A7	9	NA	NA		SNFs cannot bill for this service
69711	REMOVE/REPAIR HEARING AID	No		0	NA	NA		Physician billing to Carrier
69714	IMPLANT TEMPLE BONE W/STIMUL	No		0	NA	NA		Physician billing to Carrier
69715	TEMPLE BNE IMPLNT W/STIMULAT	No		0	NA	NA		Physician billing to Carrier
69717	TEMPLE BONE IMPLANT REVISION	No		0	NA	NA		Physician billing to Carrier
69718	REVISE TEMPLE BONE IMPLANT	No		0	NA	NA		Physician billing to Carrier
69720	RELEASE FACIAL NERVE	No		0	NA	NA		Physician billing to Carrier
69725	RELEASE FACIAL NERVE	No		0	NA	NA		Physician billing to Carrier
69740	REPAIR FACIAL NERVE	No		0	NA	NA		Physician billing to Carrier
69745	REPAIR FACIAL NERVE	No		0	NA	NA		Physician billing to Carrier
69799	MIDDLE EAR SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
69801	INCISE INNER EAR	No	CIM 35-4	0	NA	NA		Physician billing to Carrier
69802	INCISE INNER EAR	No	CIM 35-4	0	NA	NA		Physician billing to Carrier
69805	EXPLORE INNER EAR	No		0	NA	NA		Physician billing to Carrier
69806	EXPLORE INNER EAR	No		0	NA	NA		Physician billing to Carrier
69820	ESTABLISH INNER EAR WINDOW	No		0	NA	NA		Physician billing to Carrier
69840	REVISE INNER EAR WINDOW	No		0	NA	NA		Physician billing to Carrier
69905	REMOVE INNER EAR	No	CIM 35-50	0	NA	NA		Physician billing to Carrier
69910	REMOVE INNER EAR & MASTOID	No	CIM 35-50	0	NA	NA		Physician billing to Carrier
69915	INCISE INNER EAR NERVE	No		0	NA	NA		Physician billing to Carrier
69930	IMPLANT COCHLEAR DEVICE	No	CIM 65-14	0	NA	NA		Physician billing to Carrier
69949	INNER EAR SURGERY PROCEDURE	No		0	NA	NA		Physician billing to Carrier
69950	INCISE INNER EAR NERVE	No		0	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
69955	RELEASE FACIAL NERVE	No		0	NA	NA		Physician billing to Carrier
69960	RELEASE INNER EAR CANAL	No		0	NA	NA		Physician billing to Carrier
69970	REMOVE INNER EAR LESION	No		0	NA	NA		Physician billing to Carrier
69979	TEMPORAL BONE SURGERY	No		0	NA	NA		Physician billing to Carrier
69990	MICROSURGERY ADD-ON	No	MCM 15054	0	NA	NA		Physician billing to Carrier
70336	MAGNETIC IMAGE, JAW JOINT	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
70450	CT HEAD/BRAIN W/O DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70460	CT HEAD/BRAIN W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70470	CT HEAD/BRAIN W/O&W DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70480	CT ORBIT/EAR/FOSSA W/O DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70481	CT ORBIT/EAR/FOSSA W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70482	CT ORBIT/EAR/FOSSA W/O&W DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70486	CT MAXILLOFACIAL W/O DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70487	CT MAXILLOFACIAL W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70488	CT MAXILLOFACIAL W/O&W DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70490	CT SOFT TISSUE NECK W/O DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70491	CT SOFT TISSUE NECK W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70492	CT SFT TSUE NCK W/O & W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70496	CT ANGIOGRAPHY, HEAD	No	SNF 533	1	NA	NA		SNFs cannot bill for this service
70498	CT ANGIOGRAPHY, NECK	No	CIM 50-12	1	NA	NA		SNFs cannot bill for this service
70540	MRI ORBIT/FACE/NECK W/O DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
70542	MRI ORBIT/FACE/NECK W/DYE	No	CIM 50-14	1	NA	NA		SNFs cannot bill for this service
70543	MRI ORBT/FAC/NCK W/O&W DYE	No	CIM 50-14	1	NA	NA		SNFs cannot bill for this service
70544	MR ANGIOGRAPHY HEAD W/O DYE	No	CIM 50-14	1	NA	NA		SNFs cannot bill for this service
70545	MR ANGIOGRAPHY HEAD W/DYE	No	CIM 50-14	1	NA	NA		SNFs cannot bill for this service
70546	MR ANGIOGRAPH HEAD W/O&W DYE	No	CIM 50-14	1	NA	NA		SNFs cannot bill for this service
70547	MR ANGIOGRAPHY NECK W/O DYE	No	CIM 50-14	1	NA	NA		SNFs cannot bill for this service
70548	MR ANGIOGRAPHY NECK W/DYE	No	CIM 50-14	1	NA	NA		SNFs cannot bill for this service
70549	MR ANGIOGRAPH NECK W/O&W DYE	No	CIM 50-14	1	NA	NA		SNFs cannot bill for this service
70551	MRI BRAIN W/O DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
70552	MRI BRAIN W/DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
70553	MRI BRAIN W/O&W DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
71250	CT THORAX W/O DYE	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
71260	CT THORAX W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
71270	CT THORAX W/O&W DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
71275	CT ANGIOGRAPHY, CHEST	No	SNF 533	1	NA	NA		SNFs cannot bill for this service
71550	MRI CHEST W/O DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
71551	MRI CHEST W/DYE	No	SNF 531 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
71552	MRI CHEST W/O&W DYE	No	SNF 531 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
71555	MRI ANGIO CHEST W OR W/O DYE	No	SNF 516 CIM 50-14	1	NA	NA		SNFs cannot bill for this service
72125	CT NECK SPINE W/O DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72126	CT NECK SPINE W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72127	CT NECK SPINE W/O&W DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72128	CT CHEST SPINE W/O DYE	No	SNF 516 CIM 50-12	245	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
72129	CT CHEST SPINE W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72130	CT CHEST SPINE W/O&W DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72131	CT LUMBAR SPINE W/O DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72132	CT LUMBAR SPINE W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72133	CT LUMBAR SPINE W/O&W DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72141	MRI NECK SPINE W/O DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
72142	MRI NECK SPINE W/DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
72146	MRI CHEST SPINE W/O DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
72147	MRI CHEST SPINE W/DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
72148	MRI LUMBAR SPINE W/O DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
72149	MRI LUMBAR SPINE W/DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
72156	MRI NECK SPINE W/O&W DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
72157	MRI CHEST SPINE W/O&W DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
72158	MRI LUMBAR SPINE W/O&W DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
72159	MR ANGIO SPINE W/O&W DYE	No	Non-Covered by Medicare, CIM 50-14 SNF 516	1	NA	NA		SNFs cannot bill for this service
72191	CT ANGIOGRAPH PELV W/O&W DYE	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
72192	CT PELVIS W/O DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72193	CT PELVIS W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72194	CT PELVIS W/O&W DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72195	MRI PELVIS W/O DYE	No	SNF 531 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
72196	MRI PELVIS W/DYE	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
72197	MRI PELVIS W/O & W DYE	No	CIM 50-13	1	NA	NA		SNFs cannot bill for this service
72198	MR ANGIO PELVIS W/O&W DYE	No	Non-Covered by Medicare, CIM 50-14 SNF 531	1	NA	NA		SNFs cannot bill for this service
73200	CT UPPER EXTREMITY W/O DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
73201	CT UPPER EXTREMITY W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
73202	CT UPPR EXTREMITY W/O&W DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
73206	CT ANGIO UPR EXTRM W/O&W DYE	No	SNF 531 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
73218	MRI UPPER EXTREMITY W/O DYE	No	CIM 50-13	1	NA	NA		SNFs cannot bill for this service
73219	MRI UPPER EXTREMITY W/DYE	No	CIM 50-13	1	NA	NA		SNFs cannot bill for this service
73220	MRI UPPR EXTREMITY W/O&W DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
73221	MRI JOINT UPR EXTREM W/O DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
73222	MRI JOINT UPR EXTREM W/ DYE	No	SNF 531 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
73223	MRI JOINT UPR EXTR W/O&W DYE	No	SNF 531 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
73225	MR ANGIO UPR EXTR W/O&W DYE	No	Non-Covered by Medicare SNF 516 CIM 50-14	1	NA	NA		SNFs cannot bill for this service
73700	CT LOWER EXTREMITY W/O DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
73701	CT LOWER EXTREMITY W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
73702	CT LWR EXTREMITY W/O&W DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
73706	CT ANGIO LWR EXTR W/O&W DYE	No	SNF 533	1	NA	NA		SNFs cannot bill for this service
73718	MRI LOWER EXTREMITY W/O DYE	No	SNF 533	246	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
73719	MRI LOWER EXTREMITY W/DYE	No	CIM 50-13	1	NA	NA		SNFs cannot bill for this service
73720	MRI LWR EXTREMITY W/O&W DYE	No	SNF 533 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
73721	MRI JOINT OF LWR EXTRE W/O D	No	SNF 533 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
73722	MRI JOINT OF LWR EXTR W/DYE	No	SNF 533 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
73723	MRI JOINT LWR EXTR W/O&W DYE	No	SNF 533 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
73725	MR ANG LWR EXT W OR W/O DYE	No	SNF 533 CIM 50-14	1	NA	NA		SNFs cannot bill for this service
74150	CT ABDOMEN W/O DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
74160	CT ABDOMEN W/DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
74170	CT ABDOMEN W/O&W DYE	No	SNF 516 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
74175	CT ANGIO ABDOM W/O&W DYE	No	SNF 531 CIM 50-12	1	NA	NA		SNFs cannot bill for this service
74181	MRI ABDOMEN W/O DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
74182	MRI ABDOMEN W/DYE	No	SNF 531 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
74183	MRI ABDOMEN W/O&W DYE	No	CIM 50-14	1	NA	NA		SNFs cannot bill for this service
74185	MRI ANGIO, ABDOM W OR W/O DY	No	SNF 516 CIM 50-14	1	NA	NA		SNFs cannot bill for this service
75552	HEART MRI FOR MORPH W/O DYE	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
75553	HEART MRI FOR MORPH W/DYE	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75554	CARDIAC MRI/FUNCTION	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
75555	CARDIAC MRI/LIMITED STUDY	No	SNF 516 CIM 50-13	1	NA	NA		SNFs cannot bill for this service
75556	CARDIAC MRI/FLOW MAPPING	No	Non-Covered by Medicare CIM 50-13 SNF 531	9	NA	NA		SNFs cannot bill for this service
75600	CONTRAST X-RAY EXAM OF AORTA	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75605	CONTRAST X-RAY EXAM OF AORTA	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75625	CONTRAST X-RAY EXAM OF AORTA	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75630	X-RAY AORTA, LEG ARTERIES	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75635	CT ANGIO ABDOMINAL ARTERIES	No	SNF 533	1	NA	NA		SNFs cannot bill for this service
75650	ARTERY X-RAYS, HEAD & NECK	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75658	ARTERY X-RAYS, ARM	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75660	ARTERY X-RAYS, HEAD & NECK	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75662	ARTERY X-RAYS, HEAD & NECK	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75665	ARTERY X-RAYS, HEAD & NECK	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75671	ARTERY X-RAYS, HEAD & NECK	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75676	ARTERY X-RAYS, NECK	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75680	ARTERY X-RAYS, NECK	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75685	ARTERY X-RAYS, SPINE	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75705	ARTERY X-RAYS, SPINE	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75710	ARTERY X-RAYS, ARM/LEG	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75716	ARTERY X-RAYS, ARMS/LEGS	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75722	ARTERY X-RAYS, KIDNEY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75724	ARTERY X-RAYS, KIDNEYS	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75726	ARTERY X-RAYS, ABDOMEN	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75731	ARTERY X-RAYS, ADRENAL GLAND	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75733	ARTERY X-RAYS, ADRENALS	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75736	ARTERY X-RAYS, PELVIS	No	SNF 516	1	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
75741	ARTERY X-RAYS, LUNG	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75743	ARTERY X-RAYS, LUNGS	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75746	ARTERY X-RAYS, LUNG	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75756	ARTERY X-RAYS, CHEST	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75774	ARTERY X-RAY, EACH VESSEL	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75790	VISUALIZE A-V SHUNT	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75801	LYMPH VESSEL X-RAY, ARM/LEG	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75803	LYMPH VESSEL X-RAY, ARMS/LEGS	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75805	LYMPH VESSEL X-RAY, TRUNK	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75807	LYMPH VESSEL X-RAY, TRUNK	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75809	NONVASCULAR SHUNT, X-RAY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75810	VEIN X-RAY, SPLEEN/LIVER	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75820	VEIN X-RAY, ARM/LEG	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75822	VEIN X-RAY, ARMS/LEGS	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75825	VEIN X-RAY, TRUNK	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75827	VEIN X-RAY, CHEST	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75831	VEIN X-RAY, KIDNEY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75833	VEIN X-RAY, KIDNEYS	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75840	VEIN X-RAY, ADRENAL GLAND	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75842	VEIN X-RAY, ADRENAL GLANDS	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75860	VEIN X-RAY, NECK	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75870	VEIN X-RAY, SKULL	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75872	VEIN X-RAY, SKULL	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75880	VEIN X-RAY, EYE SOCKET	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75885	VEIN X-RAY, LIVER	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75887	VEIN X-RAY, LIVER	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75889	VEIN X-RAY, LIVER	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75891	VEIN X-RAY, LIVER	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75893	VENOUS SAMPLING BY CATHETER	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75894	X-RAYS, TRANSCATH THERAPY	No	SNF 516 MCM 2070, CIM 35-35	1	NA	NA		SNFs cannot bill for this service
75896	X-RAYS, TRANSCATH THERAPY Xref 75894	No	SNF 533	1	NA	NA		SNFs cannot bill for this service
75898	FOLLOW-UP ANGIOGRAM	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75900	ARTERIAL CATHETER EXCHANGE	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75940	X-RAY PLACEMENT, VEIN FILTER	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75952	ENDOVASC REPAIR ABDOM AORTA	No	SNF 533	2	NA	NA		Physician billing to Carrier
75953	ABDOM ANEURYSM ENDOVAS RPR	No	SNF 533	2	NA	NA		Physician billing to Carrier
75960	TRANSCATHETER INTRO, STENT	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75961	RETRIEVAL, BROKEN CATHETER	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75962	REPAIR ARTERIAL BLOCKAGE	No	SNF 516 CIM 50-32	1	NA	NA		SNFs cannot bill for this service
75964	REPAIR ARTERY BLOCKAGE, EACH	No	SNF 516 CIM 50-32	1	NA	NA		SNFs cannot bill for this service
75966	REPAIR ARTERIAL BLOCKAGE	No	SNF 516 CIM 50-32	1	NA	NA		SNFs cannot bill for this service
75968	REPAIR ARTERY BLOCKAGE, EACH	No	SNF 516 CIM 50-32	1	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
75970	VASCULAR BIOPSY	No	SNF 516 CIM 50-32	1	NA	NA		SNFs cannot bill for this service
75978	REPAIR VENOUS BLOCKAGE	No	SNF 516 CIM 50-32	1	NA	NA		SNFs cannot bill for this service
75980	CONTRAST XRAY EXAM BILE DUCT	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75982	CONTRAST XRAY EXAM BILE DUCT	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
75992	ATHERECTOMY, X-RAY EXAM	No	SNF 516 CIM 50-32	1	NA	NA		SNFs cannot bill for this service
75993	ATHERECTOMY, X-RAY EXAM	No	SNF 516 CIM 50-32	1	NA	NA		SNFs cannot bill for this service
75994	ATHERECTOMY, X-RAY EXAM	No	SNF 516 CIM 50-32	1	NA	NA		SNFs cannot bill for this service
75995	ATHERECTOMY, X-RAY EXAM	No	SNF 516 CIM 50-32	1	NA	NA		SNFs cannot bill for this service
75996	ATHERECTOMY, X-RAY EXAM	No	SNF 516 CIM 50-32	1	NA	NA		SNFs cannot bill for this service
76006	X-RAY STRESS VIEW	Yes	SNF 260.1 SNF 533	2	NA	NA		Physician billing to Carrier
76012	PERCUT VERTEBROPLASTY FLUOR	Yes	SNF 260.1 SNF 533	2	NA	NA		Physician billing to Carrier
76013	PERCUT VERTEBROPLASTY, CT	Yes	SNF 260.1 SNF 533	2	NA	NA		Physician billing to Carrier
76070	CT SCAN, BONE DENSITY STUDY	Yes	SNF 260.1 SNF 533	1	NA	NA		Not valid for Medicare.
76093	MAGNETIC IMAGE, BREAST	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
76094	MAGNETIC IMAGE, BOTH BREASTS	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
76140	X-RAY CONSULTATION	No	Not Valid for Medicare	9	NA	NA		SNFs cannot bill for this service
76355	CAT SCAN FOR LOCALIZATION	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
76360	CAT SCAN FOR NEEDLE BIOPSY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
76370	CAT SCAN FOR THERAPY GUIDE	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
76375	3D/HOLOGRAPH RECONSTR ADD-ON	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
76380	CAT SCAN FOLLOW-UP STUDY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
76390	MR SPECTROSCOPY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
76400	MAGNETIC IMAGE, BONE MARROW	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77261	RADIATION THERAPY PLANNING	No	SNF 516	2	NA	NA		SNFs cannot bill for this service
77262	RADIATION THERAPY PLANNING	No	SNF 516	2	NA	NA		SNFs cannot bill for this service
77263	RADIATION THERAPY PLANNING	No	SNF 516	2	NA	NA		SNFs cannot bill for this service
77280	SET RADIATION THERAPY FIELD	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77285	SET RADIATION THERAPY FIELD	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77290	SET RADIATION THERAPY FIELD	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77295	SET RADIATION THERAPY FIELD	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77299	RADIATION THERAPY PLANNING	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77300	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77305	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77310	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77315	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77321	RADIATION THERAPY PORT PLAN	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77326	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77327	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77328	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77331	SPECIAL RADIATION DOSIMETRY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77332	RADIATION TREATMENT AID(S)	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77333	RADIATION TREATMENT AID(S)	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77334	RADIATION TREATMENT AID(S)	No	SNF 516	249	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
77336	RADIATION PHYSICS CONSULT	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77370	RADIATION PHYSICS CONSULT	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77399	EXTERNAL RADIATION DOSIMETRY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77401	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77402	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77403	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77404	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77406	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77407	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77408	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77409	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77411	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77412	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77413	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77414	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77416	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77417	RADIOLOGY PORT FILM(S)	No	SNF 516	3	NA	NA		SNFs cannot bill for this service
77427	RADIATION TX MANAGEMENT, X5	No	SNF 533	2	NA	NA		SNFs cannot bill for this service
77431	RADIATION THERAPY MANAGEMENT	No	SNF 533	2	NA	NA		SNFs cannot bill for this service
77432	STEREOTACTIC RADIATION TRMT	No	SNF 533	2	NA	NA		SNFs cannot bill for this service
77470	SPECIAL RADIATION TREATMENT	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77499	RADIATION THERAPY MANAGEMENT	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
77520	PROTON TRMT, SIMPLE W/O COMP	No	SNF 260.1 SNF 533	3	NA	NA		SNFs cannot bill for this service
77522	PROTON TRMT, SIMPLE W/COMP	No	SNF 260.1 SNF 533	3	NA	NA		SNFs cannot bill for this service
77523	PROTON TRMT, INTERMEDIATE	No	SNF 260.1 SNF 533	3	NA	NA		SNFs cannot bill for this service
77525	PROTON TREATMENT, COMPLEX	No	SNF 260.1 SNF 533	3	NA	NA		SNFs cannot bill for this service
77600	HYPERTHERMIA TREATMENT	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77605	HYPERTHERMIA TREATMENT	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77610	HYPERTHERMIA TREATMENT	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77615	HYPERTHERMIA TREATMENT	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77620	HYPERTHERMIA TREATMENT	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77750	INFUSE RADIOACTIVE MATERIALS	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77761	APPLY INTRCAV RADIAT SIMPLE	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77762	APPLY INTRCAV RADIAT INTERM	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77763	APPLY INTRCAV RADIAT COMPL	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77776	APPLY INTERSTIT RADIAT SIMPL	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77777	APPLY INTERSTIT RADIAT INTER	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77778	APPLY ITERSTIT RADIAT COMPL	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77781	HIGH INTENSITY BRACHYTHERAPY	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77782	HIGH INTENSITY BRACHYTHERAPY	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77783	HIGH INTENSITY BRACHYTHERAPY	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77784	HIGH INTENSITY BRACHYTHERAPY	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77789	APPLY SURFACE RADIATION	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
77790	RADIATION HANDLING	No	SNF 260.1 SNF 533	250	Yes	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
77799	RADIUM/RADIOISOTOPE THERAPY	No	SNF 260.1 SNF 533	1	Yes	NA		SNFs cannot bill for this service
78351	BONE MINERAL, DUAL PHOTON	No	Non-Covered by Medicare CIM 50-44 SNF 533	9	NA	NA		SNFs cannot bill for this service
78459	HEART MUSCLE IMAGING (PET)	Yes	SNF 260.1 SNF 533	1	NA	NA		Not valid for Medicare.
78491	HEART IMAGE (PET), SINGLE	Yes	Not Valid for Medicare	1	NA	NA		SNFs cannot bill for this service
78492	HEART IMAGE (PET), MULTIPLE	Yes	Not Valid for Medicare	1	NA	NA		SNFs cannot bill for this service
78608	BRAIN IMAGING (PET)	No	Non-Covered by Medicare CIM 50-36 SNF 533	9	NA	NA		SNFs cannot bill for this service
78609	BRAIN IMAGING (PET)	No	Non-Covered by Medicare CIM 50-36 SNF 533	9	NA	NA		SNFs cannot bill for this service
78810	TUMOR IMAGING (PET)	No	Non-covered by Medicare CIM 50-36	1	NA	NA		SNFs cannot bill for this service
78890	NUCLEAR MEDICINE DATA PROC	Yes	SNF 260.1 SNF 533	1	NA	NA		SNFs cannot bill for this service
78891	NUCLEAR MED DATA PROC	Yes	SNF 260.1 SNF 533	1	NA	NA		SNFs cannot bill for this service
78990	PROVIDE DIAG RADIONUCLIDE(S)	No	Not Valid for Medicare	9	NA	NA		SNFs cannot bill for this service
79030	THYROID ABLATION, CARCINOMA	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
79035	THYROID METASTATIC THERAPY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
79100	HEMATOPOETIC NUCLEAR THERAPY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
79200	INTRACAVITARY NUCLEAR TRMT	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
79300	INTERSTITIAL NUCLEAR THERAPY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
79400	NONHEMATO NUCLEAR THERAPY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
79420	INTRAVASCULAR NUCLEAR THER	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
79440	NUCLEAR JOINT THERAPY	No	SNF 516	1	NA	NA		SNFs cannot bill for this service
80500	LAB PATHOLOGY CONSULTATION	No		0	NA	NA		Physician billing to Carrier
80502	LAB PATHOLOGY CONSULTATION	No		0	NA	NA		Physician billing to Carrier
85060	BLOOD SMEAR INTERPRETATION	No		8	NA	NA		Physician billing to Carrier
85095	BONE MARROW ASPIRATION	No		0	NA	NA		Physician billing to Carrier
85097	BONE MARROW INTERPRETATION	No		0	NA	NA		Physician billing to Carrier
85102	BONE MARROW BIOPSY	No		0	NA	NA		Physician billing to Carrier
86077	PHYSICIAN BLOOD BANK SERVICE	No		0	NA	NA		Physician billing to Carrier
86078	PHYSICIAN BLOOD BANK SERVICE	No		0	NA	NA		Physician billing to Carrier
86079	PHYSICIAN BLOOD BANK SERVICE	No		0	NA	NA		Physician billing to Carrier
88141	CYTOPATH, C/V, INTERPRET	No	CIM 50-20 SNF 541	2	NA	NA		Physician billing to Carrier
88291	CYTO/MOLECULAR REPORT	No	CIM 50-29 SNF 541	2	NA	NA		Physician billing to Carrier
88299	CYTOGENETIC STUDY	No	CIM 50-29 SNF 541	0	NA	NA		Physician billing to Carrier
88321	MICROSLIDE CONSULTATION	No		0	NA	NA		Physician billing to Carrier
88325	COMPREHENSIVE REVIEW OF DATA	No		0	NA	NA		Physician billing to Carrier
88329	PATH CONSULT INTROP	No		0	NA	NA		Physician billing to Carrier
89100	SAMPLE INTESTINAL CONTENTS	No		0	NA	NA		Physician billing to Carrier
89105	SAMPLE INTESTINAL CONTENTS	No		0251	NA	NA		Physician billing to Carrier



HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
89130	SAMPLE STOMACH CONTENTS	No		0	NA	NA		Physician billing to Carrier
89132	SAMPLE STOMACH CONTENTS	No		0	NA	NA		Physician billing to Carrier
89135	SAMPLE STOMACH CONTENTS	No		0	NA	NA		Physician billing to Carrier
89136	SAMPLE STOMACH CONTENTS	No		0	NA	NA		Physician billing to Carrier
89140	SAMPLE STOMACH CONTENTS	No		0	NA	NA		Physician billing to Carrier
89141	SAMPLE STOMACH CONTENTS	No		0	NA	NA		Physician billing to Carrier
90283	HUMAN IG, IV	No	Not Valid for Medicare	9	NA	NA		SNFs cannot bill for this service
90287	BOTULINUM ANTITOXIN	No	Not Valid for Medicare	9	NA	NA		SNFs cannot bill for this service
90288	BOTULISM IG, IV	No	Not Valid for Medicare	9	NA	NA		SNFs cannot bill for this service
90291	CMV IG, IV	No	Not Valid for Medicare	9	NA	NA		SNFs cannot bill for this service
90386	RH IG, IV	No	Not Valid for Medicare	9	NA	NA		SNFs cannot bill for this service
90399	IMMUNE GLOBULIN	No	Not Valid for Medicare	9	NA	NA		SNFs cannot bill for this service
90471	IMMUNIZATION ADMIN	No	Non-covered by Medicare	9	NA	NA		SNFs cannot bill for this service
90472	IMMUNIZATION ADMIN, EACH ADD	No	Non-covered by Medicare	9	NA	NA		SNFs cannot bill for this service
90799	THER/PROPHYLACTIC/DX INJECT	No		0	NA	NA		Physician billing to Carrier
90801	PSY DX INTERVIEW	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90802	INTAC PSY DX INTERVIEW	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90804	PSYTX, OFFICE, 20-30 MIN	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90805	PSYTX, OFF, 20-30 MIN W/E&M	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90806	PSYTX, OFF, 45-50 MIN	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90807	PSYTX, OFF, 45-50 MIN W/E&M	No		0	NA	NA		Physician billing to Carrier
90808	PSYTX, OFFICE, 75-80 MIN	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90809	PSYTX, OFF, 75-80, W/E&M	No		0	NA	NA		Physician billing to Carrier
90810	INTAC PSYTX, OFF, 20-30 MIN	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90811	INTAC PSYTX, 20-30, W/E&M	No		0	NA	NA		Physician billing to Carrier
90812	INTAC PSYTX, OFF, 45-50 MIN	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90813	INTAC PSYTX, 45-50 MIN W/E&M	No		0	NA	NA		Physician billing to Carrier
90814	INTAC PSYTX, OFF, 75-80 MIN	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90815	INTAC PSYTX, 75-80 W/E&M	No		0	NA	NA		Physician billing to Carrier
90816	PSYTX, HOSP, 20-30 MIN	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90817	PSYTX, HOSP, 20-30 MIN W/E&M	No		0	NA	NA		Physician billing to Carrier
90818	PSYTX, HOSP, 45-50 MIN	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90819	PSYTX, HOSP, 45-50 MIN W/E&M	No		0	NA	NA		Physician billing to Carrier
90821	PSYTX, HOSP, 75-80 MIN	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90822	PSYTX, HOSP, 75-80 MIN W/E&M	No		0	NA	NA		Physician billing to Carrier
90823	INTAC PSYTX, HOSP, 20-30 MIN	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90824	INTAC PSYTX, HSP 20-30 W/E&M	No		0	NA	NA		Physician billing to Carrier
90826	INTAC PSYTX, HOSP, 45-50 MIN	No	MCM 2470	Q52	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
90827	INTAC PSYTX, HSP 45-50 W/E&M	No		0	NA	NA		Physician billing to Carrier
90828	INTAC PSYTX, HOSP, 75-80 MIN	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90829	INTAC PSYTX, HSP 75-80 W/E&M	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90842	Individual medical psychotherapy by a physician (face-to-face with the patient), approximately 75 to 80 minutes	No	Not Valid for Medicare		NA	NA		Physician billing to Carrier
90843	Individual medical psychotherapy by a physician (face-to-face with the patient), approximately 20 to 30 minutes	No	Not Valid for Medicare		NA	NA		Physician billing to Carrier
90844	Individual medical psychotherapy by a physician (face-to-face with the patient), approximately 45 to 50 minutes	No	Not Valid for Medicare		NA	NA		Physician billing to Carrier
90845	PSYCHOANALYSIS	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90846	FAMILY PSYTX W/O PATIENT	No	MCM 2470, CIM 35-14	0	NA	NA		Physician billing to Carrier
90847	FAMILY PSYTX W/PATIENT	No	MCM 2470, CIM 35-14	0	NA	NA		Physician billing to Carrier
90849	MULTIPLE FAMILY GROUP PSYTX	No	MCM 2470, CIM 35-14	0	NA	NA		Physician billing to Carrier
90853	GROUP PSYCHOTHERAPY	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90857	INTAC GROUP PSYTX	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90862	MEDICATION MANAGEMENT	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90865	NARCOSYNTHESIS	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90870	ELECTROCONVULSIVE THERAPY	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90871	ELECTROCONVULSIVE THERAPY	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90875	PSYCHOPHYSIOLOGICAL THERAPY	No	Non-covered by Medicare, MCM 2470, CIM 35-27	9	NA	NA		SNFs cannot bill for this service
90876	PSYCHOPHYSIOLOGICAL THERAPY	No	Non-covered by Medicare, MCM 2470, CIM 35-27	9	NA	NA		SNFs cannot bill for this service
90880	HYPNOTHERAPY	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90882	ENVIRONMENTAL MANIPULATION	No	Non-covered by Medicare, MCM 2303	9	NA	NA		SNFs cannot bill for this service
90885	PSY EVALUATION OF RECORDS	Yes	MCM 2470	9	NA	NA		SNFs cannot bill for this service
90887	CONSULTATION WITH FAMILY	Yes	MCM 2470, CIM 35-14	9	NA	NA		SNFs cannot bill for this service
90889	PREPARATION OF REPORT	Yes		9	NA	NA		SNFs cannot bill for this service
90899	PSYCHIATRIC SERVICE/THERAPY	No	MCM 2470	0	NA	NA		Physician billing to Carrier
90918	ESRD RELATED SERVICES, MONTH	No	CIM 35-27	0	NA	NA		Physician billing to Carrier
90919	ESRD RELATED SERVICES, MONTH	No	MCM 2320	0	NA	NA		Physician billing to Carrier
90920	ESRD RELATED SERVICES, MONTH	No	MCM 2320	0	NA	NA		Physician billing to Carrier
90921	ESRD RELATED SERVICES, MONTH	No	MCM 2320	0	NA	NA		Physician billing to Carrier
90922	ESRD RELATED SERVICES, DAY	No	MCM 2320	0	NA	NA		Physician billing to Carrier
90923	ESRD RELATED SERVICES, DAY	No	MCM 2320	0	NA	NA		Physician billing to Carrier
90924	ESRD RELATED SERVICES, DAY	No	MCM 2320	0	NA	NA		Physician billing to Carrier
90925	ESRD RELATED SERVICES, DAY	No	MCM 2320	0	NA	NA		Physician billing to Carrier
90935	HEMODIALYSIS, ONE EVALUATION	No	MCM 2320, CIM 35-31	0	NA	NA		Physician billing to Carrier
90937	HEMODIALYSIS, REPEATED EVAL	No	MCM 2320, CIM 35-51	0	NA	NA		Physician billing to Carrier
90940	HEMODIALYSIS ACCESS STUDY	No		9253	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
90945	DIALYSIS, ONE EVALUATION	No	MCM 2320, CIM 35-38	0	NA	NA		Physician billing to Carrier
90947	DIALYSIS, REPEATED EVAL	No	MCM 2320, CIM 35-38	0	NA	NA		Physician billing to Carrier
90989	DIALYSIS TRAINING, COMPLETE	No	MCM 2230.6	9	NA	NA		SNFs cannot bill for this service
90993	DIALYSIS TRAINING, INCOMPL	No	MCM 2230.6	9	NA	NA		SNFs cannot bill for this service
90997	HEMOPERFUSION	No	MCM 2320, CIM 35-38	0	NA	NA		Physician billing to Carrier
90999	DIALYSIS PROCEDURE	No	MCM 2320	0	NA	NA		Physician billing to Carrier
91100	PASS INTESTINE BLEEDING TUBE	No		0	NA	NA		Physician billing to Carrier
91105	GASTRIC INTUBATION TREATMENT	No		0	NA	NA		Physician billing to Carrier
92002	EYE EXAM, NEW PATIENT	No	MCM 2020, MCM 2320	0	NA	NA		Physician billing to Carrier
92004	EYE EXAM, NEW PATIENT	No	MCM 2020, MCM 2320	0	NA	NA		Physician billing to Carrier
92012	EYE EXAM ESTABLISHED PAT	No	MCM 2020, MCM 2320	0	NA	NA		Physician billing to Carrier
92014	EYE EXAM & TREATMENT	No	MCM 2020, MCM 2320	0	NA	NA		Physician billing to Carrier
92015	REFRACTION	No	Non-covered by Medicare Statute 1862A7	9	NA	NA		SNFs cannot bill for this service
92018	NEW EYE EXAM & TREATMENT	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92019	EYE EXAM & TREATMENT	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92020	SPECIAL EYE EVALUATION	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92070	FITTING OF CONTACT LENS	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92100	SERIAL TONOMETRY EXAM(S)	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92120	TONOGRAPHY & EYE EVALUATION	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92130	WATER PROVOCATION TONOGRAPHY	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92140	GLAUCOMA PROVOCATIVE TESTS	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92225	SPECIAL EYE EXAM, INITIAL	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92226	SPECIAL EYE EXAM, SUBSEQUENT	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92230	EYE EXAM WITH PHOTOS	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92260	OPHTHALMOSCOPY/DYNAMOMETRY	No	MCM 2030	0	NA	NA		Physician billing to Carrier
92287	INTERNAL EYE PHOTOGRAPHY	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92310	CONTACT LENS FITTING	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320	9	NA	NA		SNFs cannot bill for this service
92311	CONTACT LENS FITTING	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92312	CONTACT LENS FITTING	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92314	PRESCRIPTION OF CONTACT LENS	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320	0	NA	NA		SNFs cannot bill for this service
92315	PRESCRIPTION OF CONTACT LENS	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92316	PRESCRIPTION OF CONTACT LENS	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92317	PRESCRIPTION OF CONTACT LENS	No	MCM 2320	0	NA	NA		Physician billing to Carrier
92330	FITTING OF ARTIFICIAL EYE	No		0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
92335	FITTING OF ARTIFICIAL EYE	No		0	NA	NA		Physician billing to Carrier
92340	FITTING OF SPECTACLES	No	Non-covered by Medicare Statute 1862.A7	9	NA	NA		SNFs cannot bill for this service
92341	FITTING OF SPECTACLES	No	Non-covered by Medicare Statute 1862.A7	9	NA	NA		SNFs cannot bill for this service
92342	FITTING OF SPECTACLES	No	Non-covered by Medicare Statute 1862.A7	9	NA	NA		SNFs cannot bill for this service
92352	SPECIAL SPECTACLES FITTING	Yes	MCM 2320	9	NA	NA		SNFs cannot bill for this service
92353	SPECIAL SPECTACLES FITTING	Yes	MCM 2320	9	NA	NA		SNFs cannot bill for this service
92354	SPECIAL SPECTACLES FITTING	Yes	MCM 2320	9	NA	NA		SNFs cannot bill for this service
92355	SPECIAL SPECTACLES FITTING	Yes	MCM 2320	9	NA	NA		SNFs cannot bill for this service
92358	EYE PROSTHESIS SERVICE	Yes	MCM 2130	9	NA	NA		SNFs cannot bill for this service
92370	REPAIR & ADJUST SPECTACLES	No	Non-covered by Medicare Statute 1862.A7	9	NA	NA		SNFs cannot bill for this service
92371	REPAIR & ADJUST SPECTACLES	Yes	MCM 2130	9	NA	NA		SNFs cannot bill for this service
92390	SUPPLY OF SPECTACLES	No	Non-covered by Medicare Statute 1862.A7	9	NA	NA		SNFs cannot bill for this service
92391	SUPPLY OF CONTACT LENSES	No	Non-covered by Medicare Statute 1862(a)(7) MCM 2320, CIM 45-7	9	NA	NA		SNFs cannot bill for this service
92392	SUPPLY OF LOW VISION AIDS	No	Not valid for Medicare	9	NA	NA		SNFs cannot bill for this service
92393	SUPPLY OF ARTIFICIAL EYE	No	Not valid for Medicare	9	NA	NA		SNFs cannot bill for this service
92395	SUPPLY OF SPECTACLES	No	Not valid for Medicare	9	NA	NA		SNFs cannot bill for this service
92396	SUPPLY OF CONTACT LENSES	No	Not valid for Medicare	9	NA	NA		SNFs cannot bill for this service
92502	EAR AND THROAT EXAMINATION	No		0	NA	NA		Physician billing to Carrier
92504	EAR MICROSCOPY EXAMINATION	No		0	NA	NA		Physician billing to Carrier
92511	NASOPHARYNGOSCOPY	No		0	NA	NA		Physician billing to Carrier
92512	NASAL FUNCTION STUDIES	No		0	NA	NA		Physician billing to Carrier
92516	FACIAL NERVE FUNCTION TEST	No		0	NA	NA		Physician billing to Carrier
92520	LARYNGEAL FUNCTION STUDIES	No		0	NA	NA		Physician billing to Carrier
92525	ORAL FUNCTION EVALUATION	No	Non-covered by Medicare, MCM 2070, MCM 2216	9	NA	NA		SNFs cannot bill for this service
92531	SPONTANEOUS NYSTAGMUS STUDY	Yes		9	NA	NA		SNFs cannot bill for this service
92532	POSITIONAL NYSTAGMUS STUDY	Yes		9	NA	NA		SNFs cannot bill for this service
92533	CALORIC VESTIBULAR TEST	Yes		9	NA	NA		SNFs cannot bill for this service
92534	OPTOKINETIC NYSTAGMUS	Yes		9	NA	NA		SNFs cannot bill for this service

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
92551	PURE TONE HEARING TEST, AIR	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320	9	NA	NA		SNFs cannot bill for this service
92559	GROUP AUDIOMETRIC TESTING	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320	9	NA	NA		SNFs cannot bill for this service
92560	BEKESY AUDIOMETRY, SCREEN	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320	9	NA	NA		SNFs cannot bill for this service
92590	HEARING AID EXAM, ONE EAR	No	Non-covered by Medicare Statute 1862.A7	9	NA	NA		SNFs cannot bill for this service
92591	HEARING AID EXAM, BOTH EARS	No	Non-covered by Medicare Statute 1862.A7	9	NA	NA		SNFs cannot bill for this service
92592	HEARING AID CHECK, ONE EAR	No	Non-covered by Medicare Statute 1862.A7	9	NA	NA		SNFs cannot bill for this service
92593	HEARING AID CHECK, BOTH EARS	No	Non-covered by Medicare Statute 1862.A7	9	NA	NA		SNFs cannot bill for this service
92594	ELECTRO HEARNG AID TEST, ONE	No	Non-covered by Medicare Statute 1862.A7	9	NA	NA		SNFs cannot bill for this service
92595	ELECTRO HEARNG AID TST, BOTH	No	Non-covered by Medicare Statute 1862.A7	9	NA	NA		SNFs cannot bill for this service
92950	HEART/LUNG RESUSCITATION CPR	No		0	NA	NA		Physician billing to Carrier
92953	TEMPORARY EXTERNAL PACING	No		0	NA	NA		Physician billing to Carrier
92960	CARDIOVERSION ELECTRIC, EXT	No		0	NA	NA		Physician billing to Carrier
92961	CARDIOVERSION, ELECTRIC, INT	No		0	NA	NA		Physician billing to Carrier
92970	CARDIOASSIST, INTERNAL	No		0	NA	NA		Physician billing to Carrier
92971	CARDIOASSIST, EXTERNAL	No		0	NA	NA		Physician billing to Carrier
92975	DISSOLVE CLOT, HEART VESSEL	No		0	NA	NA		Physician billing to Carrier
92980	INSERT INTRACORONARY STENT	No		0	NA	NA		Physician billing to Carrier
92981	INSERT INTRACORONARY STENT	No		0	NA	NA		Physician billing to Carrier
92982	CORONARY ARTERY DILATION	No	CIM 50-32	0	NA	NA		Physician billing to Carrier
92984	CORONARY ARTERY DILATION	No	CIM 50-32	0	NA	NA		Physician billing to Carrier
92986	REVISION OF AORTIC VALVE	No		0	NA	NA		Physician billing to Carrier
92987	REVISION OF MITRAL VALVE	No		0	NA	NA		Physician billing to Carrier
92990	REVISION OF PULMONARY VALVE	No		0	NA	NA		Physician billing to Carrier
92992	REVISION OF HEART CHAMBER	No		0	NA	NA		Physician billing to Carrier
92993	REVISION OF HEART CHAMBER	No		0	NA	NA		Physician billing to Carrier
92995	CORONARY ATHERECTOMY	No	CIM 50-32	0	NA	NA		Physician billing to Carrier

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
92996	CORONARY ATHERECTOMY ADD-ON	No	CIM 50-32	0	NA	NA		Physician billing to Carrier
92997	PUL ART BALLOON REPR, PERCUT	No		0	NA	NA		Physician billing to Carrier
92998	PUL ART BALLOON REPR, PERCUT	No		0	NA	NA		Physician billing to Carrier
93000	ELECTROCARDIOGRAM, COMPLETE	Yes	CIM 50-15	4	NA	NA		SNFs cannot bill this global code. Bill with code that represents the technical component
93010	ELECTROCARDIOGRAM REPORT	No	CIM 50-15	2	NA	NA		Physician billing to Carrier
93014	REPORT ON TRANSMITTED ECG	No	MCM 2020, MCM 2070, CIM 50-15	2	NA	NA		Physician billing to Carrier
93015	CARDIOVASCULAR STRESS TEST	Yes	CIM 35-25	4	NA	NA		SNFs cannot bill this global code. Bill with code that represents the technical component
93016	CARDIOVASCULAR STRESS TEST	No		2	NA	NA		Physician billing to Carrier
93018	CARDIOVASCULAR STRESS TEST	No	CIM 35-25	2	NA	NA		Physician billing to Carrier
93040	RHYTHM ECG WITH REPORT	Yes	CIM 50-15	4	NA	NA		SNFs cannot bill this global code. Bill with code that represents the technical component
93042	RHYTHM ECG, REPORT	No	CIM 50-15	2	NA	NA		Physician billing to Carrier
93224	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	4	NA	NA		SNFs cannot bill this global code. Bill with code that represents the technical component
93227	ECG MONITOR/REVIEW, 24 HRS	No	CIM 50-15	2	NA	NA		Physician billing to Carrier
93230	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	4	NA	NA		SNFs cannot bill this global code. Bill with code that represents the technical component
93233	ECG MONITOR/REVIEW, 24 HRS	No	CIM 50-15	2	NA	NA		Physician billing to Carrier
93235	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	4	NA	NA		SNFs cannot bill this global code. Bill with code that represents the technical component
93237	ECG MONITOR/REVIEW, 24 HRS	No	CIM 50-15	2	NA	NA		Physician billing to Carrier
93268	ECG RECORD/REVIEW	Yes	MCM 2070, CIM 50-15	4	NA	NA		SNFs cannot bill this global code. Bill with code that represents the technical component
93272	ECG/REVIEW, INTERPRET ONLY	No	CIM 50-15	2	NA	NA		Physician billing to Carrier
93313	ECHO TRANSESOPHAGEAL	Yes	CIM 50-7	0	NA	NA		Physician billing to Carrier
93316	ECHO TRANSESOPHAGEAL	Yes		0	NA	NA		Physician billing to Carrier
93501	Rt. HEART ATH.	No	SNF 516	1	NA	NA		Rendering provider must bill
93505	ENDOMYOCARDIAL BIOPSY	No	SNF 516	1	NA	NA		Rendering provider must bill
93510	LT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bill
93511	LT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bill
93514	LT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bill
93524	COMBINED LT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bil
93526	COMBINED RT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bill
93527	COMBINED RT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bill
93528	COMBINED RT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bill
93529	COMBINED RT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bill
93530	RT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bil
93531	COMBINED RT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bill
93532	COMBINED RT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bill
93533	COMBINED RT. HEART CATH.	No	SNF 516	1	NA	NA		Rendering provider must bill
93536	INSERT CIRCULATION ASSI	No	SNF 516	0	NA	NA		Physician billing to Carrier
93539	INJECTION, CARDIAC CATH	No	SNF 516	0	NA	NA		Physician billing to Carrier
93540	INJECTION, CARDIAC CATH	No	SNF 516	0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
93541	INJECTION FOR LUNG ANGIOGRAM	No	SNF 516	0	NA	NA		Physician billing to Carrier
93542	INJECTION FOR HEART X-RAYS	No	SNF 516	0	NA	NA		Physician billing to Carrier
93543	INJECTION FOR HEART X-RAYS	No	SNF 516	0	NA	NA		Physician billing to Carrier
93544	INJECTION FOR AORTOGRAPHY	No	SNF 516	0	NA	NA		Physician billing to Carrier
93545	INJECT FOR CORONARY X-RAYS	No	SNF 516	0	NA	NA		Physician billing to Carrier
93650	ABLATE HEART DYSRHYTHM FOCUS	No		0	NA	NA		Physician billing to Carrier
93651	ABLATE HEART DYSRHYTHM FOCUS	No		0	NA	NA		Physician billing to Carrier
93652	ABLATE HEART DYSRHYTHM FOCUS	No		0	NA	NA		Physician billing to Carrier
93668	PERIPHERAL VASCULAR REHAB	No	Non-covered by Medicare Statute 1861	9	NA	NA		SNFs cannot bill for this service
93720	TOTAL BODY PLETHYSMOGRAPHY	Yes	CIM 50-54, CIM 50-6	4	NA	NA		SNFs cannot bill this global code. Bill with code that represents the technical component
93722	PLETHYSMOGRAPHY REPORT	No	CIM 50-54, CIM 50-6	2	NA	NA		Physician billing to Carrier
93727	ANALYZIER SYSTEM	No		2	NA	NA		Physician billing to Carrier
93740	TEMPERATURE GRADIENT STUDIES	Yes		1	NA	NA		SNFs cannot bill for this service
93760	CEPHALIC THERMOGRAM	No	Non-covered by Medicare MCM 2070, CIM 50-5	9	NA	NA		SNFs cannot bill for this service
93762	PERIPHERAL THERMOGRAM	No	Non-covered by Medicare MCM 2070, CIM 50-5	9	NA	NA		SNFs cannot bill for this service
93770	MEASURE VENOUS PRESSURE	Yes		1	NA	NA		SNFs cannot bill for this service
93784	AMBULATORY BP MONITORING	No	Non-covered by Medicare CIM 50-42	9	NA	NA		SNFs cannot bill for this service
93786	AMBULATORY BP RECORDING	No	Non-covered by Medicare MCM 2070, CIM 50-42	9	NA	NA		SNFs cannot bill for this service
93788	AMBULATORY BP ANALYSIS	No	Non-covered by Medicare MCM 2070, CIM 50-42	9	NA	NA		SNFs cannot bill for this service
93790	REVIEW/REPORT BP RECORDING	No	Non-covered by Medicare MCM 2070, CIM 50-42	9	NA	NA		SNFs cannot bill for this service
93797	CARDIAC REHAB	No	CIM 35-25	0	NA	NA		Physician billing to Carrier
93798	CARDIAC REHAB/MONITOR	No	CIM 35-25	0	NA	NA		Physician billing to Carrier
94014	PATIENT RECORDED SPIROMETRY	Yes		4	NA	NA		SNFs cannot bill this global code. Bill with code that represents the technical component
94016	REVIEW PATIENT SPIROMETRY	No		2	NA	NA		Physician billing to Carrier
94150	VITAL CAPACITY TEST	Yes		1	NA	NA		SNFs cannot bill for this service
94656	INITIAL VENTILATOR MGMT	No		0	NA	NA		Physician billing to Carrier
94657	CONTINUED VENTILATOR MGMT	No		0	NA	NA		Physician billing to Carrier
94660	POS AIRWAY PRESSURE, CPAP	No		0	NA	NA		Physician billing to Carrier
94662	NEG PRESS VENTILATION, CNP	No		0	NA	NA		Physician billing to Carrier
95010	SENSITIVITY SKIN TESTS	No		0	NA	NA		Physician billing to Carrier
95015	SENSITIVITY SKIN TESTS	No		0	NA	NA		Physician billing to Carrier
95075	INGESTION CHALLENGE TEST	No	CIM 50-52	Q58	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
95120	IMMUNOTHERAPY, ONE INJECTION	No	Not valid for Medicare, MCM 2005.2	9	NA	NA		SNFs cannot bill for this service
95125	IMMUNOTHERAPY, MANY ANTIGENS	No	Not valid for Medicare, MCM 2005.2	9	NA	NA		SNFs cannot bill for this service
95130	IMMUNOTHERAPY, INSECT VENOM	No	Not valid for Medicare, MCM 2005.2	9	NA	NA		SNFs cannot bill for this service
95131	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2	9	NA	NA		SNFs cannot bill for this service
95132	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2	9	NA	NA		SNFs cannot bill for this service
95133	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2	9	NA	NA		SNFs cannot bill for this service
95134	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2	9	NA	NA		SNFs cannot bill for this service
95144	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA	NA		Physician billing to Carrier
95145	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA	NA		Physician billing to Carrier
95146	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA	NA		Physician billing to Carrier
95147	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA	NA		Physician billing to Carrier
95148	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA	NA		Physician billing to Carrier
95149	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA	NA		Physician billing to Carrier
95165	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA	NA		Physician billing to Carrier
95170	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA	NA		Physician billing to Carrier
95180	RAPID DESENSITIZATION	No	MCM 2005.2	0	NA	NA		Physician billing to Carrier
95199	ALLERGY IMMUNOLOGY SERVICES	No	MCM 2005.2	0	NA	NA		Physician billing to Carrier
95830	INSERT ELECTRODES FOR EEG	No	MCM 2070	0	NA	NA		Physician billing to Carrier
95857	TENSILON TEST	No	MCM 2070	0	NA	NA		Physician billing to Carrier
95970	ANALYZE NEUROSTIM, NO PROG	Yes	CIM 65-8 SNF 516	0	NA	NA		Physician billing to Carrier
95971	ANALYZE NEUROSTIM, SIMPLE	Yes	CIM 65-8	0	NA	NA		Physician billing to Carrier
95972	ANALYZE NEUROSTIM, COMPLEX	Yes		0	NA	NA		Physician billing to Carrier
95973	ANALYZE NEUROSTIM, COMPLEX	Yes		0	NA	NA		Physician billing to Carrier
95974	CRANIAL NEUROSTIM, COMPLEX	Yes		0	NA	NA		Physician billing to Carrier
95975	CRANIAL NEUROSTIM, COMPLEX	Yes	SNF 516	0	NA	NA		SNFs cannot bill for this service
95976		Yes		0	NA	NA		Physician billing to Carrier
95977		Yes		0	NA	NA		Physician billing to Carrier
95999	NEUROLOGICAL PROCEDURE	No	MCM 2070	0	NA	NA		Physician billing to Carrier
96100	PSYCHOLOGICAL TESTING	No	MCM 2216	0	NA	NA		Physician billing to Carrier
96117	NEUROPSYCH TEST BATTERY	No	MCM 2070.2 MCM 2150	0	NA	NA		Physician billing to Carrier
96400	CHEMOTHERAPY, SC/IM	No		0	NA	NA		Physician billing to Carrier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
96405	INTRALESIONAL CHEMO ADMIN	No	SNF 516	0	NA	NA		SNFs cannot bill for this service
96406	INTRALESIONAL CHEMO ADMIN	No	SNF 516	0	NA	NA		SNFs cannot bill for this service
96408	CHEMOTHERAPY, PUSH TECHNIQUE	No	SNF 516	5	NA	NA		SNFs cannot bill for this service
96410	CHEMOTHERAPY,INFUSION METHOD	No	CIM 60-14 SNF 516	5	NA	NA		SNFs cannot bill for this service
96412	CHEMO, INFUSE METHOD ADD-ON	No	CIM 60-14 SNF 516	5	NA	NA		SNFs cannot bill for this service
96414	CHEMO, INFUSE METHOD ADD-ON	No	CIM 60-14 SNF 516	5	NA	NA		SNFs cannot bill for this service
96420	CHEMOTHERAPY, PUSH TECHNIQUE	No	SNF 516	5	NA	NA		SNFs cannot bill for this service
96422	CHEMOTHERAPY,INFUSION METHOD	No	CIM 60-14 SNF 516	5	NA	NA		SNFs cannot bill for this service
96423	CHEMO, INFUSE METHOD ADD-ON	No	CIM 60-14 SNF 516	5	NA	NA		SNFs cannot bill for this service
96425	CHEMOTHERAPY,INFUSION METHOD	No	CIM 60-14 SNF 516	5	NA	NA		SNFs cannot bill for this service
96440	CHEMOTHERAPY, INTRACAVITARY	No	SNF 516	0	NA	NA		SNFs cannot bill for this service
96445	CHEMOTHERAPY, INTRACAVITARY	No	SNF 516	0	NA	NA		SNFs cannot bill for this service
96450	CHEMOTHERAPY, INTO CNS	No	SNF 516	5	NA	NA		SNFs cannot bill for this service
96520	PUMP REFILLING, MAINTENANCE	No	CIM 60-14 SNF 516	5	NA	NA		SNFs cannot bill for this service
96530	PUMP REFILLING, MAINTENANCE	No	CIM 60-14 SNF 516	5	NA	NA		SNFs cannot bill for this service
96542	CHEMOTHERAPY INJECTION	No	SNF 516	0	NA	NA		SNFs cannot bill for this service
96545	PROVIDE CHEMOTHERAPY AGENT	Yes		9	NA	NA		SNFs cannot bill for this service
96549	CHEMOTHERAPY, UNSPECIFIED	No		0	NA	NA		Physician billing to Carrier
96570	PHOTODYNAMIC TX, 30 MIN	No		0	NA	NA		Physician billing to Carrier
96571	PHOTODYNAMIC TX, ADDL 15 MIN	No		0	NA	NA		Physician billing to Carrier
96902	TRICHOGRAM	Yes		9	NA	NA		SNFs cannot bill for this service
96999	DERMATOLOGICAL PROCEDURE	No		0	NA	NA		Physician billing to Carrier
97010	HOT OR COLD PACKS THERAPY	No	MCM 2200 MCM 2210.3 MCM 2215 CIM 35-3 SNF 532	9	NA	NA		Always bundled with another therapy code
97601	WOUND CARE SELECTIVE	No		0	NA	NA		Physician billing to Carrier
97602	WOUND CARE NON-SELECTIVE	Yes		9	NA	NA		SNFs cannot bill for this service
97780	ACUPUNCTURE W/O STIMUL	No	Non-Covered by Medicare CIM 35-8	9	NA	NA		SNFs cannot bill for this service
97781	ACUPUNCTURE W/STIMUL	No	Non-Covered by Medicare CIM 35-8	9	NA	NA		SNFs cannot bill for this service
97802	MEDICAL NUTRITION, INDIV, IN	No	Non-Covered by Medicare CIM 65-10	9	NA	NA		SNFs cannot bill for this service
97803	MED NUTRITION, INDIV, SUBSEQ	No	Non-Covered by Medicare CIM 65-10	9	NA	NA		SNFs cannot bill for this service
97804	MEDICAL NUTRITION, GROUP	No	Non-Covered by Medicare CIM 65-10	9	NA	NA		SNFs cannot bill for this service
98925	OSTEOPATHIC MANIPULATION	No	CIM 35-2	0	NA	NA		Physician billing to Carrier
98926	OSTEOPATHIC MANIPULATION	No	CIM 35-2	0	NA	NA		Physician billing to Carrier
98927	OSTEOPATHIC MANIPULATION	No	CIM 35-2	0	NA	NA		Physician billing to Carrier
98928	OSTEOPATHIC MANIPULATION	No	CIM 35-2	0	NA	NA		Physician billing to Carrier
98929	OSTEOPATHIC MANIPULATION	No	CIM 35-2	0	NA	NA		Physician billing to Carrier
98940	CHIROPRACTIC MANIPULATION	No	MCM 2251	0	NA	NA		Physician billing to Carrier
98941	CHIROPRACTIC MANIPULATION	No	MCM 2251	0	NA	NA		Physician billing to Carrier
98942	CHIROPRACTIC MANIPULATION	No	MCM 2251	0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
98943	CHIROPRACTIC MANIPULATION	No	Non-Covered by Medicare MCM 2251	9	NA	NA		SNFs cannot bill for this service
99000	SPECIMEN HANDLING	Yes		9	NA	NA		SNFs cannot bill for this service
99001	SPECIMEN HANDLING	Yes		9	NA	NA		SNFs cannot bill for this service
99002	DEVICE HANDLING	Yes		9	NA	NA		SNFs cannot bill for this service
99024	POSTOP FOLLOW-UP VISIT	Yes		9	NA	NA		SNFs cannot bill for this service
99025	INITIAL SURGICAL EVALUATION	Yes		9	NA	NA		SNFs cannot bill for this service
99050	MEDICAL SERVICES AFTER HRS	Yes		9	NA	NA		SNFs cannot bill for this service
99052	MEDICAL SERVICES AT NIGHT	Yes		9	NA	NA		SNFs cannot bill for this service
99054	MEDICAL SERVCS, UNUSUAL HRS	Yes		9	NA	NA		SNFs cannot bill for this service
99056	NON-OFFICE MEDICAL SERVICES	Yes		9	NA	NA		SNFs cannot bill for this service
99058	OFFICE EMERGENCY CARE	Yes		9	NA	NA		SNFs cannot bill for this service
99070	SPECIAL SUPPLIES	Yes	MCM 2050.2	9	NA	NA		SNFs cannot bill for this service
99071	PATIENT EDUCATION MATERIALS	Yes	CIM 80-1	9	NA	NA		SNFs cannot bill for this service
99075	MEDICAL TESTIMONY	Yes		9	NA	NA		SNFs cannot bill for this service
99078	GROUP HEALTH EDUCATION	Yes	CIM 80-2	9	NA	NA		SNFs cannot bill for this service
99080	SPECIAL REPORTS OR FORMS	Yes		9	NA	NA		SNFs cannot bill for this service
99082	UNUSUAL PHYSICIAN TRAVEL	No		0	NA	NA		SNFs cannot bill for this service
99090	COMPUTER DATA ANALYSIS	Yes		9	NA	NA		SNFs cannot bill for this service
99100	SPECIAL ANESTHESIA SERVICE	Yes		9	NA	NA		SNFs cannot bill for this service
99116	ANESTHESIA WITH HYPOTHERMIA	Yes		9	NA	NA		SNFs cannot bill for this service
99135	SPECIAL ANESTHESIA PROCEDURE	Yes		9	NA	NA		SNFs cannot bill for this service
99140	EMERGENCY ANESTHESIA	Yes		9	NA	NA		SNFs cannot bill for this service
99141	SEDATION, IV/IM OR INHALANT	Yes		9	NA	NA		SNFs cannot bill for this service
99142	SEDATION, ORAL/RECTAL/NASAL	Yes		9	NA	NA		SNFs cannot bill for this service
99170	ANOGENITAL EXAM, CHILD	No		0	NA	NA		Physician billing to Carrier
99172	OCULAR FUNCTION SCREEN	Yes		9	NA	NA		SNFs cannot bill for this service
99173	VISUAL ACUITY SCREEN	Yes		9	NA	NA		SNFs cannot bill for this service
99183	HYPERBARIC OXYGEN THERAPY	No	CIM 35-10	0	NA	NA		Physician billing to Carrier
99190	SPECIAL PUMP SERVICES	Yes		9	NA	NA		SNFs cannot bill for this service
99191	SPECIAL PUMP SERVICES	Yes		9	NA	NA		SNFs cannot bill for this service
99192	SPECIAL PUMP SERVICES	Yes		9	NA	NA		SNFs cannot bill for this service
99199	SPECIAL SERVICE/PROC/REPORT	No		0	NA	NA		Physician billing to Carrier
99201	OFFICE/OUTPATIENT VISIT, NEW	No		0	NA	NA		Physician billing to Carrier
99202	OFFICE/OUTPATIENT VISIT, NEW	No		0	NA	NA		Physician billing to Carrier
99203	OFFICE/OUTPATIENT VISIT, NEW	No		0	NA	NA		Physician billing to Carrier
99204	OFFICE/OUTPATIENT VISIT, NEW	No		0	NA	NA		Physician billing to Carrier
99205	OFFICE/OUTPATIENT VISIT, NEW	No		0	NA	NA		Physician billing to Carrier
99211	OFFICE/OUTPATIENT VISIT, EST	No		0	NA	NA		Physician billing to Carrier
99212	OFFICE/OUTPATIENT VISIT, EST	No		0	NA	NA		Physician billing to Carrier
99213	OFFICE/OUTPATIENT VISIT, EST	No		0	NA	NA		Physician billing to Carrier
99214	OFFICE/OUTPATIENT VISIT, EST	No		0	NA	NA		Physician billing to Carrier
99215	OFFICE/OUTPATIENT VISIT, EST	No		0	NA	NA		Physician billing to Carrier
99217	OBSERVATION CARE DISCHARGE	No	MCM 15504	0	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
99218	OBSERVATION CARE	No		0	NA	NA		Physician billing to Carrier
99219	OBSERVATION CARE	No		0	NA	NA		Physician billing to Carrier
99220	OBSERVATION CARE	No		0	NA	NA		Physician billing to Carrier
99221	INITIAL HOSPITAL CARE	No		0	NA	NA		Physician billing to Carrier
99222	INITIAL HOSPITAL CARE	No		0	NA	NA		Physician billing to Carrier
99223	INITIAL HOSPITAL CARE	No		0	NA	NA		Physician billing to Carrier
99231	SUBSEQUENT HOSPITAL CARE	No		0	NA	NA		Physician billing to Carrier
99232	SUBSEQUENT HOSPITAL CARE	No		0	NA	NA		Physician billing to Carrier
99233	SUBSEQUENT HOSPITAL CARE	No		0	NA	NA		Physician billing to Carrier
99234	OBSERV/HOSP SAME DATE	No	MCM 15504	0	NA	NA		Physician billing to Carrier
99235	OBSERV/HOSP SAME DATE	No	MCM 15504	0	NA	NA		Physician billing to Carrier
99236	OBSERV/HOSP SAME DATE	No	MCM 15504	0	NA	NA		Physician billing to Carrier
99238	HOSPITAL DISCHARGE DAY	No		0	NA	NA		Physician billing to Carrier
99239	HOSPITAL DISCHARGE DAY	No		0	NA	NA		Physician billing to Carrier
99241	OFFICE CONSULTATION	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99242	OFFICE CONSULTATION	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99243	OFFICE CONSULTATION	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99244	OFFICE CONSULTATION	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99245	OFFICE CONSULTATION	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99251	INITIAL INPATIENT CONSULT	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99252	INITIAL INPATIENT CONSULT	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99253	INITIAL INPATIENT CONSULT	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99254	INITIAL INPATIENT CONSULT	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99255	INITIAL INPATIENT CONSULT	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99261	FOLLOW-UP INPATIENT CONSULT	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99262	FOLLOW-UP INPATIENT CONSULT	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99263	FOLLOW-UP INPATIENT CONSULT	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99271	CONFIRMATORY CONSULTATION	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99272	CONFIRMATORY CONSULTATION	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99273	CONFIRMATORY CONSULTATION	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99274	CONFIRMATORY CONSULTATION	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99275	CONFIRMATORY CONSULTATION	No	MCM 2020D	0	NA	NA		Physician billing to Carrier
99281	EMERGENCY DEPT VISIT	No		0	NA	NA		Physician billing to Carrier
99282	EMERGENCY DEPT VISIT	No		0	NA	NA		Physician billing to Carrier
99283	EMERGENCY DEPT VISIT	No		0	NA	NA		Physician billing to Carrier
99284	EMERGENCY DEPT VISIT	No		0	NA	NA		Physician billing to Carrier
99285	EMERGENCY DEPT VISIT	No		0	NA	NA		Physician billing to Carrier
99288	DIRECT ADVANCED LIFE SUPPORT	Yes		9	NA	NA		SNFs cannot bill for this service
99291	CRITICAL CARE, FIRST HOUR	No		0	NA	NA		Physician billing to Carrier
99292	CRITICAL CARE, ADDL 30 MIN	No		0	NA	NA		Physician billing to Carrier
99295	NEONATAL CRITICAL CARE	No		0	NA	NA		Physician billing to Carrier
99296	NEONATAL CRITICAL CARE	No		0	NA	NA		Physician billing to Carrier
99297	NEONATAL CRITICAL CARE	No		0	NA	NA		Physician billing to Carrier
99298	NEONATAL CRITICAL CARE	No		062	NA	NA		Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
99301	NURSING FACILITY CARE	No		0	NA	NA		Physician billing to Carrier
99302	NURSING FACILITY CARE	No		0	NA	NA		Physician billing to Carrier
99303	NURSING FACILITY CARE	No		0	NA	NA		Physician billing to Carrier
99311	NURSING FAC CARE, SUBSEQ	No		0	NA	NA		Physician billing to Carrier
99312	NURSING FAC CARE, SUBSEQ	No		0	NA	NA		Physician billing to Carrier
99313	NURSING FAC CARE, SUBSEQ	No		0	NA	NA		Physician billing to Carrier
99315	NURSING FAC DISCHARGE DAY	No		0	NA	NA		Physician billing to Carrier
99316	NURSING FAC DISCHARGE DAY	No		0	NA	NA		Physician billing to Carrier
99321	REST HOME VISIT, NEW PATIENT	No		0	NA	NA		Physician billing to Carrier
99322	REST HOME VISIT, NEW PATIENT	No		0	NA	NA		Physician billing to Carrier
99323	REST HOME VISIT, NEW PATIENT	No		0	NA	NA		Physician billing to Carrier
99331	REST HOME VISIT, EST PAT	No		0	NA	NA		Physician billing to Carrier
99332	REST HOME VISIT, EST PAT	No		0	NA	NA		Physician billing to Carrier
99333	REST HOME VISIT, EST PAT	No		0	NA	NA		Physician billing to Carrier
99341	HOME VISIT, NEW PATIENT	No		0	NA	NA		Physician billing to Carrier
99342	HOME VISIT, NEW PATIENT	No		0	NA	NA		Physician billing to Carrier
99343	HOME VISIT, NEW PATIENT	No		0	NA	NA		Physician billing to Carrier
99344	HOME VISIT, NEW PATIENT	No		0	NA	NA		Physician billing to Carrier
99345	HOME VISIT, NEW PATIENT	No		0	NA	NA		Physician billing to Carrier
99347	HOME VISIT, EST PATIENT	No		0	NA	NA		Physician billing to Carrier
99348	HOME VISIT, EST PATIENT	No		0	NA	NA		Physician billing to Carrier
99349	HOME VISIT, EST PATIENT	No		0	NA	NA		Physician billing to Carrier
99350	HOME VISIT, EST PATIENT	No		0	NA	NA		Physician billing to Carrier
99354	PROLONGED SERVICE, OFFICE	No		0	NA	NA		Physician billing to Carrier
99355	PROLONGED SERVICE, OFFICE	No		0	NA	NA		Physician billing to Carrier
99356	PROLONGED SERVICE, INPATIENT	No		0	NA	NA		Physician billing to Carrier
99357	PROLONGED SERVICE, INPATIENT	No		0	NA	NA		Physician billing to Carrier
99358	PROLONGED SERV, W/O CONTACT	Yes		9	NA	NA		SNFs cannot bill for this service
99359	PROLONGED SERV, W/O CONTACT	Yes		9	NA	NA		SNFs cannot bill for this service
99360	PHYSICIAN STANDBY SERVICES	Yes	MCM 15511.3	9	NA	NA		SNFs cannot bill for this service
99361	PHYSICIAN/TEAM CONFERENCE	Yes	MCM 2020A	9	NA	NA		SNFs cannot bill for this service
99362	PHYSICIAN/TEAM CONFERENCE	Yes	MCM 2020A	9	NA	NA		SNFs cannot bill for this service
99371	PHYSICIAN PHONE CONSULTATION	Yes	MCM 2020.B MCM 2020.C	9	NA	NA		SNFs cannot bill for this service
99372	PHYSICIAN PHONE CONSULTATION	Yes	MCM 2020.B MCM 2020.C	9	NA	NA		SNFs cannot bill for this service
99373	PHYSICIAN PHONE CONSULTATION	Yes	MCM 2020.B MCM 2020.C CIM 35-14	9	NA	NA		SNFs cannot bill for this service
99374	HOME HEALTH CARE SUPERVISION	Yes		9	NA	NA		SNFs cannot bill for this service
99377	HOSPICE CARE SUPERVISION	Yes		9	NA	NA		SNFs cannot bill for this service
99379	NURSING FAC CARE SUPERVISION	Yes		9	NA	NA		SNFs cannot bill for this service
99380	NURSING FAC CARE SUPERVISION	Yes		9	NA	NA		SNFs cannot bill for this service
99381	PREV VISIT, NEW, INFANT	No	Non-covered by Medicare MCM 2320	9263	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
99382	PREV VISIT, NEW, AGE 1-4	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99383	PREV VISIT, NEW, AGE 5-11	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99384	PREV VISIT, NEW, AGE 12-17	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99385	PREV VISIT, NEW, AGE 18-39	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99386	PREV VISIT, NEW, AGE 40-64	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99387	PREV VISIT, NEW, 65 & OVER	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99391	PREV VISIT, EST, INFANT	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99392	PREV VISIT, EST, AGE 1-4	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99393	PREV VISIT, EST, AGE 5-11	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99394	PREV VISIT, EST, AGE 12-17	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99395	PREV VISIT, EST, AGE 18-39	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99396	PREV VISIT, EST, AGE 40-64	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99397	PREV VISIT, EST, 65 & OVER	No	Non-covered by Medicare MCM 2320	9	NA	NA		SNFs cannot bill for this service
99401	PREVENTIVE COUNSELING, INDIV	Yes		9	NA	NA		SNFs cannot bill for this service
99402	PREVENTIVE COUNSELING, INDIV	Yes		9	NA	NA		SNFs cannot bill for this service
99403	PREVENTIVE COUNSELING, INDIV	Yes		9	NA	NA		SNFs cannot bill for this service
99404	PREVENTIVE COUNSELING, INDIV	Yes		9	NA	NA		SNFs cannot bill for this service
99411	PREVENTIVE COUNSELING, GROUP	Yes		9	NA	NA		SNFs cannot bill for this service
99412	PREVENTIVE COUNSELING, GROUP	Yes		9	NA	NA		SNFs cannot bill for this service
99420	HEALTH RISK ASSESSMENT TEST	Yes		9	NA	NA		SNFs cannot bill for this service
99429	UNLISTED PREVENTIVE SERVICE	Yes		9	NA	NA		SNFs cannot bill for this service
99431	INITIAL CARE, NORMAL NEWBORN	No		0	NA	NA		Physician billing to Carrier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
99432	NEWBORN CARE, NOT IN HOSP	No		0	NA	NA		Physician billing to Carrier
99433	NORMAL NEWBORN CARE/HOSPITAL	No		0	NA	NA		Physician billing to Carrier
99435	NEWBORN DISCHARGE DAY HOSP	No		0	NA	NA		Physician billing to Carrier
99436	ATTENDANCE, BIRTH	No	MCM 15511	0	NA	NA		Physician billing to Carrier
99440	NEWBORN RESUSCITATION	No		0	NA	NA		Physician billing to Carrier
99450	LIFE/DISABILITY EVALUATION	Yes	MCM 2320	9	NA	NA		SNFs cannot bill for this service
99455	DISABILITY EXAMINATION	No	MCM 2370	0	NA	NA		Physician billing to Carrier
99456	DISABILITY EXAMINATION	No	MCM 2370	0	NA	NA		Physician billing to Carrier
99499	UNLISTED E&M SERVICE	No		0	NA	NA		Physician billing to Carrier
00100	ANESTH, SALIVARY GLAND	No		NA	NA	NA		SNFs cannot bill for this service
00102	ANESTH, REPAIR OF CLEFT LIP	No		NA	NA	NA		SNFs cannot bill for this service
00103	ANESTH, BLEPHAROPLASTY	No		NA	NA	NA		SNFs cannot bill for this service
00104	ANESTH, ELECTROSHOCK	No		NA	NA	NA		SNFs cannot bill for this service
00120	ANESTH, EAR SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00124	ANESTH, EAR EXAM	No		NA	NA	NA		SNFs cannot bill for this service
00126	ANESTH, TYMPANOTOMY	No		NA	NA	NA		SNFs cannot bill for this service
00140	ANESTH, PROCEDURES ON EYE	No		NA	NA	NA		SNFs cannot bill for this service
00142	ANESTH, LENS SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00144	ANESTH, CORNEAL TRANSPLANT	No		NA	NA	NA		SNFs cannot bill for this service
00145	ANESTH, VITREORETINAL SURG	No		NA	NA	NA		SNFs cannot bill for this service
00147	ANESTH, IRIDECTOMY	No		NA	NA	NA		SNFs cannot bill for this service
00148	ANESTH, EYE EXAM	No		NA	NA	NA		SNFs cannot bill for this service
00160	ANESTH, NOSE/SINUS SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00162	ANESTH, NOSE/SINUS SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00164	ANESTH, BIOPSY OF NOSE	No		NA	NA	NA		SNFs cannot bill for this service
00170	ANESTH, PROCEDURE ON MOUTH	No		NA	NA	NA		SNFs cannot bill for this service
00172	ANESTH, CLEFT PALATE REPAIR	No		NA	NA	NA		SNFs cannot bill for this service
00174	ANESTH, PHARYNGEAL SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00176	ANESTH, PHARYNGEAL SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00190	ANESTH, FACE/SKULL BONE SURG	No		NA	NA	NA		SNFs cannot bill for this service
00192	ANESTH, FACIAL BONE SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00210	ANESTH, OPEN HEAD SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00212	ANESTH, SKULL DRAINAGE	No		NA	NA	NA		SNFs cannot bill for this service
00214	ANESTH, SKULL DRAINAGE	No		NA	NA	NA		SNFs cannot bill for this service
00215	ANESTH, SKULL REPAIR/FRACT	No		NA	NA	NA		SNFs cannot bill for this service
00216	ANESTH, HEAD VESSEL SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00218	ANESTH, SPECIAL HEAD SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00220	ANESTH, SPINAL FLUID SHUNT	No		NA	NA	NA		SNFs cannot bill for this service
00222	ANESTH, HEAD NERVE SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00300	ANESTH, HEAD/NECK/PTRUNK	No		NA	NA	NA		SNFs cannot bill for this service
00320	ANESTH, NECK ORGAN SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00322	ANESTH, BIOPSY OF THYROID	No		NA	NA	NA		SNFs cannot bill for this service
00350	ANESTH, NECK VESSEL SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00352	ANESTH, NECK VESSEL SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00400	ANESTH, SKIN, EXT/PER/ATRUNK	No		NA	NA	NA		SNFs cannot bill for this service
00402	ANESTH, SURGERY OF BREAST	No		NA	NA	NA		SNFs cannot bill for this service
00404	ANESTH, SURGERY OF BREAST	No		NA	NA	NA		SNFs cannot bill for this service
00406	ANESTH, SURGERY OF BREAST	No		NA	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
00410	ANESTH, CORRECT HEART RHYTHM	No		NA	NA	NA		SNFs cannot bill for this service
00450	ANESTH, SURGERY OF SHOULDER	No		NA	NA	NA		SNFs cannot bill for this service
00452	ANESTH, SURGERY OF SHOULDER	No		NA	NA	NA		SNFs cannot bill for this service
00454	ANESTH, COLLAR BONE BIOPSY	No		NA	NA	NA		SNFs cannot bill for this service
00470	ANESTH, REMOVAL OF RIB	No		NA	NA	NA		SNFs cannot bill for this service
00472	ANESTH, CHEST WALL REPAIR	No		NA	NA	NA		SNFs cannot bill for this service
00474	ANESTH, SURGERY OF RIB(S)	No		NA	NA	NA		SNFs cannot bill for this service
00500	ANESTH, ESOPHAGEAL SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00520	ANESTH, CHEST PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
00522	ANESTH, CHEST LINING BIOPSY	No		NA	NA	NA		SNFs cannot bill for this service
00524	ANESTH, CHEST DRAINAGE	No		NA	NA	NA		SNFs cannot bill for this service
00528	ANESTH, CHEST PARTITION VIEW	No		NA	NA	NA		SNFs cannot bill for this service
00530	ANESTH, PACEMAKER INSERTION	No		NA	NA	NA		SNFs cannot bill for this service
00532	ANESTH, VASCULAR ACCESS	No		NA	NA	NA		SNFs cannot bill for this service
00534	ANESTH, CARDIOVERTER/DEFIB	No		NA	NA	NA		SNFs cannot bill for this service
00537	ANESTH, CARDIAC ELECTROPHYS	No		NA	NA	NA		SNFs cannot bill for this service
00540	ANESTH, CHEST SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00542	ANESTH, RELEASE OF LUNG	No		NA	NA	NA		SNFs cannot bill for this service
00544	ANESTH, CHEST LINING REMOVAL	No		NA	NA	NA		SNFs cannot bill for this service
00546	ANESTH, LUNG,CHEST WALL SURG	No		NA	NA	NA		SNFs cannot bill for this service
00548	ANESTH, TRACHEA,BRONCHI SURG	No		NA	NA	NA		SNFs cannot bill for this service
00550	ANESTH, STERNAL DEBRIDEMENT	No		NA	NA	NA		SNFs cannot bill for this service
00560	ANESTH, OPEN HEART SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00562	ANESTH, OPEN HEART SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00563	ANESTH, HEART PROC W/PUMP	No		NA	NA	NA		SNFs cannot bill for this service
00566	ANESTH, CABG W/O PUMP	No		NA	NA	NA		SNFs cannot bill for this service
00580	ANESTH HEART/LUNG TRANSPLANT	No		NA	NA	NA		SNFs cannot bill for this service
00600	ANESTH, SPINE, CORD SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00604	ANESTH, SITTING PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
00620	ANESTH, SPINE, CORD SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00622	ANESTH, REMOVAL OF NERVES	No		NA	NA	NA		SNFs cannot bill for this service
00630	ANESTH, SPINE, CORD SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00632	ANESTH, REMOVAL OF NERVES	No		NA	NA	NA		SNFs cannot bill for this service
00634	ANESTH FOR CHEMONUCLEOLYSIS	No		NA	NA	NA		SNFs cannot bill for this service
00635	ANESTH, LUMBAR PUNCTURE	No		NA	NA	NA		SNFs cannot bill for this service
00670	ANESTH, SPINE, CORD SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00700	ANESTH, ABDOMINAL WALL SURG	No		NA	NA	NA		SNFs cannot bill for this service
00702	ANESTH, FOR LIVER BIOPSY	No		NA	NA	NA		SNFs cannot bill for this service
00730	ANESTH, ABDOMINAL WALL SURG	No		NA	NA	NA		SNFs cannot bill for this service
00740	ANESTH, UPPER GI VISUALIZE	No		NA	NA	NA		SNFs cannot bill for this service
00750	ANESTH, REPAIR OF HERNIA	No		NA	NA	NA		SNFs cannot bill for this service
00752	ANESTH, REPAIR OF HERNIA	No		NA	NA	NA		SNFs cannot bill for this service
00754	ANESTH, REPAIR OF HERNIA	No		NA	NA	NA		SNFs cannot bill for this service
00756	ANESTH, REPAIR OF HERNIA	No		NA	NA	NA		SNFs cannot bill for this service
00770	ANESTH, BLOOD VESSEL REPAIR	No		NA	NA	NA		SNFs cannot bill for this service
00790	ANESTH, SURG UPPER ABDOMEN	No		NA	NA	NA		SNFs cannot bill for this service
00792	ANESTH, HEMORR/EXCISE LIVER	No		NA	NA	NA		SNFs cannot bill for this service
00794	ANESTH, PANCREAS REMOVAL	No		NA	NA	NA		SNFs cannot bill for this service
00796	ANESTH, FOR LIVER TRANSPLANT	No		NA	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
00800	ANESTH, ABDOMINAL WALL SURG	No		NA	NA	NA		SNFs cannot bill for this service
00802	ANESTH, FAT LAYER REMOVAL	No		NA	NA	NA		SNFs cannot bill for this service
00810	ANESTH, LOW INTESTINE SCOPE	No		NA	NA	NA		SNFs cannot bill for this service
00820	ANESTH, ABDOMINAL WALL SURG	No		NA	NA	NA		SNFs cannot bill for this service
00830	ANESTH, REPAIR OF HERNIA	No		NA	NA	NA		SNFs cannot bill for this service
00832	ANESTH, REPAIR OF HERNIA	No		NA	NA	NA		SNFs cannot bill for this service
00840	ANESTH, SURG LOWER ABDOMEN	No		NA	NA	NA		SNFs cannot bill for this service
00842	ANESTH, AMNIOCENTESIS	No		NA	NA	NA		SNFs cannot bill for this service
00844	ANESTH, PELVIS SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00846	ANESTH, HYSTERECTOMY	No		NA	NA	NA		SNFs cannot bill for this service
00848	ANESTH, PELVIC ORGAN SURG	No		NA	NA	NA		SNFs cannot bill for this service
00850	ANESTH, CESAREAN SECTION	No		NA	NA	NA		SNFs cannot bill for this service
00855	ANESTH, HYSTERECTOMY	No		NA	NA	NA		SNFs cannot bill for this service
00857	ANALGESIA, LABOR & C-SECTION	No		NA	NA	NA		SNFs cannot bill for this service
00860	ANESTH, SURGERY OF ABDOMEN	No		NA	NA	NA		SNFs cannot bill for this service
00862	ANESTH, KIDNEY/URETER SURG	No		NA	NA	NA		SNFs cannot bill for this service
00864	ANESTH, REMOVAL OF BLADDER	No		NA	NA	NA		SNFs cannot bill for this service
00865	ANESTH, REMOVAL OF PROSTATE	No		NA	NA	NA		SNFs cannot bill for this service
00866	ANESTH, REMOVAL OF ADRENAL	No		NA	NA	NA		SNFs cannot bill for this service
00868	ANESTH, KIDNEY TRANSPLANT	No		NA	NA	NA		SNFs cannot bill for this service
00870	ANESTH, BLADDER STONE SURG	No		NA	NA	NA		SNFs cannot bill for this service
00872	ANESTH KIDNEY STONE DESTRUCT	No		NA	NA	NA		SNFs cannot bill for this service
00873	ANESTH KIDNEY STONE DESTRUCT	No		NA	NA	NA		SNFs cannot bill for this service
00880	ANESTH, ABDOMEN VESSEL SURG	No		NA	NA	NA		SNFs cannot bill for this service
00882	ANESTH, MAJOR VEIN LIGATION	No		NA	NA	NA		SNFs cannot bill for this service
00884	ANESTH, MAJOR VEIN REVISION	No		NA	NA	NA		SNFs cannot bill for this service
00902	ANESTH, ANORECTAL SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00904	ANESTH, PERINEAL SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00906	ANESTH, REMOVAL OF VULVA	No		NA	NA	NA		SNFs cannot bill for this service
00908	ANESTH, REMOVAL OF PROSTATE	No		NA	NA	NA		SNFs cannot bill for this service
00910	ANESTH, BLADDER SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00912	ANESTH, BLADDER TUMOR SURG	No		NA	NA	NA		SNFs cannot bill for this service
00914	ANESTH, REMOVAL OF PROSTATE	No		NA	NA	NA		SNFs cannot bill for this service
00916	ANESTH, BLEEDING CONTROL	No		NA	NA	NA		SNFs cannot bill for this service
00918	ANESTH, STONE REMOVAL	No		NA	NA	NA		SNFs cannot bill for this service
00920	ANESTH, GENITALIA SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00922	ANESTH, SPERM DUCT SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
00924	ANESTH, TESTIS EXPLORATION	No		NA	NA	NA		SNFs cannot bill for this service
00926	ANESTH, REMOVAL OF TESTIS	No		NA	NA	NA		SNFs cannot bill for this service
00928	ANESTH, REMOVAL OF TESTIS	No		NA	NA	NA		SNFs cannot bill for this service
00930	ANESTH, TESTIS SUSPENSION	No		NA	NA	NA		SNFs cannot bill for this service
00932	ANESTH, AMPUTATION OF PENIS	No		NA	NA	NA		SNFs cannot bill for this service
00934	ANESTH, PENIS, NODES REMOVAL	No		NA	NA	NA		SNFs cannot bill for this service
00936	ANESTH, PENIS, NODES REMOVAL	No		NA	NA	NA		SNFs cannot bill for this service
00938	ANESTH, INSERT PENIS DEVICE	No		NA	NA	NA		SNFs cannot bill for this service
00940	ANESTH, VAGINAL PROCEDURES	No		NA	NA	NA		SNFs cannot bill for this service
00942	ANESTH, SURG ON VAG/URETHAL	No		NA	NA	NA		SNFs cannot bill for this service
00944	ANESTH, VAGINAL HYSTERECTOMY	No		NA	NA	NA		SNFs cannot bill for this service
00946	ANESTH, VAGINAL DELIVERY	No		NA	NA	NA		SNFs cannot bill for this service



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
00948	ANESTH, REPAIR OF CERVIX	No		NA	NA	NA		SNFs cannot bill for this service
00950	ANESTH, VAGINAL ENDOSCOPY	No		NA	NA	NA		SNFs cannot bill for this service
00952	ANESTH, HYSTEROSCOPE/GRAPH	No		NA	NA	NA		SNFs cannot bill for this service
00955	ANALGESIA, VAGINAL DELIVERY	No		NA	NA	NA		SNFs cannot bill for this service
01112	ANESTH, BONE ASPIRATE/BX	No		NA	NA	NA		SNFs cannot bill for this service
01120	ANESTH, PELVIS SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01130	ANESTH, BODY CAST PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
01140	ANESTH, AMPUTATION AT PELVIS	No		NA	NA	NA		SNFs cannot bill for this service
01150	ANESTH, PELVIC TUMOR SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01160	ANESTH, PELVIS PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
01170	ANESTH, PELVIS SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01180	ANESTH, PELVIS NERVE REMOVAL	No		NA	NA	NA		SNFs cannot bill for this service
01190	ANESTH, PELVIS NERVE REMOVAL	No		NA	NA	NA		SNFs cannot bill for this service
01200	ANESTH, HIP JOINT PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
01202	ANESTH, ARTHROSCOPY OF HIP	No		NA	NA	NA		SNFs cannot bill for this service
01210	ANESTH, HIP JOINT SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01212	ANESTH, HIP DISARTICULATION	No		NA	NA	NA		SNFs cannot bill for this service
01214	ANESTH, REPLACEMENT OF HIP	No		NA	NA	NA		SNFs cannot bill for this service
01215	ANESTH, REVISE HIP REPAIR	No		NA	NA	NA		SNFs cannot bill for this service
01220	ANESTH, PROCEDURE ON FEMUR	No		NA	NA	NA		SNFs cannot bill for this service
01230	ANESTH, SURGERY OF FEMUR	No		NA	NA	NA		SNFs cannot bill for this service
01232	ANESTH, AMPUTATION OF FEMUR	No		NA	NA	NA		SNFs cannot bill for this service
01234	ANESTH, RADICAL FEMUR SURG	No		NA	NA	NA		SNFs cannot bill for this service
01250	ANESTH, UPPER LEG SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01260	ANESTH, UPPER LEG VEINS SURG	No		NA	NA	NA		SNFs cannot bill for this service
01270	ANESTH, THIGH ARTERIES SURG	No		NA	NA	NA		SNFs cannot bill for this service
01272	ANESTH, FEMORAL ARTERY SURG	No		NA	NA	NA		SNFs cannot bill for this service
01274	ANESTH, FEMORAL EMBOLECTOMY	No		NA	NA	NA		SNFs cannot bill for this service
01320	ANESTH, KNEE AREA SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01340	ANESTH, KNEE AREA PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
01360	ANESTH, KNEE AREA SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01380	ANESTH, KNEE JOINT PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
01382	ANESTH, KNEE ARTHROSCOPY	No		NA	NA	NA		SNFs cannot bill for this service
01390	ANESTH, KNEE AREA PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
01392	ANESTH, KNEE AREA SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01400	ANESTH, KNEE JOINT SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01402	ANESTH, REPLACEMENT OF KNEE	No		NA	NA	NA		SNFs cannot bill for this service
01404	ANESTH, AMPUTATION AT KNEE	No		NA	NA	NA		SNFs cannot bill for this service
01420	ANESTH, KNEE JOINT CASTING	No		NA	NA	NA		SNFs cannot bill for this service
01430	ANESTH, KNEE VEINS SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01432	ANESTH, KNEE VESSEL SURG	No		NA	NA	NA		SNFs cannot bill for this service
01440	ANESTH, KNEE ARTERIES SURG	No		NA	NA	NA		SNFs cannot bill for this service
01442	ANESTH, KNEE ARTERY SURG	No		NA	NA	NA		SNFs cannot bill for this service
01444	ANESTH, KNEE ARTERY REPAIR	No		NA	NA	NA		SNFs cannot bill for this service
01462	ANESTH, LOWER LEG PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
01464	ANESTH, ANKLE ARTHROSCOPY	No		NA	NA	NA		SNFs cannot bill for this service
01470	ANESTH, LOWER LEG SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01472	ANESTH, ACHILLES TENDON SURG	No		NA	NA	NA		SNFs cannot bill for this service
01474	ANESTH, LOWER LEG SURGERY	No		NA	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
01480	ANESTH, LOWER LEG BONE SURG	No		NA	NA	NA		SNFs cannot bill for this service
01482	ANESTH, RADICAL LEG SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01484	ANESTH, LOWER LEG REVISION	No		NA	NA	NA		SNFs cannot bill for this service
01486	ANESTH, ANKLE REPLACEMENT	No		NA	NA	NA		SNFs cannot bill for this service
01490	ANESTH, LOWER LEG CASTING	No		NA	NA	NA		SNFs cannot bill for this service
01500	ANESTH, LEG ARTERIES SURG	No		NA	NA	NA		SNFs cannot bill for this service
01502	ANESTH, LWR LEG EMBOLECTOMY	No		NA	NA	NA		SNFs cannot bill for this service
01520	ANESTH, LOWER LEG VEIN SURG	No		NA	NA	NA		SNFs cannot bill for this service
01522	ANESTH, LOWER LEG VEIN SURG	No		NA	NA	NA		SNFs cannot bill for this service
01610	ANESTH, SURGERY OF SHOULDER	No		NA	NA	NA		SNFs cannot bill for this service
01620	ANESTH, SHOULDER PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
01622	ANESTH, SHOULDER ARTHROSCOPY	No		NA	NA	NA		SNFs cannot bill for this service
01630	ANESTH, SURGERY OF SHOULDER	No		NA	NA	NA		SNFs cannot bill for this service
01632	ANESTH, SURGERY OF SHOULDER	No		NA	NA	NA		SNFs cannot bill for this service
01634	ANESTH, SHOULDER JOINT AMPUT	No		NA	NA	NA		SNFs cannot bill for this service
01636	ANESTH, FOREQUARTER AMPUT	No		NA	NA	NA		SNFs cannot bill for this service
01638	ANESTH, SHOULDER REPLACEMENT	No		NA	NA	NA		SNFs cannot bill for this service
01650	ANESTH, SHOULDER ARTERY SURG	No		NA	NA	NA		SNFs cannot bill for this service
01652	ANESTH, SHOULDER VESSEL SURG	No		NA	NA	NA		SNFs cannot bill for this service
01654	ANESTH, SHOULDER VESSEL SURG	No		NA	NA	NA		SNFs cannot bill for this service
01656	ANESTH, ARM-LEG VESSEL SURG	No		NA	NA	NA		SNFs cannot bill for this service
01670	ANESTH, SHOULDER VEIN SURG	No		NA	NA	NA		SNFs cannot bill for this service
01680	ANESTH, SHOULDER CASTING	No		NA	NA	NA		SNFs cannot bill for this service
01682	ANESTH, AIRPLANE CAST	No		NA	NA	NA		SNFs cannot bill for this service
01710	ANESTH, ELBOW AREA SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01712	ANESTH, UPPR ARM TENDON SURG	No		NA	NA	NA		SNFs cannot bill for this service
01714	ANESTH, UPPR ARM TENDON SURG	No		NA	NA	NA		SNFs cannot bill for this service
01716	ANESTH, BICEPS TENDON REPAIR	No		NA	NA	NA		SNFs cannot bill for this service
01730	ANESTH, UPPR ARM PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
01732	ANESTH, ELBOW ARTHROSCOPY	No		NA	NA	NA		SNFs cannot bill for this service
01740	ANESTH, UPPER ARM SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01742	ANESTH, HUMERUS SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01744	ANESTH, HUMERUS REPAIR	No		NA	NA	NA		SNFs cannot bill for this service
01756	ANESTH, RADICAL HUMERUS SURG	No		NA	NA	NA		SNFs cannot bill for this service
01758	ANESTH, HUMERAL LESION SURG	No		NA	NA	NA		SNFs cannot bill for this service
01760	ANESTH, ELBOW REPLACEMENT	No		NA	NA	NA		SNFs cannot bill for this service
01770	ANESTH, UPPR ARM ARTERY SURG	No		NA	NA	NA		SNFs cannot bill for this service
01772	ANESTH, UPPR ARM EMBOLECTOMY	No		NA	NA	NA		SNFs cannot bill for this service
01780	ANESTH, UPPER ARM VEIN SURG	No		NA	NA	NA		SNFs cannot bill for this service
01782	ANESTH, UPPR ARM VEIN REPAIR	No		NA	NA	NA		SNFs cannot bill for this service
01810	ANESTH, LOWER ARM SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01820	ANESTH, LOWER ARM PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
01830	ANESTH, LOWER ARM SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01832	ANESTH, WRIST REPLACEMENT	No		NA	NA	NA		SNFs cannot bill for this service
01840	ANESTH, LWR ARM ARTERY SURG	No		NA	NA	NA		SNFs cannot bill for this service
01842	ANESTH, LWR ARM EMBOLECTOMY	No		NA	NA	NA		SNFs cannot bill for this service
01844	ANESTH, VASCULAR SHUNT SURG	No		NA	NA	NA		SNFs cannot bill for this service
01850	ANESTH, LOWER ARM VEIN SURG	No		NA	NA	NA		SNFs cannot bill for this service
01852	ANESTH, LWR ARM VEIN REPAIR	No		NA	NA	NA		SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
01860	ANESTH, LOWER ARM CASTING	No		NA	NA	NA		SNFs cannot bill for this service
01904	ANESTH, SKULL X-RAY INJECT	No		NA	NA	NA		SNFs cannot bill for this service
01906	ANESTH, LUMBAR MYELOGRAPHY	No		NA	NA	NA		SNFs cannot bill for this service
01908	ANESTH, CERVICAL MYELOGRAPHY	No		NA	NA	NA		SNFs cannot bill for this service
01910	ANESTH, SKULL MYELOGRAPHY	No		NA	NA	NA		SNFs cannot bill for this service
01912	ANESTH, LUMBAR DISKOGRAPHY	No		NA	NA	NA		SNFs cannot bill for this service
01914	ANESTH, CERVICAL DISKOGRAPHY	No		NA	NA	NA		SNFs cannot bill for this service
01916	ANESTH, HEAD ARTERIOGRAM	No		NA	NA	NA		SNFs cannot bill for this service
01918	ANESTH, LIMB ARTERIOGRAM	No		NA	NA	NA		SNFs cannot bill for this service
01920	ANESTH, CATHETERIZE HEART	No		NA	NA	NA		SNFs cannot bill for this service
01921	ANESTH, VESSEL SURGERY	No		NA	NA	NA		SNFs cannot bill for this service
01922	ANESTH, CAT OR MRI SCAN	No		NA	NA	NA		SNFs cannot bill for this service
01951	ANESTH, BURN, LESS 1 PERCENT	No		NA	NA	NA		SNFs cannot bill for this service
01952	ANESTH, BURN, 1-9 PERCENT	No		NA	NA	NA		SNFs cannot bill for this service
01953	ANESTH, BURN, EACH 9 PERCENT	No		NA	NA	NA		SNFs cannot bill for this service
01990	SUPPORT FOR ORGAN DONOR	No		NA	NA	NA		SNFs cannot bill for this service
01995	REGIONAL ANESTHESIA, LIMB	No		NA	NA	NA		SNFs cannot bill for this service
01996	MANAGE DAILY DRUG THERAPY	No		NA	NA	NA		SNFs cannot bill for this service
01999	UNLISTED ANESTH PROCEDURE	No		NA	NA	NA		SNFs cannot bill for this service
A0888	NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED BEYOND CLOSEST APPROPRIATE FACILITY)	No	MCM 2125 SNF 516.2	9	NA	NA	00	SNFs cannot bill for this service
A4206	SYRINGE WITH NEEDLE, STERILE 1CC, EACH	No	Not valid for Medicare	9	NA	NA	00	SNFs cannot bill for this service
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	No	Not valid for Medicare	9	NA	NA	00	SNFs cannot bill for this service
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	No	Not valid for Medicare	9	NA	NA	00	SNFs cannot bill for this service
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	No	Not valid for Medicare	9	NA	NA	00	SNFs cannot bill for this service
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	No	Non-covered by Medicare	9	NA	NA	00	SNFs cannot bill for this service
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	Yes	MCM 2049 SNF 535	9	NA	NA	00	SNFs cannot bill for this service
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	No	Not valid for Medicare	9	NA	NA	00	SNFs cannot bill for this service
A4215	NEEDLES ONLY, STERILE, ANY SIZE, EACH	No	Not valid for Medicare	9	NA	NA	00	SNFs cannot bill for this service
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	Yes	CIM 60-14 SNF 534	9	NA	NA	57	SNF cannot bill for this service unless it is approved as a DME supplier
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	Yes	SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4222	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY)	Yes	SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	Yes	CIM 60-14 SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	Yes	CIM 60-14 SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	Yes	CIM 60-14 SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4244	ALCOHOL OR PEROXIDE, PER PINT	No	Not valid for Medicare	9	NA	NA	00	SNFs cannot bill for this service
A4245	ALCOHOL WIPES, PER BOX	No	Not valid for Medicare	9	NA	NA	00	SNFs cannot bill for this service
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	No	Not valid for Medicare	9	NA	NA	00	SNFs cannot bill for this service
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	No	Not valid for Medicare	9	NA	NA	00	SNFs cannot bill for this service
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	No	Non-covered by Medicare MCM 2100	9	NA	NA	00	SNFs cannot bill for this service
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	Yes	CIM 60-11 SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4254	REPLACEMENT BATTERY, ANY TYPE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	Yes	CIM 60-11 SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	Yes	SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	Yes	SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	Yes	SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4259	LANCETS, PER BOX OF 100	Yes	CIM 60-11 SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4260	LEVONORGESTREL (CONTRACEPTIVE) IMPLANTS SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	No	Non-covered by Medicare Statute	9	NA	NA	00	SNFs cannot bill for this service
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	No	Non-covered by Medicare Statute	9	NA	NA	00	SNFs cannot bill for this service
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	Yes	SNF 534	9	NA	NA	00	SNFs cannot bill for this service
A4265	PARAFFIN, PER POUND	Yes	SNF 534	9	NA	NA	52	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	Yes	SNF 534	9	NA	NA	00	SNFs cannot bill for this service
A4301	IMPLANTABLE ACCESS TOTAL SYSTEM; CATHETER, PORT/RESERVOIR (VENOUS, ARTERIAL OR EPIDURAL), PERCUTANEOUS ACCESS	Yes	SNF 534	9	NA	NA	00	SNFs cannot bill for this service
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	Yes	SNF 534	9	NA	NA	00	SNFs cannot bill for this service
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 5 ML OR LESS PER HOUR	Yes	SNF 534	971	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
A4464	JOINT SUPPORTIVE DEVICE/GARMENT, ELASTIC OR EQUAL, EACH	Yes	SNF 534	9	NA	NA	00	SNFs cannot bill for this service
A4465	NON-ELASTIC BINDER FOR EXTREMITY	Yes	SNF 534	9	NA	NA	00	SNFs cannot bill for this service
A4470	GRAVLEE JET WASHER	Yes	MCM 2320 CIM 50-4	9	NA	NA	00	SNFs cannot bill for this service
A4480	VABRA ASPIRATOR	Yes	MCM 2320 CIM 50-10 SNF 534	9	NA	NA	00	SNFs cannot bill for this service
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	No	Non-covered by Medicare CIM 60-9, MCM 2133, MCM 2079	9	NA	NA	00	SNFs cannot bill for this service
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	No	Non-covered by Medicare CIM 60-9, MCM 2133, MCM 2079	9	NA	NA	00	SNFs cannot bill for this service
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	No	Non-covered by Medicare CIM 60-9, MCM 2133, MCM 2079	9	NA	NA	00	SNFs cannot bill for this service
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	No	Non-covered by Medicare CIM 60-9, MCM 2133, MCM 2079	9	NA	NA	00	SNFs cannot bill for this service
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	No	Non-covered by Medicare CIM 60-9	9	NA	NA	00	SNFs cannot bill for this service
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	Yes	SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	Yes	SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4558	CONDUCTIVE PASTE OR GEL	Yes	SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4570	SPLINT	Yes	Invalid for Medicare	NA	NA	NA	52	SNFs cannot bill this service effective 7/1/01 for Carriers, 10/01/01 for Fis.
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	No	Non-covered by Medicare CIM 35-10	9	NA	NA	00	SNFs cannot bill for this service
A4580	CAST SUPPLIES (E.G. PLASTER)	Yes	Invalid for Medicare	NA	NA	NA	52	SNFs cannot bill this service effective 7/1/01 for Carriers, 10/01/01 for Fis.
A4590	SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)	Yes	Invalid for Medicare	NA	NA	NA	52	SNFs cannot bill this service effective 7/1/01 for Carriers, 10/01/01 for Fis.
A4595	TENS SUPPLIES, 2 LEAD, PER MONTH	Yes	SNF 534	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	Yes	SNF 537	9	NA	NA	32	Category is oxygen SNF cannot bill this service unless it is approved as a DME Supplier
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	Yes	SNF 538	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Yes	SNF 539	272	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Yes	SNF 540	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	Yes	SNF 541	9	NA	NA	46	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4615	CANNULA, NASAL	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	NA	33	Category is Oxygen & equipment SNF cannot bill this service unless it is approved as a DME Supplier
A4616	TUBING (OXYGEN), PER FOOT	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	NA	33	Category is Oxygen & equipment SNF cannot bill this service unless it is approved as a DME Supplier
A4617	MOUTH PIECE	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	NA	33	Category is Oxygen & equipment SNF cannot bill this service unless it is approved as a DME Supplier
A4618	BREATHING CIRCUITS	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4619	FACE TENT	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	NA	33	Category is Oxygen & equipment SNF cannot bill this service unless it is approved as a DME Supplier
A4620	VARIABLE CONCENTRATION MASK	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	NA	33	Category is Oxygen & equipment SNF cannot bill this service unless it is approved as a DME Supplier
A4621	TRACHEOTOMY MASK OR COLLAR	Yes	SNF 534	9	NA	NA	33	Category is Oxygen & equipment SNF cannot bill this service unless it is approved as a DME Supplier
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE, EACH	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	No	Non-covered by Medicare MCM 2100	9	NA	NA	00	SNFs cannot bill for this service
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4630	REPLACEMENT BATTERIES. MEDICALLY NECESSARY T.E.N.S. OWNED BY PATIENT	Yes	CIM 65-8 SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4631	REPLACEMENT, BATTERIES FOR MEDICALLY NECESSARY ELECTRONIC WHEEL CHAIR OWNED BY PATIENT	Yes	CIM 60-9 SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	Yes	CIM 60-9 SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	Yes	CIM 60-9 SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	Yes	CIM 60-9 SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	Yes	CIM 60-9, MCM 4107.6 SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A4647	SUPPLY OF PARAMAGNETIC CONTRAST MATERIAL, EG., GADOLINIUM	Yes	MCM 15022, MCM 15030 SNF 534	9	NA	NA	00	SNFs cannot bill for this service
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
A4650	CENTROFUGE (INCLUDES CALIBRATED MICROCAPILLARY TUBES AND SEALEASE)	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4655	NEEDLES AND SYRINGES FOR DIALYSIS	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service

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A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4663	BLOOD PRESSURE CUFF ONLY	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	No	Non-covered by Medicare CIM 50-42	9	NA	NA	00	SNFs cannot bill for this service
A4680	ACTIVATED CARBON FILTERS FOR DIALYSIS	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4690	DIALYZERS (ARTIFICIAL KIDNEYS) ALL BRANDS, ALL SIZES PER UNIT	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4700	STANDARD DIALYSATE SOLUTION, EACH	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4705	BICARBONATE DIALYSATE SOLUTION, EACH	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4712	WATER, STERILE	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4714	TREATED WATER (DEIONIZED, DISTILLED, REVERSE OSMOSIS) FOR USE IN DIALYSIS SYSTEM	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4730	FISTULA CANNULATION SET FOR DIALYSIS ONLY	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4735	LOCAL/TOPICAL ANESTHETICS FOR DIALYSIS ONLY	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4740	SHUNT ACCESSORIES FOR DIALYSIS ONLY	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, EACH	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4760	DIALYSATE STANDARD TESTING SOLUTION, SUPPLIES	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4765	DIALYSATE CONCENTRATE ADDITIVES, EACH	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4770	BLOOD TESTING SUPPLIES (E.G. VACUTAINERS AND TUBES)	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4771	SERUM CLOTTING TIME TUBE, PER BOX	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4772	DEXTOSTICK OR GLUCOSE TEST STRIPS, PER BOX	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4773	HEMOSTIX, PER BOTTLE	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4774	AMMONIA TEST PAPER, PER BOX	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4780	STERILIZING AGENT FOR DIALYSIS EQUIPMENT, PER GALLON	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4790	CLEANSING AGENTS FOR EQUIPMENT FOR DIALYSIS ONLY	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4800	HEPARIN FOR DIALYSIS AND ANTIDOTE, ANY STRENGTH, PORCINE OR BEEF, UP TO 1000 UNITS, 10-30 ML (FOR PARENTERAL USE SEE B4216)	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4820	HEMODIALYSIS KIT SUPPLIES	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A4850	HEMOSTATS WITH RUBBER TIPS FOR DIALYSIS	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4860	DISPOSABLE CATHETER CAPS	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4870	PLUMBING AND/OR ELECTRICAL WORK FOR HOME DIALYSIS EQUIPMENT	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4880	STORAGE TANKS UTILIZED IN CONNECTION WITH WATER PURIFICATION SYSTEM, REPLACEMENT TANKS FOR DIALYSIS	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4890	CONTRACTS, REPAIR AND MAINTENANCE, FOR HOME DIALYSIS EQUIPMENT (NON-COVERED)	No	MCM 2100.4 SNF 516.6	9	NA	NA	13	SNFs cannot bill for this service
A4900	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) SUPPLY KIT	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4901	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) SUPPLY KIT	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4905	INTERMITTENT PERITONEAL DIALYSIS (IPD) SUPPLY KIT	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4910	NON-MEDICAL SUPPLIES FOR DIALYSIS, (I.E., SCALE, SCISSORS, STOPWATCH, ETC.)	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4912	GOMCO DRAIN BOTTLE	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4914	PREPARATION KITS	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4918	VENOUS PRESSURE CLAMPS, EACH	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4919	DIALYZER HOLDER, EACH	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4920	HARVARD PRESSURE CLAMP, EACH	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4921	MEASURING CYLINDER, ANY SIZE, EACH	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A4927	GLOVES, STERILE OR NON-STERILE, PER PAIR	No	SNF 516.6	9	NA	NA	52	SNFs cannot bill for this service
A5064	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED; PLASTIC OR RUBBER	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies NOT VALID FOR MEDICARE
A5074	POUCH, URINARY, WITH FACEPLATE ATTACHED; PLASTIC OR RUBBER	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies NOT VALID FOR MEDICARE
A5075	POUCH, URINARY, FOR USE ON FACEPLATE; PLASTIC OR RUBBER	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies NOT VALID FOR MEDICARE
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	Yes	SNF 260.4	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI- DENSITY INSERT(S), PER SHOE.	Yes	SNF 534	9	NA	NA	46	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE	Yes	MCM 2134	9	NA	NA	52	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A5502	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT(S), PER SHOE	Yes	MCM 2134	9	NA	NA	52	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE	Yes	MCM 2134	9	NA	NA	52	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE	Yes	MCM 2134	9	NA	NA	52	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE	Yes	MCM 2134	9	NA	NA	52	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE	Yes	MCM 2134	9	NA	NA	52	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	Yes	MCM 2134	9	NA	NA	52	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	Yes	SNF 534	9	NA	NA	00	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A6025	SILICONE GEL SHEET, EACH	Yes	SNF 535	9	NA	NA	00	SNFs cannot bill for this service
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	Yes	SNF 535	9	NA	NA	00	SNFs cannot bill for this service
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	Yes	SNF 535	9	NA	NA	00	SNFs cannot bill for this service
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7002	TUBING, USED WITH SUCTION PUMP, EACH	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

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A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7011	CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET	Yes	SNF 535	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	Yes	SNF 534	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	Yes	CIM 60-9 SNF 535	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	Yes	SNF 535	9	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7019	SALINE SOLUTION, PER 10 ML, METERED DOSE DISPENSER, FOR USE WITH INHALATION DRUGS	Yes	SNF 535	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless it is approved as a DME Supplier
A7020	STERILE WATER OR STERILE SALINE, 1000 ML, USED WITH LARGE VOLUME NEBULIZER	Yes	SNF 535	9	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless it is approved as a DME Supplier

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A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	Yes	MCM 2130	9	NA	NA	37	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	Yes	MCM 2130	9	NA	NA	37	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7503	FILTER HOLDER OR FILTER CAP, REUSEABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130	9	NA	NA	37	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130	9	NA	NA	37	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	Yes	MCM 2130	9	NA	NA	37	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH	Yes	MCM 2130	9	NA	NA	37	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130	9	NA	NA	37	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	Yes	MCM 2130	9	NA	NA	37	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130	9	NA	NA	37	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
A9150	NON-PRESCRIPTION DRUGS	Yes	SNF 536	9	NA	NA	57	SNFs cannot bill for this service
A9160	NON-COVERED SVC. BY PODIATRIST	No	Non-covered by Medicare Statute	9	NA	NA	00	SNFs cannot bill for this service
A9170	NON-COVERED SVC. BY CHIROPRACTOR	No	Non-covered by Medicare Statute	9	NA	NA	00	SNFs cannot bill for this service
A9190	PERSONAL COMFORT ITEM	No	Non-covered by Medicare Statute	9	NA	NA	00	SNFs cannot bill for this service
A9270	NON-COVERED ITEM OR SERVICE	No	Non-covered by Medicare MCM 2303 SNF 534	9	NA	NA	00	SNFs cannot bill for this service
A9300	EXERCISE EQUIPMENT	No	Non-covered by Medicare CIM 60-9, MCM 2100.1 SNF 534	9	NA	NA	00	SNFs cannot bill for this service
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	Yes	SNF 535	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier

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A9901	DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCPCS CODE	Yes	SNF 535	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4081	NASOGASTRIC TUBING WITH STYLET	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4082	NASOGASTRIC TUBING WITHOUT STYLET	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4083	STOMACH TUBE - LEVINE TYPE	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4084	GASTROSTOMY/JEJUNOSTOMY TUBING	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4085	GASTROSTOMY TUBE, SILICONE WITH SLIDING RING, EACH	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4150	ENTERAL FORMULAE; CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN/PROTEIN ISOLATES, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4151	ENTERAL FORMULAE; CATEGORY I: NATURAL INTACT PROTEIN/PROTEIN ISOLATES, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4152	ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLATES (CALORICALLY DENSE), ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4153	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACIDS, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
B4154	ENTERAL FORMULAE; CATEGORY IV: DEFINED FORMULA FOR SPECIAL METABOLIC NEED, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4155	ENTERAL FORMULAE; CATEGORY V: MODULAR COMPONENTS (PROTEIN, CARBOHYDRATES, FAT), ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4156	ENTERAL FORMULAE; CATEGORY VI: STANDARDIZED NUTRIENTS, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) – HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) - HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROROSE), GREATER THAN 50% (500 ML=1 UNIT) - HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4184	PARENTERAL NUTRITION SOLUTION; LIPIDS, 10% WITH ADMINISTRATION SET (500 ML = 1 UNIT)	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4186	PARENTERAL NUTRITION SOLUTION, LIPIDS, 20% WITH ADMINISTRATION SET (500 ML = 1 UNIT)	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 10 TO 51 GRAMS OF PROTEIN – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 52 TO 73 GRAMS OF PROTEIN – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, OVER 100 GRAMS OF PROTEIN – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES) HOMEMIX PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B5000	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, RENAL - AMIROSYN RF, NEPHRAMINE, RENAMINE – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B5100	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC - FREAMINE HBC, HEPATAMINE – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
B5200	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, STRESS - BRANCH CHAIN AMINO ACIDS – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME Supplier
B9098	This code was incorrectly listed in PM A-01-45 This code does not exist.	Yes	NA	NA	NA	NA		NA
B9099	This code was incorrectly listed in PM A-01-45 This code does not exist.	Yes	NA	NA	NA	NA		NA
B9998	NOC FOR ENTERAL SUPPLIES	NA	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	57	Price individually established by Carrier SNF cannot bill for this service unless it is approved as a DME Supplier
B9999	NOC FOR PARENTERAL SUPPLIES	NA	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	57	Price individually established by Carrier SNF cannot bill for this service unless it is approved as a DME Supplier
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0116	CRUTCH UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0141	RIGID WALKER, WHEELED, WITHOUT SEAT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0142	RIGID WALKER, WHEELED, WITH SEAT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0143	FOLDING WALKER, WHEELED, WITHOUT SEAT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0144	ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0145	WALKER, WHEELED, WITH SEAT AND CRUTCH ATTACHMENTS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0146	FOLDING WALKER, WHEELED, WITH SEAT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0147	HEAVY DUTY, MULTIPLE BREAKING SYSTEM, VARIABLE WHEEL RESISTANCE WALKER	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0154	PLATFORM ATTACHMENT, WALKER, EACH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0156	SEAT ATTACHMENT, WALKER	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0157	CRUTCH ATTACHMENT, WALKER, EACH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0162	SITZ BATH CHAIR	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0164	COMMODE CHAIR, MOBILE, WITH FIXED ARMS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0166	COMMODE CHAIR, MOBILE, WITH DETACHABLE ARMS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0176	AIR PRESSURE PAD OR CUSHION, NONPOSITIONING	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0177	WATER PRESSURE PAD OR CUSHION, NONPOSITIONING	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0178	GEL OR GEL-LIKE PRESSURE PAD OR CUSHION, NONPOSITIONING	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0179	DRY PRESSURE PAD OR CUSHION, NONPOSITIONING	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0180	PRESSURE PAD, ALTERNATING WITH PUMP	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0184	DRY PRESSURE MATTRESS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0186	AIR PRESSURE MATTRESS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0187	WATER PRESSURE MATTRESS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0188	SYNTHETIC SHEEPSKIN PAD	Yes	CIM 60-9, MCM 4107.6 PM AB 01-53	NA	NA	NA	32	Effective 1-1-01 category is DME. SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	Yes	CIM 60-9, MCM 4107.6 PM AB 01-53	NA	NA	NA	32	Effective 1-1-01 category is DME. SNF cannot bill this service unless it is approved as a DME Supplier
E0191	HEEL OR ELBOW PROTECTOR, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0192	LOW PRESSURE AND POSITIONING EQUALIZATION PAD, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0194	AIR FLUIDIZED BED	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0196	GEL PRESSURE MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0210	ELECTRIC HEAT PAD, STANDARD	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0215	ELECTRIC HEAT PAD, MOIST	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0218	WATER CIRCULATING COLD PAD WITH PUMP	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0220	HOT WATER BOTTLE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0230	ICE CAP OR COLLAR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0236	PUMP FOR WATER CIRCULATING PAD	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0238	NON-ELECTRIC HEAT PAD, MOIST	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0239	HYDROCOLLATOR UNIT, PORTABLE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0241	BATH TUB WALL RAIL, EACH	No	Non-Covered by Medicare MCM 2100.1 CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
E0242	BATH TUB RAIL, FLOOR BASE	No	Non-Covered by Medicare MCM 2100.1 CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
E0243	TOILET RAIL, EACH	No	Non-Covered by Medicare MCM 2100.1 CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
E0244	RAISED TOILET SEAT	No	Non-Covered by Medicare CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
E0245	TUB STOOL OR BENCH	No	Non-Covered by Medicare CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
E0246	TRANSFER TUB RAIL ATTACHMENT	Yes		NA	NA	NA	00	SNFs cannot bill for this service
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESSRAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
E0271	MATTRESS, INNERSPRING	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0272	MATTRESS, FOAM RUBBER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0273	BED BOARD	No	Non-Covered by Medicare CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
E0274	OVER-BED TABLE	No	Non-Covered by Medicare CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
E0275	BED PAN, STANDARD, METAL OR PLASTIC	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0280	BED CRADLE, ANY TYPE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0298	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	Invalid for Medicare Use	NA	NA	NA	36	SNFs cannot bill for this service
E0305	BED SIDE RAILS, HALF LENGTH	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0310	BED SIDE RAILS, FULL LENGTH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	Yes	SNF 535	NA	NA	NA	57	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND COLLECTION BAG/BOX) FOR USE WITH THE ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	Yes	SNF 536	NA	NA	NA	57	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
E0370	AIR PRESSURE ELEVATOR FOR HEEL	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
E0450	VOLUME VENTILATOR, STATIONARY OR PORTABLE, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	Yes	SNF 534	NA	NA	NA	31	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0457	CHEST SHELL (CUIRASS)	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0459	CHEST WRAP	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0460	NEGATIVE PRESSURE VENTILATOR; PORTABLE OR STATIONARY	Yes	SNF 534	NA	NA	NA	31	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	Yes	SNF 534	NA	NA	NA	31	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	Yes	SNF 534	288	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0560	SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0570	NEBULIZER, WITH COMPRESSOR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0571	AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER	Yes	CIM 60-9	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0574	ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0575	NEBULIZER; ULTRASONIC, LARGE VOLUME	Yes	CIM 60-9 SNF 534	NA	NA	NA	31	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0590	DISPENSING FEE COVERED DRUG ADMINISTERED THROUGH DME NEBULIZER	Yes	SNF 534	NA	NA	NA	46	Category is DME Fee established by Carrier SNF cannot bill this service unless it is approved as a DME Supplier
E0600	SUCTION PUMP, HOME MODEL, PORTABLE	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0602	BREAST PUMP, ALL TYPES	Yes	SNF 534	NA	NA	NA	00	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0605	VAPORIZER, ROOM TYPE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0606	POSTURAL DRAINAGE BOARD	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0607	HOME BLOOD GLUCOSE MONITOR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0608	APNEA MONITOR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0609	BLOOD GLUCOSE MONITOR WITH SPECIAL FEATURES (EG., VOICE SYNTHESIZERS AUTOMATIC TIMERS, ETC.)	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	Yes	SNF 534	NA	NA	NA	32	SNFs cannot bill for this service
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0625	PATIENT LIFT, KARTOP, BATHROOM OR TOILET	No	Non-Covered by Medicare CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

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E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0690	ULTRAVIOLET CABINET, APPROPRIATE FOR HOME USE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	Yes	SNF 534	NA	NA	NA	57	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0730	TENS, FOUR LEAD, LARGER AREA/MULTIPLE NERVE STIMULATION	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	Yes	CIM 45-25, DME Supplies	NA	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless it is approved as a DME Supplier
E0740	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR TRAINER	No	Non-covered by Medicare CIM 65-11	NA	NA	NA	00	SNFs cannot bill for this service
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	Yes	SNF 534	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME supplier
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	Yes	CIM 35-48 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)	Yes	SNF 534	NA	NA	NA	52	SNF cannot bill for this service unless it is approved as a DME supplier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0760	OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	No	Non-covered by Medicare CIM 35-48	NA	NA	NA	00	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
E0776	IV POLE	Yes	SNF 534	NA	NA	NA	32	SNF cannot bill for this service unless it is approved as a DME Supplier
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE	Yes	SNF 534	NA	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless it is approved as a DME Supplier
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Yes	CIM 60-14 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL CATHETER)	Yes	CIM 60-14 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	Yes	CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0935	PASSIVE MOTION EXERCISE DEVICE	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0942	CERVICAL HEAD HARNESS/HALTER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0943	CERVICAL PILLOW	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0944	PELVIC BELT/HARNESS/BOOT	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0945	EXTREMITY BELT/HARNESS	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0950	TRAY	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0951	LOOP HEEL, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0952	LOOP TOE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0953	PNEUMATIC TIRE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0954	SEMI-PNEUMATIC CASTER, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE ARM DRIVE	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0959	AMPUTEE ADAPTER (DEVICE USED TO COMPENSATE FOR TRANSFER OF WEIGHT DUE TO LOST LIMBS TO MAINTAIN PROPER BALANCE)	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0961	BRAKE EXTENSION, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0962	1" CUSHION, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0963	2" CUSHION, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0964	3" CUSHION, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0965	4" CUSHION, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0966	HOOK ON HEAD REST EXTENSION	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0967	WHEELCHAIR HAND RIMS WITH 8 VERTICAL RUBBER TIPPED PROJECTIONS, PAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0968	COMMODE SEAT, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0969	NARROWING DEVICE, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0971	ANTI-TIPPING DEVICE WHEELCHAIRS	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0972	TRANSFER BOARD OR DEVICE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0973	ADJUSTABLE HEIGHT DETACHABLE ARMS, DESK OR FULL LENGTH, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0974	GRADE-AID (DEVICE TO PREVENT ROLLING BACK ON AN INCLINE) FOR WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0975	REINFORCED SEAT UPHOLSTERY, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0976	REINFORCED BACK, WHEELCHAIR, UPHOLSTERY OR OTHER MATERIAL	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0977	WEDGE CUSHION, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0978	BELT, SAFETY WITH AIRPLANE BUCKLE, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0979	BELT, SAFETY WITH VELCRO CLOSURE, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0980	SAFETY VEST, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0990	ELEVATING LEG REST, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0991	UPHOLSTERY SEAT	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0992	SOLID SEAT INSERT	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0993	BACK, UPHOLSTERY	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E0994	ARM REST, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0995	CALF REST, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0996	TIRE, SOLID, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0997	CASTER WITH A FORK	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0998	CASTER WITHOUT FORK	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0999	PNEUMATIC TIRE WITH WHEEL	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1000	TIRE, PNEUMATIC CASTER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1001	WHEEL, SINGLE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER	Yes	MCM 2100	NA	NA	NA	00	SNFs cannot bill for this service
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1065	POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED WHEELCHAIR, E.G., SOLO)	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1066	BATTERY CHARGER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1069	DEEP CYCLE BATTERY	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

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E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1091	YOUTH WHEELCHAIR, ANY TYPE	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1210	MOTORIZED WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1211	MOTORIZED WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY, DETACHABLE ELEVATING LEG REST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1212	MOTORIZED WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1213	MOTORIZED WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	Yes	SNF 534	NA	NA	NA	45	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1225	SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1226	FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	No	Non-Covered by Medicare CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1340	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	Yes	MCM 2100.4	NA	NA	NA	46	Category is DME Fee established by Carrier SNF cannot bill this service unless it is approved as a DME Supplier
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Yes	SNF 534	NA	NA	NA	46	Category is DME Fee established by Carrier SNF cannot bill this service unless it is approved as a DME Supplier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULATING, AIR REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V.POLES, PRESSURE GAUGE, CONCENTRATE CONTAINER	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1520	HEPARIN INFUSION PUMP FOR DIALYSIS	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1530	AIR BUBBLE DETECTOR FOR DIALYSIS	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1540	PRESSURE ALARM FOR DIALYSIS	Yes	SNF 516.6	NA	NA	NA	52	SNFs cannot bill for this service
E1550	BATH CONDUCTIVITY METER FOR DIALYSIS	Yes	SNF 516.6	NA	NA	NA	52	SNFs cannot bill for this service
E1560	BLOOD LEAK DETECTOR FOR DIALYSIS	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, ANY SIZE, EACH	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1580	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1590	HEMODIALYSIS MACHINE	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS EQUIPMENT	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1615	DEIONIZER WATER PURIFICATION SYSTEM	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1620	BLOOD PUMP FOR DIALYSIS	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1625	WATER SOFTENING SYSTEM	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1632	WEARABLE ARTIFICIAL KIDNEY	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1636	SORBENT CARTRIDGES, PER CASE	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1640	REPLACEMENT COMPONENTS FOR HEMODIALYSIS AND/OR PERITONEAL DIALYSIS MACHINES THAT ARE OWNED OR BEING PURCHASED BY THE PATIENT	No	SNF 516	NA	NA	NA	52	SNFs cannot bill for this service
E1699	DIALYSIS EQUIPMENT, UNSPECIFIED, BY REPORT	Yes	SNF 516.6	NA	NA	NA	57	SNFs cannot bill for this service
E1700	JAW MOTION REHABILITATION SYSTEM	Yes	SNF 534	NA	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier



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E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	Yes		NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	Yes		NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, OR EQUAL	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE, OR EQUAL	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE, OR EQUAL	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, OR EQUAL	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1820	SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, OR EQUAL	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, OR EQUAL	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1900	SYNTHESIZED SPEECH AUGMENTATIVE COMMUNICATION DEVICE WITH DYNAMIC DISPLAY	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
G0083	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL, OR RESIDENTIAL SETTING, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT	Yes	MCM 2152	NA	NA	NA	11	SNFs cannot bill for this service
G0085	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL, OR RESIDENTIAL CARE SETTING, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT	Yes	MCM 2152		NA	NA	11	SNFs cannot bill for this service
G0087	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL, OR RESIDENTIAL CARE SETTING, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT	Yes	MCM 2152		NA	NA	11	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
G0089	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL, OR RESIDENTIAL CARE SETTING, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT	Yes	MCM 2152		NA	NA	11	SNFs cannot bill for this service
G0091	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL, OR RESIDENTIAL CARE SETTING, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT	Yes	MCM 2152		NA	NA	11	SNFs cannot bill for this service
G0093	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL, OR RESIDENTIAL CARE SETTING, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT	Yes	MCM 2152		NA	NA	11	SNFs cannot bill for this service
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	No	MIM 3660.17	9	NA	NA	00	SNFs must bill this service after 7-01-01
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	No	Non-Covered by Medicare	1	Yes	NA	00	SNFs cannot bill for this service
G0129	OCCUPATIONAL THERAPY REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL THERAPIST, FURNISHED AS A COMPONENT OF A PARTIAL HOSPITALIZATION TREATMENT PROGRAM, PER DAY	Yes		NA	NA	NA	00	SNFs cannot bill for this service
G0131	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	No	SNF 533	1	Yes	NA	11	SNFs cannot bill for this service
G0132	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)	No	CIM 50-44 SNF 533	1	Yes	NA	11	SNFs cannot bill for this service
G0151	SERVICES OF PHYSICAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	NA	00	SNFs cannot bill for this service
G0152	SERVICES OF OCCUPATIONAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	NA	00	SNFs cannot bill for this service
G0153	SERVICES OF SPEECH AND LANGUAGE PATHOLOGIST IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	NA	00	SNFs cannot bill for this service
G0154	SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	NA	00	SNFs cannot bill for this service
G0156	SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	NA	00	SNFs cannot bill for this service
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	Yes	CIM 35-10	0	NA	NA	11	Physician billing to Carrier
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	Yes		0	NA	NA	00	Physician billing to Carrier
G0173	STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION	Yes		9	NA	NA	00	SNFs cannot bill for this service
G0174	IMRT INTENSITY MODULATED RADIATION THERAPY PLAN, PER SESSION	Yes		9	NA	NA	00	SNFs cannot bill for this service
G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE OF PATIENT CARE NURSING STAFF) WITH PATIENT PRESENT	Yes		9	NA	NA	00	SNFs cannot bill for this service
G0176	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART, OR PLAY THERAPIES NOT FOR RECREATION, RELATED TO THE CARE AND TREATMENT OF PATIENTS DISABLING MENTAL HEALTH PROBLEMS, PER SESSION (45 MINUTES OR MORE)	Yes		9	NA	NA	00	SNFs cannot bill for this service
G0177	TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF PATIENTS DISABLING MENTAL HEALTH PROBLEMS PER SESSION (45 MINUTES OR MORE)	Yes		9	NA	NA	00	SNFs cannot bill for this service
G0179	INTENSITY MODULATED RADIATION THERAPY (IMRT) PLANNING, INCLUDES DOES VOLUME NISTOGRAMS, INVERSE PLAN OPTIMIZATION, PLAN POSITIONAL ACCURACY AND DOSE VERIFICATION	Yes		0	NA	NA	11	Rendering provider may bill or SNF may bill under arrangements
G0180	PHYSICIAN CERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH AGENCY (PATIENT NOT PRESENT), INCLUDING REVIEW OF INITIAL OR SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF PATIENTS STATUS TO THE OASIS ASSESSMENT INSTRUMENT, CONTACT WITH THE HOME HEALTH AGENCY TO ASCERTAIN THE INITIAL IMPLEMENTATION PLAN OF CARE, AND DOCUMENTATION IN THE PATIENTS OFFICE RECORD, PER CERTIFICATION PERIOD	Yes		002	NA	NA	11	Physician billing to Carrier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH AGENCY (PATIENT NOT PRESENT), REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENTS STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTH CARE PROFESSIONAL INVOLVED IN THE PATIENTS CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE	Yes		0	NA	NA	11	Physician billing to Carrier
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTH CARE PROFESSIONAL INVOLVED IN THE PATIENTS CARE, INTERGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE	No		0	NA	NA	11	Physician billing to Carrier
G0184	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOLORIDAL NEOVASCULARIZATION); PHOTOCOAGULATION, (FOR EXAMPLE BY LASER) ONE OR MORE SESSIONS	Yes		0	NA	NA	11	Physician billing to Carrier
G0185	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOLORIDAL NEOVASCULARIZATION); TRANSPUPILLARY THERMOTHERAPY (ONE OR MORE SESSIONS)	Yes		0	NA	NA	00	Physician billing to Carrier

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G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOLORIDAL NEOVASCULARIZATION); PHOTOCOAGULATION, FEEDER VESSEL TECHNIQUE (ONE OR MORE SESSIONS)	Yes		0	NA	NA	00	Physician billing to Carrier
G0187	DESTRUCTION OF MACULAR DRUSEN, PHOTOCOAGULATION (ONE OR MORE SESSIONS)	Yes		0	NA	NA	00	Physician billing to Carrier
G0192	INTRANSAL OR ORAL ADMINISTRATION; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	No	Non-Covered by Medicare MCM 2049.4, MCM 2320	9	NA	NA	00	SNFs cannot bill for this service
G0193	ENDOSCOPIC STUDY OF SWALLOWING FUNCTION (ALSO FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING (FEES))	Yes		0	NA	NA	11	Physician billing to Carrier
G0194	SENSORY TESTING DURING ENDOSCOPIC STUDY OF SWALLOWING (ADD ON CODE) REFERRED TO AS FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING WITH SENSORY TESTING (FEEST)	Yes		0	NA	NA	11	Physician billing to Carrier
G0195	CLINICAL EVALUATION OF SWALLOWING FUNCTION (NOT INVOLVING INTERPRETATION OF DYNAMIC RADIOLOGICAL STUDIES OR ENDOSCOPIC STUDY OF SWALLOWING)	Yes		0	NA	NA	11	Physician billing to Carrier
G0196	EVALUATION OF SWALLOWING INVOLVING SWALLOWING OF RADIO-OPAQUE MATERIALS	Yes		0	NA	NA	11	Physician billing to Carrier
G0197	EVALUATION OF PATIENT FOR PRESCRIPTION OF SPEECH GENERATING DEVICES	Yes		0	NA	NA	11	Physician billing to Carrier
G0198	PATIENT ADAPTATION AND TRAINING FOR USE OF SPEECH GENERATING DEVICES	Yes		0	NA	NA	11	Physician billing to Carrier
G0199	RE-EVALUATION OF PATIENT USING SPEECH GENERATING DEVICES	Yes		0	NA	NA	11	Physician billing to Carrier
G0200	EVALUATION OF PATIENT FOR PRESCRIPTION OF VOICE PROSTHETIC	Yes		0	NA	NA	11	Physician billing to Carrier
G0201	MODIFICATION OR TRAINING AND USE OF VOICE PROSTHETIC	Yes		0	NA	NA	11	Physician billing to Carrier
G9001	COORDINATED CARE FEE, INITIAL RATE	Yes		NA	NA	NA	00	SNFs cannot bill for this service
G9002	COORDINATED CARE FEE, MAINTENANCE RATE	Yes		9	NA	NA	00	SNFs cannot bill for this service
G9003	COORDINATED CARE FEE, RISK ADJUSTED HIGH, INITIAL	Yes		9	NA	NA	00	SNFs cannot bill for this service
G9004	COORDINATED CARE FEE, RISK ADJUSTED LOW, INITIAL	Yes		9	NA	NA	00	SNFs cannot bill for this service

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G9005	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE	Yes		9	NA	NA	00	SNFs cannot bill for this service
G9006	COORDINATED CARE FEE, HOME MONITORING	Yes		9	NA	NA	00	SNFs cannot bill for this service
G9007	COORDINATED CARE FEE, SCHEDULED TEAM CONFERENCE	Yes		9	NA	NA	00	SNFs cannot bill for this service
G9008	COORDINATED CARE FEE, PHYSICIAN COORDINATED CARE OVERSIGHT SERVICES	Yes		9	NA	NA	00	SNFs cannot bill for this service
G9016	SMOKING CESSATION COUNSELING, INDIVIDUAL, IN THE ABSENCE OF OR IN ADDITION TO ANY OTHER EVALUATION AND MANAGEMENT SERVICE, PER SESSION (6-10 MINUTES) DEMO PROJECT CODE ONLY	No	Non-Covered by Medicare	9	NA	NA	00	SNFs cannot bill for this service
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0130	INJECTION ABCIXIMAB, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0151	INJECTION, ADENOSINE, 90 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0207	INJECTION, AMIFOSTINE, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0256	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0275	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	905	NA	NA	51	SNFs cannot bill for this service

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0285	INJECTION, AMPHOTERICIN B, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0286	INJECTION, AMPHOTERICIN B, ANY LIPID FORMULATION, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0340	INJECTION, NANDROLONE PHENPROPIONATE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0395	INJECTION, ARBUTAMINE HCL, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0400	INJECTION, TRIMETHAPHAN CAMSYLATE, UP TO 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0456	INJECTION, AZITHROMYCIN, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0460	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0470	INJECTION, DIMERCAPROL, PER 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0475	INJECTION, BACLOFEN, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0510	INJECTION, BENZQUINAMIDE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	906	NA	NA	51	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0590	INJECTION, ETHYLNOREPINEPHRINE HCL, 1 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0635	INJECTION, CALCITRIOL, 1 MCG AMP.	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0695	INJECTION, CEFONICID SODIUM, 1 GRAM	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service



HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0730	INJECTION, CHLORPHENIRAMINE MALEATE, PER 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0740	INJECTION, CIDOFOVIR, 375 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0760	INJECTION, COLCHICINE, PER 1MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0810	INJECTION, CORTISONE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0835	INJECTION, COSYNTROPIN, PER 0.25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0900	ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J0970	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	No	NON COVERED BY MEDICARE STATUTE 1862A1	9	NA	NA	00	SNFs cannot bill for this service
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1090	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1095	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1100	INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	Yes	MCM 2049 MIM 3133.5D	909	NA	NA	51	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1327	INJECTION, EPTIFIBATIDE, 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1362	INJECTION, ERYTHROMYCIN GLUCEPTATE, PER 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1435	INJECTION, ESTRONE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1450	INJECTION FLUCONAZOLE, 200 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1470	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1480	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1490	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1500	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1510	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC	Yes	MCM 2049 MIM 3133.5D	910	NA	NA	51	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J1520	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1530	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1540	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1550	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1561	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1563	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1 G	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1690	INJECTION, PREDNISOLONE TEBUTATE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1739	INJECTION, HYDROXYPROGESTERONE CAPROATE 125 MG/ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1741	INJECTION, HYDROXYPROGESTERONE CAPROATE, 250 MG/ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1745	INJECTION INFLIXIMAB, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1750	INJECTION, IRON DEXTRAN, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1760	INJECTION, IRON DEXTRAN, 2 CC	Yes	MCM 2049 SNF 536	NA	NA	NA	51	SNFs cannot bill for this service
J1770	INJECTION, IRON DEXTRAN, 5 CC	Yes	MCM 2049 SNF 536	NA	NA	NA	51	SNFs cannot bill for this service
J1780	INJECTION, IRON DEXTRAN, 10 CC	Yes	MCM 2049 SNF 536	NA	NA	NA	51	SNFs cannot bill for this service
J1785	INJECTION, IMIGLUCERASE, PER UNIT	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1820	INJECTION, INSULIN, UP TO 100 UNITS	Yes	MCM 2049 CIM 60-14 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1910	INJECTION, KUTAPRESSIN, UP TO 2 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J1930	INJECTION, PROPIOMAZINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1955	INJECTION, LEVOCARNITINE, PER 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1956	INJECTION, LEVOFLOXACIN, 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1970	INJECTION, METHOTRIMEPRAZINE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J2000	INJECTION, LIDOCAINE HCL, 50 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J2050	INJECTION, LIVER, UP TO 20 MCG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2060	INJECTION, LORAZEPAM, 2 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2150	INJECTION, MANNITOL, 25% IN 50 ML	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2240	INJECTION, METOCURINE IODIDE, UP TO 2 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2260	INJECTION, MILRINONE LACTATE, PER 5 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2271	INJECTION, MORPHINE SULFATE, 100MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2321	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2322	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2330	INJECTION, THIOTHIXENE, UP TO 4 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2350	INJECTION, NIACINAMIDE, NIACIN, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2352	INJECTION, OCTREOTIDE ACETATE, 1 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2355	INJECTION, OPRELVEKIN, 5 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2480	INJECTION, HYDROCHLORIDES OF OPIUM ALKALOIDS, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2500	INJECTION, PARICALCITOL, 5 MCG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2512	INJECTION, PENTAGASTRIN, PER 2 ML	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/ 0.125 GRAMS (1.125 GRAMS)	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, PER 300 MG, ADMINISTERED THROUGH A DME	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2640	INJECTION, PREDNISOLONE SODIUM PHOSPHATE, TO 20 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2675	INJECTION, PROGESTERONE, PER 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2725	INJECTION, PROTIRELIN, PER 250 MCG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2770	QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, ONE DOSE PACKAGE	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2860	INJECTION, SECOBARBITAL SODIUM, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2912	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2915	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 62.5 MG	Yes	MCM 2049.2 MCM 2049.4 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2970	INJECTION, METHICILLIN SODIUM, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2993	INJECTION, RETEPLASE, 18.8 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3070	INJECTION, PENTAZOCINE HCL, UP TO 30 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3080	INJECTION, CHLORPROTHIXENE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3130	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3140	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3150	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3245	INJECTION, TIROFIBAN HYDROCHLORIDE, 12.5 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3265	INJECTION, TORSEMIDE, 10 MG/ML	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3270	INJECTION, IMIPRAMINE HCL, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3350	INJECTION, UREA, UP TO 40 GM	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3364	INJECTION, UROKINASE, 5000 IU VIAL	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	Yes	MCM 2049 CIM 60-14 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J3390	INJECTION, METHOXAMINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	Yes	MCM 2049 CIM 45-4 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3450	INJECTION, MEPHENTERMINE SULFATE, UP TO 30 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3485	INJECTION, ZIDOVUDINE, 10 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3490	UNCLASSIFIED DRUGS	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3520	EDETATE DISODIUM, PER 150 MG	No	NON COVERED BY MEDICARE CIM 35-64 CIM 45-20	9	NA	NA	00	SNFs cannot bill for this service
J3530	NASAL VACCINE INHALATION	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	No	NON COVERED BY MEDICARE MCM 2050.5	9	NA	NA	00	SNFs cannot bill for this service
J3570	LAETRILE, AMYGDALIN, VITAMIN B17	No	NON COVERED BY MEDICARE CIM 45-10	9	NA	NA	00	SNFs cannot bill for this service
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7051	STERILE SALINE OR WATER, UP TO 5 CC	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7070	INFUSION, D5W, 1000 CC	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7100	INFUSION, DEXTRAN 40, 500 ML	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7110	INFUSION, DEXTRAN 75, 500 ML	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7130	HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7140	PRESCRIPTION DRUG, ORAL, DISPENSED IN PHYSICIAN'S OFFICE	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7150	PRESCRIPTION DRUG, ORAL CHEMOTHERAPY FOR MALIGNANT DISEASE	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	SNFs cannot bill for this service
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	No	NON COVERED BY MEDICARE STATUTE 1862A1	9318	NA	NA	00	SNFs cannot bill for this service

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J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J7315	SODIUM HYALURONATE, 20 MG, FOR INTRA ARTICULAR INJECTION	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J7320	HYLAN G-F 20, 16 MG, FOR INTRA ARTICULAR INJECTION	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	57	SNFs cannot bill for this service
J7515	CYCLOSPORINE, ORAL, 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J7516	CYCLOSPORIN, PARENTERAL, 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J7520	SIROLIMUS, ORAL, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J7608	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7618	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7619	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7628	BITOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7631	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7635	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7636	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7637	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7638	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J7639	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7642	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7643	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7648	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7649	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7658	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7659	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7668	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 10 MILLIGRAMS	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7669	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7680	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7681	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7682	TOBRAMYCIN, UNIT DOSE FORM, 300 MG, INHALATION SOLUTION, ADMINISTERED THROUGH DME	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7683	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J7684	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J7799	NOC DRUGS, OTHER THAN INHALTENT DRUGS, ADMINISTERED THROUGH DME	Yes	MCM 2100.5 SNF 536	9	NA	NA	51	SNF cannot bill for this service unless it is approved as a DME supplier
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	No	NON COVERED BY MEDICARE MCM 2049	9	NA	NA	00	SNFs cannot bill for this service
J9000	DOXORUBICIN HCL, 10 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9001	DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	No	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9010	DOXORUBICIN HCL, 50 MG	Yes	MCM 2049 MIM 3133.5D		NA	NA	51	SNFs cannot bill for this service
J9015	ALDESLEUKIN, PER SINGLE USE VIAL	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9020	ASPARAGINASE, 10,000 UNITS	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9031	BCG (INTRAVESICAL) PER INSTILLATION	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9040	BLEOMYCIN SULFATE, 15 UNITS	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9045	CARBOPLATIN, 50 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9050	CARMUSTINE, 100 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9062	CISPLATIN, 50 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9065	INJECTION, CLADRIBINE, PER 1 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9070	CYCLOPHOSPHAMIDE, 100 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9080	CYCLOPHOSPHAMIDE, 200 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9090	CYCLOPHOSPHAMIDE, 500 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9091	CYCLOPHOSPHAMIDE, 1.0 GRAM	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9092	CYCLOPHOSPHAMIDE, 2.0 GRAM	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9100	CYTARABINE, 100 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9110	CYTARABINE, 500 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9120	DACTINOMYCIN, 0.5 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9130	DACARBAZINE, 100 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J9140	DACARBAZINE, 200 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9150	DAUNORUBICIN, 10 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9160	DENILEUKIN DIFTITOX, 300 MCG	No	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9165	DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9170	DOCETAXEL, 20 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9180	EPIRUBICIN HYDROCHLORIDE, 50 MG	No	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9181	ETOPOSIDE, 10 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9182	ETOPOSIDE, 100 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9185	FLUDARABINE PHOSPHATE, 50 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9190	FLUOROURACIL, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9200	FLOXURIDINE, 500 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9201	GEMCITABINE HCL, 200 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9206	IRINOTECAN, 20 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9208	IFOSFAMIDE, 1 GM	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9209	MESNA, 200 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9215	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9218	LEUPROLIDE ACETATE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	No	MCM 2049 SNF 536	9	NA	NA	51	SNFs cannot bill for this service
J9250	METHOTREXATE SODIUM, 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
J9260	METHOTREXATE SODIUM, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9265	PACLITAXEL, 30 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9268	PENTOSTATIN, PER 10 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9270	PLICAMYCIN, 2.5 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9280	MITOMYCIN, 5 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9290	MITOMYCIN, 20 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9291	MITOMYCIN, 40 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9310	RITUXIMAB, 100 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9320	STREPTOZOCIN, 1 GM	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9340	THIOTEPA, 15 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9350	TOPOTECAN, 4 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9355	TRASTUZUMAB, 10 MG	No	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9357	VALRUBICIN, INTRAVESICAL, 200 MG	No	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
J9360	VINBLASTINE SULFATE, 1 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9370	VINCISTINE SULFATE, 1 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9375	VINCISTINE SULFATE, 2 MG	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9380	VINCISTINE SULFATE, 5 MG INJ	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9390	VINORELBINE TARTRATE/10 mg	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9600	PORFINER SODIUM	No	MCM 2049 SNF 516	9	NA	NA	51	SNFs cannot bill for this service
J9999	CHEMOTHERAPY DRUG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
K0001	STANDARD WHEELCHAIR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0003	LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0006	HEAVY DUTY WHEELCHAIR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	No	SNF 534	NA	NA	NA	46	Discontinued after 6/30/01
K0009	OTHER MANUAL WHEELCHAIR/BASE	Yes	SNF 534	NA	NA	NA	46	Category is DME Price established by Carrier SNF cannot bill this service unless it is approved as a DME Supplier
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Yes	SNF 534	NA	NA	NA	46	Category is DME Price established by Carrier SNF cannot bill this service unless it is approved as a DME Supplier
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0016	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, COMPLETE ASSEMBLY, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0019	ARM PAD, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0021	ANTI-TIPPING DEVICE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0022	REINFORCED BACK UPHOLSTERY	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0023	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, ATTACHED WITH STRAPS	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0024	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, WITH ADJUSTABLE HOOK-ON HARDWARE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0025	HOOK-ON HEADREST EXTENSION	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0026	BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0027	BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0028	MANUAL, FULLY RECLINING BACK	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0029	REINFORCED SEAT UPHOLSTERY	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0030	SOLID SEAT INSERT, PLANAR SEAT, SINGLE DENSITY FOAM	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0031	SAFETY BELT/PELVIC STRAP, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
K0032	SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0033	SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0034	HEEL LOOP, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0035	HEEL LOOP WITH ANKLE STRAP, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0036	TOE LOOP, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0038	LEG STRAP, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0039	LEG STRAP, H STYLE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0041	LARGE SIZE FOOTPLATE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0042	STANDARD SIZE FOOTPLATE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0045	FOOTREST, COMPLETE ASSEMBLY	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0048	ELEVATING LEGREST, COMPLETE ASSEMBLY	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0049	CALF PAD, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0050	RATCHET ASSEMBLY	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
K0054	SEAT WIDTH OF 10", 11", 12", 15", 17", OR 20" FOR A HIGH STRENGTH, LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0055	SEAT DEPTH OF 15", 17", OR 18" FOR A HIGH STRENGTH, LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0057	SEAT WIDTH 19" OR 20" FOR HEAVY DUTY OR EXTRA HEAVY DUTY CHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0058	SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0059	PLASTIC COATED HANDRIM, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0060	STEEL HANDRIM, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0061	ALUMINUM HANDRIM, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0062	HANDRIM WITH 8-10 VERTICAL OR OBLIQUE PROJECTIONS, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0063	HANDRIM WITH 12-16 VERTICAL OR OLBIQUE PROJECTIONS, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0064	ZERO PRESSURE TUBE (FLAT FREE INSERTS), ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0065	SPOKE PROTECTORS, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0066	SOLID TIRE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0067	PNEUMATIC TIRE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0068	PNEUMATIC TIRE TUBE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0073	CASTER PIN LOCK,EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0074	PNEUMATIC CASTER TIRE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
K0075	SEMI-PNEUMATIC CASTER TIRE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0076	SOLID CASTER TIRE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0078	PNEUMATIC CASTER TIRE TUBE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0079	WHEEL LOCK EXTENSION, PAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0080	ANTI-ROLLBACK DEVICE, PAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0081	WHEEL LOCK ASSEMBLY, COMPLETE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0082	22 NF DEEP CYCLE LEAD ACID BATTERY, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0083	22 NF GEL CELL BATTERY, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0084	GROUP 24 DEEP CYCLE LEAD ACID BATTERY, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0085	GROUP 24 GEL CELL BATTERY, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0086	U-1 LEAD ACID BATTERY, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0087	U-1 GEL CELL BATTERY, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0088	BATTERY CHARGER, LEAD ACID OR GEL CELL	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0089	BATTERY CHARGER, DUAL MODE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0090	REAR WHEEL TIRE FOR POWER WHEELCHAIR, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0091	REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEELCHAIR, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0092	REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR, COMPLETE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0093	REAR WHEEL, ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER WHEELCHAIR, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0094	WHEEL TIRE FOR POWER BASE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0095	WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0096	WHEEL ASSEMBLY FOR POWER BASE, COMPLETE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0097	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER BASE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
K0098	DRIVE BELT FOR POWER WHEELCHAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0099	FRONT CASTER FOR POWER WHEELCHAIR, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0100	WHEELCHAIR ADAPTER FOR AMPUTEE, PAIR (DEVICE USED TO COMPENSATE FOR TRANSFER OF WEIGHT DUE TO LOST LIMBS TO MAINTAIN PROPER BALANCE)	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0101	ONE-ARM DRIVE ATTACHMENT, EACH	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0102	CRUTCH AND CANE HOLDER, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0103	TRANSFER BOARD,<25"	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0104	CYLINDER TANK CARRIER, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0105	IV HANGER, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0106	ARM TROUGH, EACH	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0107	WHEELCHAIR TRAY	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	NA	NA	46	Category is DME Price established by Carrier SNF cannot bill this service unless it is approved as a DME Supplier
K0114	BACK SUPPORT SYSTEM FOR USE WITH A WHEELCHAIR, WITH INNER FRAME, PREFABRICATED	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0115	SEATING SYSTEM, BACK MODULE, POSTERIORLATERAL CONTROL, WITH OR WITHOUT LATERAL SUPPORTS, CUSTOM FABRICATED FOR ATTACHMENT TO WHEELCHAIR BASE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0116	SEATING SYSTEM, COMBINED BACK AND SEAT MODULE, CUSTOM FABRICATED FOR ATTACHMENT TO WHEELCHAIR BASE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0119	AZATHIOPRINE - ORAL, TAB, 50 MG	Yes		NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0120	AZATHIOPRINE - PARENTERAL, 100 MG	Yes		NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0121	CYCLOSPORINE - ORAL, 25 MG	Yes		NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0122	CYCLOSPORINE - PARENTERAL, 250 MG	Yes		NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0123	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN - PARENTERAL, 250 MG	Yes		NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0137	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.), PER OZ.	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier

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K0138	SKIN BARRIER; PASTE, PER OZ.	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0139	SKIN BARRIER; POWDER, PER OZ.	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0168	ADMINISTRATION SET, SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0169	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0170	ADMINISTRATION SET, SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0171	ADMINISTRATION SET, SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0172	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0173	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0174	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0175	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0176	CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET	Yes	SNF 534	NA	NA	NA	46	Category is DME Price established by Carrier SNF cannot bill this service unless it is approved as a DME Supplier
K0177	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0178	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0179	FILTER, NON-DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0180	AEROSOL MASK, USED WITH DME NEBULIZER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0181	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0183	NASAL APPLICATION DEVICE USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0184	NASAL PILLOWS/SEALS, REPLACEMENT FOR NASAL APPLICATION DEVICE, PAIR	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0185	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
K0186	CHIN STRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0187	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0188	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0189	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0190	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0191	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0192	TUBING, USED WITH SUCTION PUMP	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0268	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0277	SKIN BARRIER; SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0278	SKIN BARRIER; WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), STANDARD WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0279	SKIN BARRIER; WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0284	EXTERNAL INFUSION PUMP, MECHANICAL, REUSABLE, FOR EXTENDED DRUG INFUSION	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0401	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE	Yes		NA	NA	NA	00	SNFs cannot bill for this service
K0412	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	Yes		NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0417	EXTERNAL INFUSION PUMP, MECHANICAL, REUSABLE, FOR SHORT TERM DRUG INFUSION	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0419	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0420	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0421	POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
K0422	POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0423	POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0424	POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0425	POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0426	POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0427	POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0428	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0429	SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0430	SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0431	POUCH, CLOSED; WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1PIECE), EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0432	POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0433	POUCH, DRAINABLE, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0434	POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (I PIECE EACH)	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0435	POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (I PIECE EACH)	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0436	POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1PIECE EACH)	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0437	POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (I PIECE EACH)	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
K0438	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0439	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	Yes	SNF 534	NA	NA	NA	37	Category is ostomy, tracheostomy & urological supplies SNF cannot bill this service unless it is approved as a DME Supplier
K0452	WHEELCHAIR BEARINGS, ANY TYPE	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0455	INFUSION PUMP USED FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL	Yes	CIM 60-14	NA	NA	NA	31	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0460	POWER ADD-ON, TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0461	POWER ADD-ON, TO CONVERT MANUAL WHEELCHAIR TO POWER OPERATED VEHICLE, TILLER CONTROL	Yes	SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	Yes	MCM 5102.3 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0503	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0504	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0505	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0506	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0507	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0508	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0509	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0511	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0512	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0513	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service

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K0514	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0515	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0516	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0518	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0519	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0520	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0521	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0522	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0523	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0524	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0525	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0526	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0527	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0528	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	NA	51	Category is drugs SNFs cannot bill this service
K0530	NEBULIZER, DURABLE, GLASS , OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	Yes	CIM 60-9 SNF 534	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0531	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	CIM 60-9	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

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K0532	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	CIM 60-9 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0533	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	CIM 60-9 SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0534	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPACITY, WITH BACK UP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	CIM 60-9	NA	NA	NA	31	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0538	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0539	DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICDAL PUMP, STATIONARY OR PORTABLE, EACH	Yes		NA	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
K0540	CANNISTER SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE, EACH	Yes		NA	NA	NA	34	Category is DME Supplies SNF cannot bill this service unless is approved as a DME Supplier
K0541	SPEECH GENERATING DEVICE, DIGITIZED SPEECH USING PRE-RECORDING MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	Yes	CIM 60-23	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0542	SPEECH GENERATING DEVICE, DIGITIZED SPEECH USING PRE-RECORDING MESSAGES, GREATER THAN 8 MINUTES RECORDING TIME	Yes	CIM 60-23	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0543	SPEECH GENERATING DEVICE, SYSTHEZIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	Yes	CIM 60-23	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0544	SPEECH GENERATING DEVICE, SYSTHEZIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Yes	CIM 60-23	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
K0545	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	Yes	CIM 60-23	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0546	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	Yes	CIM 60-23	NA	NA	NA	32	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0547	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHER WISE CLASSIFIED	Yes	CIM 60-23	NA	NA	NA	46	Category is DME Price established by Carrier SNF cannot bill this service unless it is approved as a DME Supplier
K0549	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPAITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0550	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPAITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
K0551	RESIDUAL LIMB SUPPORT SYSTEM, SOLID BASE WITH ADJUSTABLE DROP HOOKS, MOUNTS TO WHEELCHAIR FRAME, EACH	Yes	SNF 534 PM B 01-23	NA	NA	NA	36	Category is DME SNF cannot bill this service unless it is approved as a DME Supplier. Effective 7-01-01
L2102	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, PLASTER TYPE CASTING MATERIAL, CUSTOM-FABRICATED	Yes	Invaidd for Medicare	NA	NA	NA	38	SNFs cannot bill this service effective 7/1/01 for Carriers, 10/01/01 for Fis.
L2104	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, SYNTHETIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	Yes	Invaidd for Medicare	NA	NA	NA	38	SNFs cannot bill this service effective 7/1/01 for Carriers, 10/01/01 for Fis.
L2122	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, PLASTER TYPE CASTING MATERIAL, CUSTOM-FABRICATED	No	Invaidd for Medicare. Program Memo AB-01-01	NA	NA	NA	38	SNFs cannot bill this service effective 7/1/01 for Carriers, 10/01/01 for Fis.
L2860	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM, EACH	Yes	SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service

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L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3170	FOOT, PLASTIC HEEL STABILIZER	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3208	SURGICAL BOOT, EACH, INFANT	Yes	MCM 2079 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3209	SURGICAL BOOT, EACH, CHILD	Yes	MCM 2079 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3211	SURGICAL BOOT, EACH, JUNIOR	Yes	MCM 2079 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3212	BENESCH BOOT, PAIR, INFANT	Yes	MCM 2079 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L3213	BENESCH BOOT, PAIR, CHILD	Yes	MCM 2079 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3214	BENESCH BOOT, PAIR, JUNIOR	Yes	MCM 2079 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD	No	NON COVERED BY MEDICARE STATUTE 1862A8	NA	NA	NA	00	SNFs cannot bill for this service
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY	No	NON COVERED BY MEDICARE STATUTE 1862A8	NA	NA	NA	00	SNFs cannot bill for this service
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOES, HIGHTOP, DEPTH INLAY	No	NON COVERED BY MEDICARE STATUTE 1862A8	NA	NA	NA	00	SNFs cannot bill for this service
L3218	ORTHOPEDIC FOOTWEAR, LADIES SURGICAL BOOT, EACH	Yes	MCM 2323	NA	NA	NA	00	SNFs cannot bill for this service
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOES, OXFORD	No	NON COVERED BY MEDICARE STATUTE 1862A8	NA	NA	NA	00	SNFs cannot bill for this service
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOES, DEPTH INLAY	No	NON COVERED BY MEDICARE STATUTE 1862A8	NA	NA	NA	00	SNFs cannot bill for this service
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOES, HIGHTOP, DEPTH INLAY	No	NON COVERED BY MEDICARE STATUTE 1862A8	NA	NA	NA	00	SNFs cannot bill for this service
L3223	ORTHOPEDIC FOOTWEAR, MENS SURGICAL BOOT, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3254	NON-STANDARD SIZE OR WIDTH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3255	NON-STANDARD SIZE OR LENGTH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3260	AMBULATORY SURGICAL BOOT, EACH	Yes	MCM 2079 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3265	PLASTAZOTE SANDAL, EACH	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3334	LIFT, ELEVATION, HEEL, PER INCH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3340	HEEL WEDGE, SACH	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3350	HEEL WEDGE	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3360	SOLE WEDGE, OUTSIDE SOLE	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3370	SOLE WEDGE, BETWEEN SOLE	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3380	CLUBFOOT WEDGE	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3390	OUTFLARE WEDGE	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3400	METATARSAL BAR WEDGE, ROCKER	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3430	HEEL, COUNTER, PLASTIC REINFORCED	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3440	HEEL, COUNTER, LEATHER REINFORCED	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3450	HEEL, SACH CUSHION TYPE	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3455	HEEL, NEW LEATHER, STANDARD	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3460	HEEL, NEW RUBBER, STANDARD	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3465	HEEL, THOMAS WITH WEDGE	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3470	HEEL, THOMAS EXTENDED TO BALL	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3485	HEEL, PAD, REMOVABLE FOR SPUR	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	Yes	MCM 2323 SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	Yes	MCM 2323 SNF 534	NA	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3890	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM, EACH	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, XTERNAL KNEE JOINTS, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier



HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5300	BELOW KNEE, MOLDED SOCKET, SACH FOOT, ENDOSKELETAL SYSTEM, INCLUDING SOFT COVER AND FINISHING	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5310	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SACH FOOT ENDOSKELETAL SYSTEM, INCLUDING SOFT COVER AND FINISHING	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5320	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE, INCLUDING SOFT COVER AND FINISHING	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5330	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT, INCLUDING SOFT COVER AND FINISHING	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5340	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT, INCLUDING SOFT COVER AND FINISHING	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDE TO MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE – KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE- KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE- KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR CUSHION SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR CUSHION SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5660	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, SILICONE GEL OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5662	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE, SILICONE GEL OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5663	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION, SILICONE GEL OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5664	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE, SILICONE GEL OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5667	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, SOCKET INSERT, SUCTION SUSPENSION WITH LOCKING MECHANISM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5669	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, SOCKET INSERT, SUCTION SUSPENSION WITHOUT LOCKING MECHANISM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS' OR SIMILAR)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5674	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUSPENSION SLEEVE ANY MATERIAL, EACH	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5675	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUSPENSION SLEEVE, HEAVY DUTY, ANY MATERIAL, EACH	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5704	REPLACEMENT, CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5705	REPLACEMENT, CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5706	REPLACEMENT, CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5707	REPLACEMENT, CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5846	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5979	ALL LOWER EXTREMITY PROSTHESES, MULTIAXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, DYNAMIC PROSTHETIC PYLON	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	No	SNF 516 SNF 534	NA	NA	NA	38	SNFs cannot bill for this service
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6310	RESTORATION (COMPLETE PROSTHESIS)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6360	RESTORATION (COMPLETE PROSTHESIS)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6620	UPPER EXTREMITY ADDITION, FLEXION-FRICTION WRIST UNIT	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6625	ROTATION WRIST UNIT WITH CABLE LOCK	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference		Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6675	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF (8) EIGHT TYPE, FOR SINGLE CONTROL	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6676	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF (8) EIGHT TYPE, FOR DUAL CONTROL	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	No	SNF 516	SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6700	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #3	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6705	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6710	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5X	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6715	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5XA	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6720	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #6	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6725	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #7	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6730	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #7LO	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6735	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #8	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6740	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #8X	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6745	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #88X	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6750	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #10P	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6755	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #10X	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6765	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #12P	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6770	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #99X	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6775	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #555	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6780	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #SS555	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6790	TERMINAL DEVICE, HOOK-ACCU HOOK, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6795	TERMINAL DEVICE, HOOK-2 LOAD, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6800	TERMINAL DEVICE, HOOK-APRL VC, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6806	TERMINAL DEVICE, HOOK, TRS GRIP, GRIP III, VC, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6807	TERMINAL DEVICE, HOOK, GRIP I, GRIP II, VC, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L6808	TERMINAL DEVICE, HOOK, TRS ADEPT, INFANT OR CHILD, VC, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6809	TERMINAL DEVICE, HOOK, TRS SUPER SPORT, PASSIVE	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6825	TERMINAL DEVICE, HAND, DORRANCE, VO	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6830	TERMINAL DEVICE, HAND, APRL, VC	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6835	TERMINAL DEVICE, HAND, SIERRA, VO	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6840	TERMINAL DEVICE, HAND, BECKER IMPERIAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6845	TERMINAL DEVICE, HAND, BECKER LOCK GRIP	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6850	TERMINAL DEVICE, HAND, BECKER PLYLITE	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6855	TERMINAL DEVICE, HAND, ROBIN-AIDS, VO	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6860	TERMINAL DEVICE, HAND, ROBIN-AIDS, VO SOFT	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6865	TERMINAL DEVICE, HAND, PASSIVE HAND	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6867	TERMINAL DEVICE, HAND, DETROIT INFANT HAND (MECHANICAL)	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6868	TERMINAL DEVICE, HAND, PASSIVE INFANT HAND, (STEEPER, HOSMER OR EQUAL)	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6870	TERMINAL DEVICE, HAND, CHILD MITT	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6872	TERMINAL DEVICE, HAND, NYU CHILD HAND	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6873	TERMINAL DEVICE, HAND, MECHANICAL INFANT HAND, STEEPER OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6875	TERMINAL DEVICE, HAND, BOCK, VC	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6880	TERMINAL DEVICE, HAND, BOCK, VO	No	MCM 2133 SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No	SNF 516	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7010	ELECTRONIC HAND, OTTO BOCK, STEEPER OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7015	ELECTRONIC HAND, SYSTEM TEKNIK, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7020	ELECTRONIC GREIFER, OTTO BOCK OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7025	ELECTRONIC HAND, OTTO BOCK OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier

HCPSC Code	Short HCPSC Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L7030	ELECTRONIC HAND, SYSTEM TEKNIK, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7035	ELECTRONIC GREIFER, OTTO BOCK OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7040	PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7180	ELECTRONIC ELBOW, BOSTON, UTAH OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7260	ELECTRONIC WRIST ROTATOR, OTTO BOCK OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7261	ELECTRONIC WRIST ROTATOR, FOR UTAH ARM	No	SNF 516	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7266	SERVO CONTROL, STEEPER OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7272	ANALOGUE CONTROL, UNB OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7274	PROPORTIONAL CONTROL, 6-12 VOLT, LIBERTY, UTAH OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	No	SNF 516 SNF 534	NA	NA	NA	38	SNF cannot bill for this service unless it is approved as a DME supplier
L8100	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8110	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
L8120	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8130	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8140	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8150	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8160	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8170	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8180	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8190	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8195	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8200	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8210	GRADIENT COMPRESSION STOCKING, CUSTOM MADE	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8220	GRADIENT COMPRESSION STOCKING, LYMPHEDEMA	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
L8230	GRADIENT COMPRESSION STOCKING, GARTER BELT	No	NON COVERED BY MEDICARE MCM 2133, CIM 60-9	NA	NA	NA	00	SNFs cannot bill for this service
M0075	CELLULAR THERAPY	No	Non-Covered by Medicare CIM 35-5	9	NA	NA	00	SNFs cannot bill for this service
M0076	PROLOTHERAPY	No	Non-Covered by Medicare CIM 35-13	9	NA	NA	00	SNFs cannot bill for this service
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING (MNP)	No	Non-Covered by Medicare CIM 35-65	9	NA	NA	00	SNFs cannot bill for this service
M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	No	Non-Covered by Medicare CIM 35-64	9	NA	NA	00	SNFs cannot bill for this service
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM (MNP)	No	Non-Covered by Medicare CIM 35-64	9	NA	NA	00	SNFs cannot bill for this service
P2028	CEPHALIN FLOCCULATION, BLOOD	Yes	CIM 50-34	859	NA	NA	57	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
P2029	CONGO RED, BLOOD	Yes	CIM 50-34	9	NA	NA	57	SNFs cannot bill for this service
P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	No	NON-COVERED BY MEDICARE CIM 50-34	9	NA	NA	00	SNFs cannot bill for this service
P2033	THYMOL TURBIDITY, BLOOD	Yes	CIM 50-34	9	NA	NA	57	SNFs cannot bill for this service
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVICE	Yes	MCM 51141D SNF 541	9	NA	NA	57	SNFs cannot bill for this service
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	Yes	CIM 60-14	NA	NA	NA	00	SNFs cannot bill for this service
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER VISIT	No	SNF 516	NA	NA	NA	00	SNFs cannot bill for this service
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	No	CIM 60-14 SNF 516	NA	NA	NA	00	SNFs cannot bill for this service
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHNIQUE(S) (EG SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER VISIT	No	SNF 516	NA	NA	NA	00	SNFs cannot bill for this service
Q0086	PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT	Yes	MCM 2210	NA	NA	NA	00	SNFs cannot bill for this service
Q0132	DISPENSING FEE FOR COVERED DRUG ADMINISTRATION THROUGH DME NEBULIZER	Yes		1	Yes	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	No	NON-COVERED BY MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
Q1001	NEW TECHNOLOGY INTRAOCULAR LENSE CATEGORY 1 AS DEFINED IN FEDERAL REGISTER NOTICE, VOL 65, DATED MAY 3, 2000	Yes		9	NA	NA	57	SNFs cannot bill for this service
Q1002	NEW TECHNOLOGY INTRAOCULAR LENSE CATEGORY 2 AS DEFINED IN FEDERAL REGISTER NOTICE, VOL 65, DATED MAY 3, 2000	Yes		9	NA	NA	57	SNFs cannot bill for this service
Q1003	NEW TECHNOLOGY INTRAOCULAR LENSE CATEGORY 3 AS DEFINED IN FEDERAL REGISTER NOTICE	Yes		9	NA	NA	57	SNFs cannot bill for this service
Q1004	NEW TECHNOLOGY INTRAOCULAR LENSE CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	Yes		9	NA	NA	57	SNFs cannot bill for this service
Q1005	NEW TECHNOLOGY INTRAOCULAR LENSE CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	Yes		9	NA	NA	57	SNFs cannot bill for this service
Q2001	ORAL, CABERLOGOLINE, 0.5 MG	No	NON-COVERED BY MEDICARE MCM 2049.5	9	NA	NA	00	SNFs cannot bill for this service
Q2002	INJECTION, ELLIOTTS B SOLUTION, PER ML	Yes	MCM 2049 MIM 3133.5D	360	NA	NA	51	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
Q2003	INJECTION, APROTININ, 10,000 KIU	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN, PER 500 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2005	INJECTION, CORTICORELIN OVINE TRIFLUTATE, PER DOSE	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2006	INJECTION, DIGIOXIN IMMUNE FAB (OVINE), PER VIAL	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2007	INJECTION, ETHANOLAMINE OLEATE, 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2008	INJECTION, FOMEPIZOE, 1.5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2009	INJECTION, FOSPHENYTOIN, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2010	INJECTION, GLATIRAMER ACETATE, PER DOSE	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2011	INJECTION, HEMIN, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2012	INJECTION, PEGADEMASE BOVINE, 25 IU	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2013	INJECTION, PENTASTARCH, 10% SOLUTION, PER 100 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2014	INJECTION, SERMORELIN ACETATE, 0.5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2015	INJECTION, SOMATREM, 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2016	INJECTION, SOMATROPIN, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2017	INJECTION, TENIPOSIDE, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2018	INJECTION, UROFOLLITROPIN, 75 IU	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2019	INJECTION, BASILIXIMAB, 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2020	INJECTION, HISTRELIN ACETATE, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2021	INJECTION, LEPIRUDIN, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	SNFs cannot bill for this service
Q2022	VONWILLEBRAND FACTOR COMPLEX, HUMAN, PER IU	Yes	MCM 2049.5 MCM 5245	9	NA	NA	51	Rendering provider may bill or SNF may bill under arrangements
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	Yes	MCM 15022	9	NA	NA	57	SNFs cannot bill for this service
Q3002	SUPPLY OF RADIOPHARMECUTICAL DIAGNOSTIC IMAGING AGENT, GALLIUM GA 67, PER MCI	Yes	MCM 15022	9	NA	NA	57	SNFs cannot bill for this service
Q3003	SUPPLY OF RADIOPHARMECUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M BICISATE, PER UNIT DOSE	Yes	MCM 15022	961	NA	NA	57	SNFs cannot bill for this service

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
Q3004	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, XENON XE 133, PER 10 MCI	Yes	MCM 15022	9	NA	NA	57	SNFs cannot bill for this service
Q3005	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M MERTRIATIDE, PER MCI	Yes	MCM 15022	9	NA	NA	57	SNFs cannot bill for this service
Q3006	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M GLUCEPATATE, PER 5 MCI	Yes	MCM 15022	9	NA	NA	57	SNFs cannot bill for this service
Q3007	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, SODIUM PHOSPHATE P32, PER MCI	Yes	MCM 15022	9	NA	NA	57	SNFs cannot bill for this service
Q3008	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM 111-IN PENTETREOTIDE, PER 3 MCI	Yes	MCM 15022	9	NA	NA	57	SNFs cannot bill for this service
Q3009	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M OXIDRONATE, PER MCI	Yes	MCM 15022	9	NA	NA	57	SNFs cannot bill for this service
Q3010	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M-LABELED RED BLOOD CELLS, PER MCI	Yes	MCM 15022	9	NA	NA	57	SNFs cannot bill for this service
Q3011	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, CROMIC PHOSPATE P32 SUSPENSION, PER MCI	Yes	MCM 15022	9	NA	NA	57	SNFs cannot bill for this service
Q3012	SUPPLY OF ORAL RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, CYANOCOBALAMIN COBALT CO57, PER 0.5 MCI	Yes	MCM 15022	9	NA	NA	57	SNFs cannot bill for this service
Q9920	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 20 OR LESS	No	MCM 4273.1 SNF 516	9	NA	NA	57	SNFs cannot bill for this service
Q9921	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 21	No	MCM 4273.1 SNF 516	9	NA	NA	57	SNFs cannot bill for this service
Q9922	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 22	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9923	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 23	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9924	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 24	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9925	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 25	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9926	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 26	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9927	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 27	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9928	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 28	No	MCM 4273.1 SNF 543	962	NA	NA	57	SNFs cannot bill for this service

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
Q9929	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 29	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9930	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 30	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9931	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 31	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9932	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 32	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9933	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 33	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9934	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 34	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9935	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 35	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9936	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 36	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9937	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 37	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9938	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 38	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9939	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 39	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
Q9940	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 40 OR ABOVE	No	MCM 4273.1 SNF 543	9	NA	NA	57	SNFs cannot bill for this service
R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT	Yes	CIM 50-15 MCM 2070.1 MCM 2070.4	9	NA	NA	13	SNFs cannot bill for this service
S0009	INJECTION, BUTORPHANOL TARTRATE, 1 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0012	BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0014	TACRINE HYDROCHLORIDE, 10 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0016	INJECTION, AMIKACIN SULFATE, 500 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0017	INJECTION, AMINOCAPROIC ACID, 5 GRAMS	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0021	INJECTION, CEFTOPERAZONE SODIUM, 1 GRAM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0024	INJECTION, CIPROFLOXACIN, 200 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0028	INJECTION, FAMOTIDINE, 20 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0029	INJECTION, FLUCONAZOLE, 400 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
S0030	INJECTION, METRONIDAZOLE, 500 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0032	INJECTION, NAFCILLIN SODIUM, 2 GRAMS	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0034	INJECTION, OFLOXACIN, 400 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0039	INJECTION, SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0040	INJECTION, TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 GRAMS	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0071	INJECTION, ACYCLOVIR SODIUM, 50 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0072	INJECTION, AMIKACIN SULFATE, 100 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0073	INJECTION, AZTREONAM, 500 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0074	INJECTION, CEFOTETAN DISODIUM, 500 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0078	INJECTION, FOSPHENYTOIN SODIUM, 750 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0080	INJECTION, PENTAMIDINE ISETHIONATE, 300 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0081	INJECTION, PIPERACILLIN SODIUM, 500 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0085	INJECTION, GATIFLOXACIN, 200 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0086	INJECTION, VERTEPORFIN, 15 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0090	SILDENAFIL CITRATE, 25 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0096	INJECTION, ITRACONAZOLE, 200 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0156	EXEMESTANE, 25 MG	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0157	BECAPLERMIN GEL 0.01%, 0.5 GM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0220	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSIONALS OR REPRESENTATIVES OF COMMUNITY AGENCIES TO COORDINATE ACTIVITIES OF PATIENT CARE (PATIENT IS PRESENT); APPROXIMATELY 30 MINUTES	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
S0221	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSIONALS OR REPRESENTATIVES OF COMMUNITY AGENCIES TO COORDINATE ACTIVITIES OF PATIENT CARE (PATIENT IS PRESENT); APPROXIMATELY 60 MINUTES	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0601	SCREENING PROCTOSCOPY	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0605	DIGITAL RECTAL EXAMINATION, ANNUAL	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0612	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0620	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; NEW PATIENT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0621	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; ESTABLISHED PATIENT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0630	REMOVAL OF SUTURES; BY A PHYSICIAN OTHER THAN THE PHYSICIAN WHO ORIGINALLY CLOSED THE WOUND	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0800	LASER IN SITU KERATOMILEUSIS (LASIK)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0810	PHOTOREFRACTIVE KERATECTOMY (PRK)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0820	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S0830	ULTRASOUND PACHYMETRY TO DETERMINE CORNEAL THICKNESS, WITH INTERPRETATION AND REPORT, UNILATERAL	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S1015	IV TUBING EXTENSION SET	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S1016	NON PVC (POLYVINYLCHLORIDE) INTRAVENOUS ADMINISTRATION SET, FOR USE WITH DRUGS THAT ARE NOT STABLE IN PVC E.G. PACLITAXEL	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2052	TRANSPLANTATION OF SMALL INTESTINE ALLOGRAFT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2053	TRANSPLANTATION OF SMALL INTESTINE AND LIVER ALLOGRAFTS	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2055	HARVESTING OF DONOR MULTIVISCERAL ORGANS, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFTS; FROM CADAVER DONOR	No	NOT VALID FOR MEDICARE	9365	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
S2060	LOBAR LUNG TRANSPLANTATION	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2061	DONOR LOBECTOMY (LUNG) FOR TRANSPLANTATION, LIVING DONOR	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2102	ISLET CELL TISSUE TRANSPLANT FROM PANCREAS	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2103	ADRENAL TISSUE TRANSPLANT TO BRAIN	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2120	LOW DENSITY LIPOPROTEIN (LDL) APHRESIS USING HEPARIN-INDUCED EXTRA CORPORAL LDL PRECIPITATION	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2140	CORD BLOOD HARVESTING FOR TRANSPLANTATION ALLOGENEIC	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2142	CORD BLOOD-DERIVED STEM-CELL TRANSPLANTATION ALLOGENEIC	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2180	DONOR LEUKOCYTE INFUSION (E.G. DLI, DONOR LYMPHOCYTE INFUSION, DONOR BUFFY COAT CELL TRANSFUSION, DONOR PERIPHERAL BLOOD MONOCYTE TRANSFUSION)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2202	ECHOSCLEROTHERAPY	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2205	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING ARTERIAL GRAFT(S), SINGLE CORONARY ARTERIAL GRAFT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2206	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING ARTERIAL GRAFT(S), TWO CORONARY ARTERIAL GRAFTS	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2207	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING VENOUS GRAFT ONLY, SINGLE CORONARY VENOUS GRAFT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
S2208	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING SINGLE ARTERIAL AND VENOUS GRAFT(S), SINGLE VENOUS GRAFT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2209	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING TWO ARTERIAL GRAFTS AND SINGLE VENOUS GRAFT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2210	CRYOSURGICAL ABLATION (IN SITU DESTRUCTION) OF TUMOROUS TISSUE, ONE OR MORE LESIONS; LIVER	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2220	THROMBECTOMY, CORONARY; BY MECHANICAL MEANS (E.G. USING RHEOLYTIC CATHETER)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2300	ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2340	CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2350	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, SINGLE INTERSPACE	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2351	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2370	INTRADISCAL ELECTROTHERMAL THERAPY, SINGLE INTERSPACE	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S2371	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE FOLLOWING TESTS: HEMOGLOBIN, ELECTROPHORESIS; HYDROPROGESTERONE; 17-D; PHENALANINE (PKU); AND THYROXINE, TOTAL	No	NOT VALID FOR MEDICARE	867	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
S3645	HIV-1 ANTIBODY TESTING OF ORAL MUCOSAL TRANSUDATE	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S3650	SALIVA TEST, HORMONE LEVEL; DURING MENOPAUSE	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S3652	SALIVA TEST, HORMONE LEVEL; TO ASSESS PRETERM LABOR RISK	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S3700	BLADDER TUMOR-ASSOCIATED ANTIGEN TEST	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S3708	GASTROINTESTINAL FAT ABSORPTION STUDY	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S3902	BALLISTOCARDIOGRAM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S3904	MASTERS TWO STEP	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S3906	TRANSFUSION, DIRECT, BLOOD OR BLOOD COMPONENTS	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5000	PRESCRIPTION DRUG, GENERIC	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5001	PRESCRIPTION DRUG, BRAND NAME	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5002	FAT EMULSION 10% IN 250 ML, WITH ADMINISTRATION SET	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5003	FAT EMULSION 20% IN 250 ML, WITH ADMINISTRATION SET	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5010	5% DEXTROSE AND 45% NORMAL SALINE, 1000 ML	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5011	5% DEXTROSE IN LACTATED RINGERS, 1000 ML	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5012	5% DEXTROSE WITH POTASSIUM CHLORIDE, 1000 ML	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5013	5% DEXTROSE/45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAGNESIUM SULFATE, 1000 ML	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5014	5% DEXTROSE/45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAGNESIUM SULFATE, 1500 ML	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5016	ANTIBIOTIC ADMINISTRATION SUPPLIES (WITH PUMP), PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5017	ANTIBIOTIC ADMINISTRATION SUPPLIES (WITHOUT PUMP), PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5018	PAIN THERAPY ADMINISTRATION SUPPLIES (PCA OR CONTINUOUS), PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5019	CHEMOTHERAPY ADMINISTRATION SUPPLIES (WITH PUMP), PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5020	CHEMOTHERAPY ADMINISTRATION SUPPLIES (WITHOUT PUMP), PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5021	HYDRATION THERAPY ADMINISTRATION SUPPLIES, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
S5022	GROWTH HORMONE THERAPY (E.G., PROTROPIN, HUMATROPE)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5025	INFUSION PUMP RENTAL, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S5503	MAINTENANCE OF IMPLANTED VASCULAR ACCESS DEVICE, INCLUDING SUPPLIES; PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8001	RADIOFREQUENCY STIMULATION OF THE THALMUS FOR TREMOR ACCOMPLISHED BY STEROTACTIC METHOD, INCLUDING BURR HOLES, LOCALIZING AND RECORING TECHNIQUES AND PLACEMENT OF THE ELECTRODE(S)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8035	MAGNETIC SOURCE IMAGING	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8040	TOPOGRAPHIC BRAIN MAPPING	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8049	INTRAOPERATIVE RADIATION THERAPY (SINGLE ADMINISTRATION)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8080	SCINTIMAMMOGRAPHY (RADIOIMMUNOSCINTIGRAPHY OF THE BREAST), UNILATERAL, INCLUDING SUPPLY OF RADIOPHARMACEUTICAL	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8085	FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FG) IMAGING USING DUAL HYPHEN HEAD COINCIDENCE DETECTION SYSTEM (NON-DEDICATED PET SCAN)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINE CT)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8095	WIG (FOR MEDICALLY-INDUCED HAIR LOSS)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8096	PORTABLE PEAK FLOW METER	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8105	OXIMETER FOR MEASURING BLOOD OXYGEN LEVELS NONINVASIVELY	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8110	PEAK EXPIRATORY FLOW RATE (PHYSICIAN SERVICES)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8200	CHEST COMPRESSION VEST	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8205	CHEST COMPRESSION SYSTEM GENERATOR AND HOSES (FOR USE WITH CHEST COMPRESSION VEST - S8200)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8210	MUCUS TRAP	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8260	ORAL ORTHOTIC FOR TREATMENT OF SLEEP APNEA, INCLUDES FITTING, FABRICATION, AND MATERIALS	No	NOT VALID FOR MEDICARE	969	NA	NA	00	SNFs cannot bill for this service

HCPDS Code	Short HCPDS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
S8400	INCONTINENCE PANTS, EACH	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8402	DIAPERS, EACH	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8405	INCONTINENCE LINERS, EACH	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8950	COMPLEX LYMPHEDEMA THERAPY, EACH 15 MINUTES	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9001	HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9007	ULTRAFILTRATION MONITOR	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9015	AUTOMATED EEG MONITORING	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9022	DIGITAL SUBTRACTION ANGIOGRAPHY (USE IN ADDITION TO CPT CODE FOR THE PROCEDURE FOR FURTHER IDENTIFICATION)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9023	XENON REGIONAL CEREBRAL BLOOD FLOW STUDIES	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9024	PARANASAL SINUS ULTRASOUND	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9035	MEDICAL EQUIPMENT OR SUPPLIES DISTRIBUTED BY HOME CARE PROVIDER WITHOUT PROFESSIONAL NURSING INTERVENTION, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9055	PROCUREN OR OTHER GROWTH FACTOR PREPARATION TO PROMOTE WOUND HEALING	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9056	COMA STIMULATION PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9061	MEDICAL SUPLIES AND EQUIPMENT RENTAL DISTRIBUTED BY THE HOME CARE PROVIDER; AEROSOLIZED DRUG THERAPY; PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9075	SMOKING CESSATION TREATMENT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9085	MENISCAL ALLOGRAFT TRANSPLANTATION	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9088	SERVICES PROVIDED IN AN URGENT CARE CENTER	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9090	VERTEBRAL AXIAL DECOMPRESSION, PER SESSION	No	NOT VALID FOR MEDICARE	9370	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9124	LICENSED PRACTICAL NURSE, PER HOUR	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9125	RESPIRE CARE, IN THE HOME, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9126	HOSPICE CARE, IN THE HOME, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9127	SOCIAL WORK VISIT, IN THE HOME, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9129	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP VISIT TO NON-MD PROVIDER	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9141	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP VISIT TO MD PROVIDER	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9200	NURSING SERVICES AND ALL NECESSARY SUPPLIES (INCLUDING PCA PUMP RENTAL) FOR HOME ADMINISTRATION OF PATIENT CONTROLLED ANALGESIA (PCA) PER DIEM (DRUGS NOT INCLUDED)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9210	NSG SVCS. & ALL SUP. FOR CONTIN. UNINTERRUPTED INFUS OF EPOPROSTENOL (INCL. VEN. ACCESS DEVICE, INFUS & BACK UP PUMPS, ICE PKS FOR CASS, BATT, RELATED SUPP, & ALL NSG SVCS. INCL F/UP VISITS, TELE MONITOR, 24/7 AVAIL, & ALL ED.TO PT. & CAREGIVERS); PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9220	NURSING SERVICES AND ALL NECESSARY EQUIPMENT AND SUPPLIES FOR HOME ADMINISTRATION OF CONTROLLED RATE INTRAVENOUS INFUSION (E.G. DOBUTAMINE) REQUIRING PROLONGED ATTENDANCE BY THE NURSE, PER DIEM (DRUGS NOT INCLUDED)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9225	NURSING SERVICES AND ALL NECESSARY EQUIPMENT AND SUPPLIES FOR HOME ADMINISTRATION OF INTRAVENOUS TOCOLYTIC THERAPY, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service



HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
S9230	NURSING SERVICES AND ALL NECESSARY EQUIPMENT AND SUPPLIES FOR HOME ADMINISTRATION OF HEPARIN, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9300	NURSING SERVICES AND ALL NECESSARY SUPPLIES FOR HOME ENTERAL FEEDING BY GRAVITY, PER DIEM, (ENTERAL FORMULA NOT INCLUDED)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9308	NURSING SERVICES AND ALL NECESSARY SUPPLIES FOR HOME ENTERAL FEEDING BY PUMP, INCLUDING PUMP RENTAL, PER DIEM (ENTERAL FORMULA NOT INCLUDED)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9310	NURSING SERVICES AND ALL NECESSARY SUPPLIES FOR HOME PARENTERAL NUTRITION WITHOUT LIPIDS, INCLUDING PUMP RENTAL, PER DIEM (PARENTERAL SOLUTIONS NOT INCLUDED)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9395	NURSING SERVICES AND ALL NECESSARY SUPPLIES AND ADDITIVES FOR HOME IV HYDRATION (VIA GRAVITY OR PUMP), PER DIEM (HYDRATION SOLUTION AND DRUGS NOT INCLUDED)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9420	NURSING SERVICES AND ALL NECESSARY SUPPLIES FOR INTERIM HOME MAINTENANCE OF IMPLANTED VASCULAR ACCESS PORT/CATHETER/RESERVOIR, PER DIEM (FOR INTERIM MAINTENANCE OF VASCULAR ACCESS NOT CURRENTLY IN USE)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9423	NURSING SERVICES, PATIENT ASSESSMENT AND EDUCATION, FOLLOW-UP VISITS, ELECTRONIC PROGRAMMER AND EQUIPMENT (USE OF COMPUTER), PROGRAMMING OF THE PUMP, ALL NECESSARY SUPPLIES, PRODUCTS OR SERVICES FOR INTRATHECAL DRUG INFUSION, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9425	NURSING SERVICES AND ALL NECESSARY SUPPLIES AND ADDITIVES FOR HOME IV CHEMOTHERAPY (VIA IV PUSH, GRAVITY DRIP, STATIONARY PUMP, AMBULATORY BELT PUMP), PER DIEM (HYDRATION SOLUTION AND DRUGS NOT INCLUDED)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9455	DIABETIC MANAGEMENT PROGRAM, GROUP SESSION	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9465	DIABETIC MANAGEMENT PROGRAM, DIETITIAN VISIT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9472	CARDIAC REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9473	PULMONARY REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9474	ENTEROSTOMAL THERAPY BY A REGISTERED NURSE CERTIFIED IN ENTEROSTOMAL THERAPY, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9475	AMBULATORY SETTING SUBSTANCE ABUSE TREATMENT OR DETOXIFICATION SERVICES, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9485	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9524	NURSING SERVICES RELATED TO HOME IV THERAPY, PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9526	SKILLED NURSING VISITS FOR BLOOD PRODUCT ADMINISTRATION, INCLUDING PUMP AND ALL RELATED SUPPLIES; PER SERVICE	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9527	INSERTION OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), INCLUDING NURSING SERVICES AND ALL SUPPLIES	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9528	INSERTION OF MIDLINE CENTRAL VENOUS CATHETER, INCLUDING NURSING SERVICES AND ALL SUPPLIES	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9533	PAIN MANAGEMENT, INTRAVENOUS, EPIDURAL OR SUBCUTANEOUS, INCLUDING SOLUTION, EQUIPMENT RENTAL, NURSING CARE, AND SUPPLIES; PER DIEM (DRUGS NOT INCLUDED)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9535	ADMINISTRATION OF HEMATOPOIETIC HORMONES (E.G. ERYTHROPOIETIN, G-CSF, GM-CSF) OR PLATELETS, INTRAVENOUSLY IN THE HOME SETTING, INCLUDING ALL NURSING CARE, EQUIPMENT, AND SUPPLIES; PER DIEM	No	NOT VALID FOR MEDICARE	973	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
S9539	ADMINISTRATION OF ANTIBIOTICS, INTRAVENOUSLY, IN THE HOME SETTING, INCLUDING ALL NURSING CARE, EQUIPMENT, AND SUPPLIES; PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9543	ADMINISTRATION OF MEDICATION, INTRAMUSCULARLY, EPIDURALLY OR SUBCUTANEOUSLY, IN THE HOME SETTING, INCLUDING ALL NURSING CARE, EQUIPMENT, AND SUPPLIES; PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9545	ADMINISTRATION OF IMMUNE GLOBULIN, INTRAVENOUSLY, IN THE HOME SETTING, INCLUDING ALL NURSING CARE, EQUIPMENT, AND SUPPLIES; PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9550	HOME IV THERAPY, HYDRATION FLUIDS AND ELECTROLYTES, INCLUDING ALL NURSING CARE, EQUIPMENT, AND SUPPLIES; PER DIEM	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9555	ADDITIONAL HOME INFUSION THERAPY, INCLUDING ALL NURSING CARE, EQUIPMENT, AND SUPPLIES; EACH THERAPY, PER DIEM (S9555 SHOULD BE USED IN ADDITION TO THE CODE FOR THE PRIMARY THERAPY)	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9990	SERVICES PROVIDED AS PART OF A PHASE II CLINICAL TRIAL	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9991	SERVICES PROVIDED AS PART OF A PHASE III CLINICAL TRIAL	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9992	TRANSPORTATION COSTS TO AND FROM TRIAL LOCATION AND LOCAL TRANSPORTATION COSTS (E.G., FARES FOR TAXICAB OR BUS) FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9994	LODGING COSTS (E.G. HOTEL CHARGES) FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9996	MEALS FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
S9999	SALES TAX	No	NOT VALID FOR MEDICARE	9	NA	NA	00	SNFs cannot bill for this service
V2025	DELUXE FRAME	Yes	MCM 3045.4	9	NA	NA	00	SNFs cannot bill for this service
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	Yes	SNF 534	Ø74	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
V2299	SPECIALTY BIFOCAL (BY REPORT)	Yes	SNF 535	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2299	SPECIALTY BIFOCAL (BY REPORT)	Yes	SNF 535	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2399	SPECIALTY TRIFOCAL (BY REPORT)	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2399	SPECIALTY TRIFOCAL (BY REPORT)	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2599	CONTACT LENS, OTHER TYPE	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2599	CONTACT LENS, OTHER TYPE	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND COMPOUND MICROSCOPIC LENS SYSTEM	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND COMPOUND MICROSCOPIC LENS SYSTEM	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2629	PROSTHETIC EYE, OTHER TYPE	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2629	PROSTHETIC EYE, OTHER TYPE	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	Yes	MCM 2130	9	NA	NA	52	SNFs cannot bill for this service
V2631	IRIS SUPPORTED INTRAOCULAR LENS	Yes	MCM 2130	9	NA	NA	52	SNFs cannot bill for this service
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	Yes	MCM 2130	9	NA	NA	52	SNFs cannot bill for this service
V2781	PROGRESSIVE LENS, PER LENS	Yes	SNF 534	9	NA	NA	00	SNFs cannot bill for this service
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	Yes	SNF 534	875	NA	NA	57	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
V2799	VISION SERVICE, MISCELLANEOUS	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V2799	VISION SERVICE, MISCELLANEOUS	Yes	SNF 534	9	NA	NA	46	Price established by Carrier SNF cannot bill this service unless it is approved as a DME supplier
V5008	HEARING SCREENING	No	NON-COVERED BY MEDICARE MCM 2320	9	NA	NA	00	SNFs cannot bill for this service
V5010	ASSESSMENT FOR HEARING AID	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5014	REPAIR/MODIFICATION OF A HEARING AID	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5020	CONFORMITY EVALUATION	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5050	HEARING AID, MONAURAL, IN THE EAR	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5070	GLASSES, AIR CONDUCTION	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5080	GLASSES, BONE CONDUCTION	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5100	HEARING AID, BILATERAL, BODY WORN	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5110	DISPENSING FEE, BILATERAL	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5120	BINAURAL, BODY	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service

HCPCS Code	Short HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated July 11, 2001 Comments
V5130	BINAURAL, IN THE EAR	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5140	BINAURAL, BEHIND THE EAR	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5150	BINAURAL, GLASSES	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5160	DISPENSING FEE, BINAURAL	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5170	HEARING AID, CROS, IN THE EAR	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5180	HEARING AID, CROS, BEHIND THE EAR	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5190	HEARING AID, CROS, GLASSES	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5200	DISPENSING FEE, CROS	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5210	HEARING AID, BICROS, IN THE EAR	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5220	HEARING AID, BICROS, BEHIND THE EAR	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5230	HEARING AID, BICROS, GLASSES	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5240	DISPENSING FEE, BICROS	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	No	Not Covered Per Medicare Statute 1862A7	9	NA	NA	00	SNFs cannot bill for this service
76092	MAMMOGRAM, SCREENING	No	MIM 3660.10G MCM 4601 MCM 4601.2 SNF 537	9	NA	Payment Limit		Review manual references for special billing/pricing instructions.
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT IDENTIFIED ELSEWHERE, BY REPORT	No	SNF 516.6	9	NA		52	SNFs cannot bill for this service