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# Program Memorandum Intermediaries

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

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## CHANGE REQUEST 1935

**SUBJECT: HCPCS Code Updates and Corrections for SNF Part A PPS Consolidated Billing and SNF Part B Fee Schedule for 2002.**

Program Memoranda (PM) A-00-88 and A-01-45 contained initial information about fee schedule payment for SNF Part B services. PM A-01-94 provided 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. Attachment B to PM A-01-94 contained a complete list of CY 2001 HCPCS codes identifying which SNF services are paid via fee schedule and which are not. PM-A-01-119 corrected the implementation date for fee schedule payments and clarified the files to be pulled down from the CMS mainframe.

This PM contains information and related instructions about HCPCS codes updated for CY 2002 which impact either consolidated billing for SNF Part A inpatients or the fee schedule for SNF Part B services.

A small number of errors have been found in the file furnished with PM A-01-94, primarily with respect to codes for prosthetic and orthotic devices. These are generally billable under Part B by the SNF if the SNF furnishes the item - unlike DME and oxygen.

### A - Summary of Code Changes

Following is a description of code changes. Some changes are reclassifications of inclusion/exclusions to SNF PPS for existing codes and some are new or deleted codes. All new codes and reclassifications are effective for services furnished on and after January 1, 2002.

#### Therapy services:

The following physical therapy services are included in SNF PPS billing for SNF inpatients and must be billed by the SNF for its Part B residents and non-residents. These codes are not new codes for 2002 but have been reclassified as therapy services effective January 1, 2002. For SNF residents, do not pay them to an entity other than a SNF for services furnished on and after January 1, 2002.

G0193	G0194	G0195	G0196	G0197	G0198	G0199
G0200	G0201	97601	97602 *			

\*97602 is bundled with other rehabilitation services. It may be bundled with any therapy code.

Therapy codes previously reported that are deleted codes effective for services furnished on and after January 1, 2002.

92597	92598	92525*	97770	G0169
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\*Code 92525 is a valid code but not covered by Medicare.

### **Chemotherapy Services**

The following chemotherapy service codes are new for 2002 and added to the list of services excluded from SNF PPS. They must be separately billed by the rendering provider/supplier.

J9017          J9300

### **Chemotherapy Administration and Radioisotope Services**

There are no additions or deletions to these services that are excluded from SNF PPS payment.

### **Prosthetic Devices**

The following prosthetic device codes are new for 2002 and are added to the list of services excluded from SNF PPS.

L5301          L5311          L5321          L5331          L5341          L5671          L5847  
L5989          L5990          L6881          L6882

The following prosthetic device codes are deleted from HCPCS effective 12/31/2001.

L5300          L5310          L5320          L5330          L5340          L5667          L5669

### **Computerized Axial Tomography (CT scans):**

The following CT service is excluded from the SNF PPS only when furnished on an outpatient basis by a hospital or a CAH, effective January 1, 2002:

76362

### **Cardiac Catheterization Services:**

The following cardiac catheterization service is excluded from the SNF PPS only when furnished on an outpatient basis by a hospital or a CAH, effective January 1, 2002:

33967

The following cardiac catheterization service code is discontinued December 31, 2001.

93536

### **Magnetic Resonance Imaging (MRIs):**

The following MRI service is excluded from the SNF PPS only when furnished on an outpatient basis by a hospital or a CAH, effective January 1, 2002:

76394

The following MRI service is deleted from the list of services excluded from SNF PPS because the service is not covered by Medicare, effective January 1, 2002.

72198

### **Radiation Therapy**

The following radiation services are excluded from the SNF Part A PPS and consolidated billing when furnished on an outpatient basis by a hospital or a CAH, effective January 1, 2002:

G0242          G0243          G0173\*          77301          77418

\*G0173 is not a new code for 2002 but has been reclassified as excluded from SNF PPS.

The following radiation services codes are discontinued effective December 31, 2001.

G0174                      G0178

### **Angiography services**

There are no additions or deletions to these services that are excluded from SNF PPS payment.

### **Outpatient Surgery**

Hospital services associated with the following codes are not separately payable (since these services may be rendered in a SNF), effective January 1, 2002. Physician services for these codes may be billed to and paid by the carrier.

20551            20552            20553            29086            36002            38220            38221

The above codes are included in the following addenda.

Addendum A is a list of new codes added for 2002, that are included in the SNF Part A payment amount. They cannot be paid separately for beneficiaries in a covered Part A stay. See the columns applicable to Part B in the addendum for the status of the code for residents for whom only Part B payments can be made.

Addendum B is a list of new codes added for 2002, that are not included in the SNF Part A payment amount. Most of these codes can be paid separately for inpatients in a covered Part A stay if billed by a provider other than the SNF, except for codes Q3018 (Hepatitis vaccine) and 76085 (computer mammogram add-on (screening)), which must be billed by the SNF. Codes for ambulance services may or may not be billed by the SNF, depending on the destination and reason for transport. A new ambulance code, Q3017 (advanced life support (ALS) assessment) was effective 2001, but can only be billed to Medicare after implementation of the ambulance fee schedule and before the end of the transition period. After the ambulance transition period, this code is replaced with HCPCS code A0427. A0380 (Basic life support mileage), and A0390 (Advanced life support mileage) are billable until implementation of the ambulance fee schedule. At that time they will be replaced by HCPCS code A0425. The same billing rules apply for services provided to Part B residents or provided to non-residents by the SNF as Part B medical and other health services.

Addendum C is a list of codes discontinued effective December 31, 2001. The status descriptions apply to the period preceding the date the code was discontinued.

Addendum D is a list of corrections to the previous SNF HELP file furnished with PM A-01-94 and mid-year additions or deletions of certain codes. The corrections are:

- Prosthetic and orthotic services that SNFs may bill;
- Audiologists services that have been reclassified as diagnostic services instead of therapy services;
- Codes discontinued after 06/30/2001;
- Codes effective 04/01/2001;
- Codes effective 10/01/2001;
- Codes identified as approved CLIA waived tests;
- Ambulance code changes;
- Codes with status changes since the last update in July;
- Changes to rehabilitation codes that SNFs must bill;
- Coordinated care demonstration codes that are excluded from SNF PPS and billable by SNFs that are participating in a coordinated care demo.

Addendum E is instructions for using and interpreting the addenda and the attached excel file.

Also attached is an Excel file containing all applicable SNF HCPCS codes identifying Part A and Part B billing status for each. This file will be posted on the CMS web site for query by SNFs, suppliers, and intermediaries. This file is furnished as a separate electronic Excel file only. If you wish to create your own internal data base by upsizing the Excel file to Access, and/or SQL, or if you wish to use the Excel file as a reference, you may do so. The Excel file name when unzipped is 'cr1935-11202001.xls' (without the quotes).

Note that codes beginning in C (OPPS), H (temporary State and Federal agencies other than Medicare), S (national codes established for private payers), and T (not valid for Medicare) are not included in any of the above lists. Codes included in the lists relate to SNF claims only.

## **B - Summary of Fee Schedule Payment Provisions for Part B Services to SNF Patients**

### **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 for services furnished on and after January 1, 2002, radiology, other diagnostic, and other services included in the MPFSDB will be paid under a fee schedule when rendered to patients of a SNF. 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.

### **3 - General Rules for SNF Fee Schedule**

- Establish the approved amount as the lower of billed charges for the HCPCS code or the fee schedule amount.
- Calculate deductible and coinsurance for SNF fee schedule payments based on the approved amount (not billed charges). Continue to calculate deductible and coinsurance for SNF services that are 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.
- Medicare covered screening and preventive services furnished to SNF Part A inpatients must be billed by the SNF under Part B.

### **C - Services Not Paid Through a Fee Schedule**

Fee schedules have not yet been developed/implemented 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 (scheduled for April 1, 2002).

### **D - Intermediary Actions in Response to this PM**

#### **1 - Identify Changes in HCPCS Codes for SNF Services Paid Via Fee Schedule**

Intermediaries should use the files attached to this PM to determine which HCPCS codes to add or delete to systems for payment to SNFs under a fee schedule.

File contents are described in section A above. File data descriptions are in Addendum E.

#### **2 - Add Fees to System for Codes Marked as Additions and Download Fee Schedule Updates**

- Obtain fees for additional codes for clinical diagnostic laboratory services, therapies, and DMEPOS items identified as payable from the current laboratory, DMEPOS, or therapy fee schedules.
- Download fees for radiology services, other diagnostic services, and other services paid on the MPFSDB from the SNF extract file that will be placed on the CMS mainframe on or about November 14, 2001, for CY 2002. 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.

#### **3 - Delete Codes for Codes Marked as Deletions**

Follow established procedures for HCPCS code deletions; include those for holding the code in the system and accepting it for billings for a grace period. Payment to SNFs under a fee schedule are no different from HCPCS code administration for fee schedules and other reporting in this respect.

#### **4 - Review Current Systems Files to Assure Accuracy**

Review the corrections for prosthetic/orthotic codes to assure that your standard system has fees loaded for services that your SNFs bill for which fee schedules exist. Note that the file furnished with the earlier PM included some errors on prosthetic and orthotic codes, and audiologists' tests have been reclassified to be other than therapy. Most of these codes that describe supplies are billable by a SNF to the intermediary, if the SNF furnishes the service - unlike DME. Review codes in Addendum D to assure proper inclusion in appropriate payment systems files.

## **5 - Notify Providers**

Intermediaries are to inform SNFs of the changes in codes applicable to Part A consolidated billing and Part B payments with their next regular provider update. This material also should be incorporated into each intermediary's provider training material.

**The *effective date* of this PM is services on and after January 1, 2002.**

**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, 2003.**

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

6 Attachments

**Addendum A - New Codes Included in SNF PPS Part A Payment Amounts Effective January 1, 2002  
Date - November 20, 2001**

See Addendum E for Description of Column Headings and Coding

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
0023T	Phenotype drug test, hiv 1	Yes						Code Effective 1/1/2002 SNF or rendering provider may bill
20226	Ther injection carpal tunnel	Yes			NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician must bill
20551	Inject tendon origin/insert	Yes	SNF 515.1		NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician must bill
20552	Inject trigger point, 1 or 2	Yes	SNF 515.1		NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician must bill
20553	Inject trigger points, > 3	Yes	SNF 515.1		NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician must bill
29086	Apply finger cast	Yes	SNF 515.1		NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician must bill
36002	Pseudoaneurysm injection trt	Yes	SNF 515.1		NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician must bill
38220	Bone marrow aspiration	Yes	SNF 515.1		NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician must bill
38221	Bone marrow biopsy	Yes	SNF 515.1		NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician must bill
76490	Us for tissue ablation	Yes						Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
82274	Assay test for blood, fecal	Yes				Fee		Code Effective 1/1/2002 Rendering provider bills
83950	Oncorprotein, her-2/neu	Yes				Fee		Code Effective 1/1/2002 Rendering provider bills
86141	C-reactive protein, hs	Yes				Fee		Code Effective 1/1/2002 Rendering provider bills
86336	Inhibin A	Yes				Fee		Code Effective 1/1/2002 Rendering provider bills
87198	Cytomegalovirus antibody dfa	Yes				Fee		Code Effective 1/1/2002 Rendering provider bills
87199	Enterovirus antibody, dfa	Yes				Fee		Code Effective 1/1/2002 Rendering provider bills

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
87802	Strep b assay w/optic	Yes				Fee		Code Effective 1/1/2002 Rendering provider bills
87803	Clostridium toxin a w/optic	Yes				Fee		Code Effective 1/1/2002 Rendering provider bills
87804	Influenza assay w/optic	Yes				Fee		Code Effective 1/1/2002 Rendering provider bills
87902	Genotype, dna, hepatitis C	Yes				Fee		Code Effective 1/1/2002 Rendering provider bills
88380	Microdissection	Yes				Fee		Code Effective 1/1/2002 Rendering provider bills
90473	Immune admin oral/nasal	Yes	MIM 2049.4, MCM 2320	N/A	NA	NA		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements Review manual references for special billing instructions
90474	Immune admin oral/nasal addl	Yes	MIM 2049.4, MCM 2321	N/A	NA	NA		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements Review manual references for special billing instructions.
99091	Collect/review data from pt	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
91123	Irrigate fecal impaction	Yes				Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
92136	Ophthalmic biometry	Yes				Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
92596	EAR PROTECTOR EVALUATION	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
93025	Microvolt t-wave assess	Yes				Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
93613	Electrophys map, 3d, add-on	Yes				Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
93701	Bioimpedance, thoracic	Yes						Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements



HCPDS Code	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 November 20, 2001 Comments
95965	Meg, spontaneous	Yes		-	-	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements.
95966	Meg, evoked, single	Yes		-	-	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements.
95967	Meg, evoked, each addl	Yes		-	-	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements.
96000	Motion analysis, video/3d	Yes		N/A	NA	Fee		Code Effective 1/1/2002 Physical Therapy - SNFs must bill this service
96001	Motion test w/ft press meas	Yes		N/A	NA	Fee		Code Effective 1/1/2002 Physical Therapy -SNFs must bill this service
96002	Dynamic surface emg	Yes		N/A	NA	Fee		Code Effective 1/1/2002 Physical Therapy - SNFs must bill this service
96003	Dynamic fine wire emg	Yes		N/A	NA	Fee		Code Effective 1/1/2002 Physical Therapy - SNFs must bill this service
96150	Assess hlth/behave, init	Yes			NA	NA		Code Effective 1/1/2002 Physician billing to Carrier
96151	Assess hlth/behave, subseq	Yes			NA	NA		Code Effective 1/1/2002 Physician billing to Carrier
96152	Intervene hlth/behave, indiv	Yes			NA	NA		Code Effective 1/1/2002 Physician billing to Carrier
96153	Intervene hlth/behave, group	Yes			NA	NA		Code Effective 1/1/2002 Physician billing to Carrier
96154	Interv hlth/behav, fam w/pt	Yes			NA	NA		Code Effective 1/1/2002 Physician billing to Carrier
96155	Interv hlth/behav fam no pt	Yes			NA	NA		Code Effective 1/1/2002 Physician billing to Carrier
97005	Athletic train eval	Yes		N/A	N/A	N/A		Code Effective 1/1/2002 SNFs cannot bill this service
97006	Athletic train reeval	Yes		N/A	N/A	N/A		Code Effective 1/1/2002 SNFs cannot bill this service
99091	Collect/review data from pt	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
A4257	Replace Lensshield Cartridge	Yes						Code Effective 1/1/2002 Category is DME Supplies SNF cannot bill this service unless it is approved as a DME Supplier
A5509	For diabetics only, direct formed, molded to foot with external heat source (i.e. heat gun) multiple density insert(s), prefabricated, per shoe	Yes	SNF 534 1861(s)(12)					Code Effective 1/1/2002 SNF or rendering provider may bill
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s), prefabricated, per shoe	Yes	SNF 534 1861(s)(12)					Code Effective 1/1/2002 SNF or rendering provider may bill
A5511	For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe	Yes	SNF 534 1861(s)(12)					Code Effective 1/1/2002 SNF or rendering provider may bill
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	Yes	SNF 534					Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier.
A6010	Collagen based wound filler, dry form, per gram of collagen	Yes	SNF 535					Code Effective 1/1/2002 Category is surgical dressings Rendering provider may bill or SNF may bill under arrangements
A9511	Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m, depreotide, per mci	Yes	MCM 15030 SNF 230.5 SNF 535	9	NA	Cost	51	Code Effective 1/1/2002 Category is drugs SNF or supplier may bill
B4086	Gastrostomy/jejunostomy tube, any material, any type (standard or low profile), each	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	Code Effective 1/1/2002 SNFs cannot bill for this service unless it is approved as a DME Supplier
E0221	Infrared heating pad system	Yes	SNF 534	NA	NA	NA	32	Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	Yes	SNF 534	NA	NA	NA	32	Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPDS Code	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 November 20, 2001 Comments
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	Yes	SNF 534	NA	NA	NA	32	Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Yes	SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0481	Intrapulmonary percussive ventilation system and related accessories	Yes	SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes	SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0620	Skin piercing device for collection of capillary blood, laser, each	Yes	SNF 535	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0752	Implantable neurostimulator electrode, each	Yes	CIM 35-48 SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0754	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	Yes	CIM 35-48 SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0759	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Yes	CIM 65-8	NA	NA	Fee		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E0169	Commode chair with seat lift mechanism	Yes	SNF 534	NA	NA	NA	32	Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1801	Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs	Yes	SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
E1806	Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs	Yes	SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1811	Bi-directional progressive stretch knee device with range of motion adjustment, includes cuffs	Yes	SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1816	Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs	Yes	SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Yes	SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	Yes	SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E1902	Communication Board, non-electronic augmentative or alternative communication device	Yes		NA	NA	NA	00	Code Effective 1/1/2002 SNFs cannot bill for this service
E2000	Blood glucose monitor with integrated voice synthesizer	Yes						Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E2001	Blood glucose monitor with integrated lancing/blood sample	Yes						Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
E2101	Bld glucose monitor w lance	Yes						Code Effective 1/1/2002 Category is DME SNF cannot bill this service unless it is approved as a DME Supplier
G0210	PET Imaging whole body; diagnosis; lung cancer, non-small cell	Yes	CIM 50-36, MCM 4173	—	NA	Fee	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
G0212	PET Imaging whole body; restaging; lung cancer; non-small cell	Yes	CIM 50-36, MCM 4173	—	NA	Fee	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0215	PET Imaging whole body; full-and partial-ring pet scanners only, restaging; colorectal cancer (replaces G0163)	Yes	CIM 50-36, MCM 4173	—	NA	Fee	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0217	PET Imaging whole body; full- and partial-ring pet scanners only, initial staging; melanoma	Yes	CIM 50-36, MCM 4173	—	NA	Fee	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0219	PET Imaging whole body; (full- and partial-ring pet scanners) melanoma for non-covered indications	Yes	CIM 50-36, MCM 4173	—	NA	Fee	—	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0220	PET Imaging whole body; diagnosis; lymphoma	Yes	CIM 50-36, MCM 4173	—	NA	Fee	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements

HCPDS Code	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 November 20, 2001 Comments
G0226	PET Imaging whole body; full- and partial-ring pet scanners only, diagnosis; esophageal cancer	Yes	CIM 50-36, MCM 4173	—	NA	Fee	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 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	—	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0231	PET Whole body colorec; gamma cam	Yes						Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0232	PET Whole body, for staging and characterization of lymphoma; gamma cameras only	Yes						Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0233	PET Whole Body, for recurrence of melanoma or melanoma metastatic cancer; gamma cameras only	Yes						Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0234	PET Whole Body pulm nod; gamma cam	Yes						Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0236	digital film convert diag ma	Yes						Code Effective 1/1/2002 SNFs cannot bill for this service
G0237	Therapeutic procd strg endur	Yes						Code Effective 1/1/2002 SNFs cannot bill for this service
G0238	Oth resp proc, indiv	Yes						Code Effective 1/1/2002 SNFs cannot bill for this service
G0239	Oth resp proc, group	Yes						Code Effective 1/1/2002 SNFs cannot bill for this service
G0244	Observ care by facility topt	Yes						Code Effective 1/1/2002 Physician billing to Carrier
J0587	Botulinum toxin type B, per 100 units	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J0692	Injection, cefepime hydrochloride, 500 mg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
J0706	Injection, caffeine citrate, 5mg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J0744	Injection, Ciprofloxacin for intravenous infusion, 200 mg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5mg/25mg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J1270	Injection, doxercalciferol, 1 mcg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J1590	Injection, Gatifloxacin, 10mg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J1655	Injection, Tinzaparin sodium, 1000 IU	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J1755	Injection, Iron Sucrose, 20mg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J1835	Injection, itraconazole, 50 mg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J2020	Injection, Linezolid, 200mg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J2940	Injection, Linezolid, 200mg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J2941	Injection, Somatropin, 1 mg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J3100	Injection, Tenecteplase, 50mg	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J3395	Injection, Verteporfin, 15 mg	Yes	PM AB-01-37					Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
J7193	Factor IX (antihemophilic factor, purified, non-recombinant), per i.u.	Yes	SNF 160.1B.11		NA	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
J7195	Factor IX (antihemophilic factor, recombinant), per i.u.	Yes	SNF 160.1B.11		NA	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	Yes			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J7316	Sodium Hyaluronate, 5 mg for intra-articular injection	Yes	MCM 2049 MIM 3133.5D		NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
J7340	Dermal and epidermal, tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter	Yes						Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements

HCPDS Code	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 November 20, 2001 Comments
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Yes	MCM 2049 CIM 45-22 SNF 542	9	NA	Cost	51	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
J7526	Budesonide inhalation solution, administered through DME, unit dose form, 0.25 mg	Yes	MCM 2049 MIM 3133.5D		NA	NA		Code Effective 1/1/2002 SNF cannot bill for this service unless it is approved as a DME supplier
J7622	Beclomethasone, inhalation solution administered through DME, unit dose form, per milligram	Yes	MCM 2049 MIM 3133.5D		NA	NA		Code Effective 1/1/2002 SNF cannot bill for this service unless it is approved as a DME supplier
J7624	Beclomethasone, inhalation solution administered through DME, unit dose form, per milligram	Yes	MCM 2049 MIM 3133.5D		NA	NA		Code Effective 1/1/2002 SNF cannot bill for this service unless it is approved as a DME supplier
J7641	Flunisolide, inhalation solution administered through DME, unit dose, per milligram	Yes	MCM 2049 MIM 3133.5D		NA	NA		Code Effective 1/1/2002 SNF cannot bill for this service unless it is approved as a DME supplier
K0548	Injection, insulin lispro, up to 50 units	Yes						Code Effective 1/1/2002 SNFs cannot bill for this service
L0321	TLSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	Yes	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L0331	TLSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	Yes	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L0391	TLSO, anterior-posterior-lateral-rotary control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	Yes	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L0561	LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated	Yes	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L0986	Addition to spinal orthosis, rigid or semi-rigid abdominal panel, prefabricated	Yes	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Yes	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L2768	Orthotic side bar disconnect device, per bar	Yes	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment	Yes	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	Yes	MCM 2130A SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill



HCPDS Code	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 November 20, 2001 Comments
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	Yes	MCM 2130A SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L8505	Artificial larynx replacement battery/accessory, any type	Yes	CIM 65-5	NA	NA	Fee	46	Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	Yes	CIM 65-5	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	Yes	CIM 65-5	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L8510	Voice Amplifier	Yes	CIM 65-5	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
P9045	Infusion, albumin (human), 5%, 250 ml	Yes	SNF 230.6	9	NA	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
P9046	Infusion, albumin (human), 25%, 20 ml	Yes	SNF 230.6	9	NA	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
P9047	Infusion, albumin (human), 25%, 50 ml	Yes	SNF 230.6	9	NA	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
P9048	Infusion, plasma protein fraction (human), 5%, 250 ml	Yes	MCM 2455B SNF 230.6	9	NA	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
P9050	Granulocytes, pheresis, each unit	Yes	MCM 2455 SNF 230.6	9	NA	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
Q3014	Telehealth originating site facility fee	Yes	PM AB-01-69	_	NA	NA	_	Code Effective 10/1/2001 SNFs cannot bill for this service

**Addendum B - New HCPCS Codes That Are Not Included In SNF PPS Payment Rate  
Date - November 20, 2001**

**See Addendum E for Description of Column Headings and Coding**

<b>HCPCS Code</b>	<b>HCPCS Description</b>	<b>Included in Part A PPS. Bill</b>	<b>Part B Coverage Status Manual Reference</b>	<b>Part B PC/TC Indicator</b>	<b>TC Modifier Required from SNF Part B</b>	<b>Part B Price Method</b>	<b>Part B PC</b>	<b>Last Updated November 20, 2001 Comments</b>
0001T	Endovas repr abdo ao aneurys	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0002T	Endovas repr abdo ao aneurys	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0003T	Cervicography	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0005T	Perc cath stent/brain cv art	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0006T	Perc cath stent/brain cv art	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0007T	Perc cath stent/brain cv art	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0008T	Upper gi endoscopy w/suture	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0009T	Endometrial cryoablation	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0010T	Tb test, gamma interferon	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0012T	Osteochondral knee autograft	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0013T	Osteochondral knee allograft	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0014T	Meniscal transplant, knee	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0016T	Thermotx choroid vasc lesion	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0017T	Photocoagulat macular drusen	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0018T	Transcranial magnetic stimul	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0019T	Extracorp shock wave tx, ms	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0020T	Extracorp shock wave tx, ft	No						Code Effective 1/1/2002 SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
0021T	Fetal oximetry, trnsvag/cerv	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0024T	Transcath cardiac reduction	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0025T	Ultrasonic pachymetry	No						Code Effective 1/1/2002 SNFs cannot bill for this service
0026T	Measure remnant lipoproteins	No						Code Effective 1/1/2002 SNFs cannot bill for this service
00797	Anesth, surgery for obesity	No						Code Code Effective 1/1/2002 Physician billing to Carrier
00851	Anesth, tubal ligation	No						Code Code Effective 1/1/2002 Physician billing to Carrier
00869	Anesth, vasectomy	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01905	Anes, spine inject, x-ray/re	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01924	Anes, ther interven rad, art	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01925	Anes, ther interven rad, car	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01926	Anes, tx interv rad hrt/cran	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01930	Anes, ther interven rad, vei	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01931	Anes, ther interven rad, tip	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01932	Anes, tx interv rad, th vein	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01933	Anes, tx interv rad, cran v	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01960	Anesth, vaginal delivery	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01961	Anesth, cs delivery	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01962	Anesth, emer hysterectomy	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01963	Anesth, cs hysterectomy	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01964	Anesth, abortion procedures	No						Code Code Effective 1/1/2002 Physician billing to Carrier

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
01967	Anesth/analg, vag delivery	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01968	Anes/analg cs deliver add-on	No						Code Code Effective 1/1/2002 Physician billing to Carrier
01969	Anesth/analg cs hyst add-on	No						Code Code Effective 1/1/2002 Physician billing to Carrier
10021	Fna w/o image	No			NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
10022	Fna w/image	No			NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
11981	Insert drug implant device	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
11982	Remove drug implant device	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
11983	Remove/insert drug implant	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
24300	Manipulate elbow w/anesth	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
24332	Tenolysis, triceps	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
24343	Repr elbow lat ligmnt w/tiss	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
24344	Reconstruct elbow lat ligmnt	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
24345	Repr elbw med ligmnt w/tiss	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
24346	Reconstruct elbow med ligmnt	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
25001	Incise flexor carpi radialis	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
25024	Decompress forearm 2 spaces	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
25025	Decompress forarm 2 spaces	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
25259	Manipulate wrist w/anesthes	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
25275	Repair forearm tendon sheath	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
25394	Repair carpal bone, shorten	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
25430	Vasc graft into carpal bone	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
25431	Repair nonunion carpal bone	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
25651	Pin ulnar styloid fracture	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
25652	Treat fracture ulnar styloid	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
25671	Pin radioulnar dislocation	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
26340	Manipulate finger w/anesth	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
29805	Shoulder arthroscopy, dx	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
29806	Shoulder arthroscopy/surgery	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
29807	Shoulder arthroscopy/surgery	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
29824	Shoulder arthroscopy/surgery	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
29900	Mcp joint arthroscopy, dx	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
29901	Mcp joint arthroscopy, surg	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
29902	Mcp joint arthroscopy, surg	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
29999	Arthroscopy of joint	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
33967	Insert ia percut device	No	SNF 515 SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
33979	Insert intracorporeal device	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
33980	Remove intracorporeal device	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
35647	Artery Bypass Graft	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
35685	Bypass graft patency/patch	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
35686	Bypass graft/av fist patency	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
36820	Av fusion/forearm vein	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
43313	Esophagoplasty congenial	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill



HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
43314	Tracheo-esophagoplasty cong	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
44126	Enterectomy w/taper, cong	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
44127	Enterectomy w/o taper, cong	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
44128	Enterectomy cong, add-on	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
44203	Lap resect s/intestine singl	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
44204	Lap resect s/intestine, addl	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
44205	Laparo partial colectomy	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
45136	Excise ileoanal reservoir	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
46020	Placement of seton	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
47370	Laparo ablate liver tumor rf	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
47371	Laparo ablate liver cryosug	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
47380	Open ablate liver tumor rf	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
47381	Open ablate liver tumor cryo	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
47382	Percut ablate liver rf	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
49491	Repairing hern premie reduc	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
49492	Rpr ing hern premie, blocked	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
52001	Cystoscopy, removal of clots	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
52347	Cystoscopy, resect ducts	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
53431	Reconstruct urethra/bladder	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
53444	Insert tandem cuff	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
53446	Remove uro sphincter	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
53448	Remov/replc ur sphinctr comp	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
53853	Prostatic water thermother	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
54162	Lysis penil circumcis lesion	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
54163	Repair of circumcision	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
54164	Frenulotomy of penis	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
54406	Remove multi-comp penis pros	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
54408	Repair multi-comp penis pros	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
54410	Remove/replace penis prosth	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
54411	Remv/replc penis pros, comp	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
54415	Remove self-contd penis pros	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
54416	Remv/repl penis contain pros	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
54417	Remv/replc penis pros, compl	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
57155	Insert uteri tandems/ovoids	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
58346	Insert heyman uteri capsule	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
58953	Tah, rad dissect for debulk	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
58954	Tah rad debulk/lymph remove	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
59001	Amniocentesis, therapeutic	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
64561	Implant neuroelectrodes	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
64581	Implant neuroelectrodes	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
64821	Remove Sympathetic Nerves	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
64822	Remove Sympathetic Nerves	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
64823	Remove Sympathetic Nerves	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
67225	Eye photodynamic ther add-on	No	SNF 516.3		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
76085	Computer mammogram add-on	No	MIM 3660.10G MCM 4601 MCM 4601.2 SNF 537			Fee		Code Effective 1/1/2002 Review manual references for special billing instructions.
76362	Cat scan for tissue ablation	No	SNF 515.1 SNF 516		NA	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
76394	MRI for tissue ablation	No						Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
77301	Radioltherapy dos plan, imrt	No						Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
77418	Radiation tx delivery, imrt	No	SNF 515.1 SNF 516.3					Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B – Non covered for SNF Physician may bill
90939	Hemodialysis study, transcut	No			NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician may bill
92973	Percut coronary thrombectomy	No			NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician may bill
92974	Cath place, cardio brachytx	No			NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
								Physician may bill
95250	Rapid desensitization	No			NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician may bill
96004	Phys review of motion tests	No			NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician may bill
96567	Photodynamic tx, skin	No			NA	NA		Code Effective 1/1/2002 Part B – Non covered for SNF Physician may bill
99289	Pt transport, 30-74 min	No			NA	NA		Code Effective 1/1/2002 Physician billing to Carrier
99290	Pt transport, addl 30 min	No			NA	NA		Code Effective 1/1/2002 Physician billing to Carrier
99500	Home visit, prenatal	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99501	Home visit, postnatal	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99502	Home visit, nb care	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99503	Home visit, resp therapy	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99504	Home visit mech ventilator	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99505	Home visit, stoma care	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99506	Home visit, im injection	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99507	Home visit, cath maintain	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99508	Home visit, sleep studies	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99509	Home visit day life activity	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99510	Home visit, sing/m/fam couns	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99511	Home visit, fecal/enema mgmt	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99512	Home visit, hemodialysis	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99539	Home visit, nos	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
99551	Home infus, pain mgmt, iv/sc	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99552	Hm infus pain mgmt, epid/ith	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99553	Home infuse, tocolytic tx	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99554	Home infus, hormone/platelet	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99555	Home infuse, chemotherapy	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99556	Home infus, antibio/fung/vir	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99557	Home infuse, anticoagulant	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99558	Home infuse, immunotherapy	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99559	Home infus, periton dialysis	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99560	Home infus, entero nutrition	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99561	Home infuse, hydration tx	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99562	Home infus, parent nutrition	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99563	Home admin, pentamidine	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99564	Hme infus, antihemophil agnt	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99565	Home infus, proteinase inhib	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99566	Home infuse, iv therapy	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99567	Home infuse, sympath agent	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99568	Home infus, misc drug, daily	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service
99569	Home infuse, each addl tx	No			NA	NA		Code Effective 1/1/2002 SNFs cannot bill for this service



HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
A0380	Basic life support mileage	No			NA	Rate		Code Effective 12/31/2000 Refer to PM AB-00-103 and PM AB-00-88 See special instructions for billing
A0390	Advanced life support mileag	No			NA	Rate		Code Effective 12/31/2000 Refer to PM AB-00-103 and PM AB-00-88 See special instructions for billing
A4651	Calibrated microcapillary tube, each	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4652	Microcapillary tube sealant	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4656	Needle, any size, for dialysis, each	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4657	Syringe, with or without needle, for dialysis, each	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4708	Acetate concentrate solution, for hemodialysis, per gallon	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4709	Acid concentrate, solution, for hemodialysis, per gallon	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4719	"Y set" tubing for peritoneal dialysis	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc, but less than or equal to 1999cc, for peritoneal dialysis	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc, but less than or equal to 2999cc, for peritoneal dialysis	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc, but less than or equal to 3999cc, for peritoneal dialysis	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc, but less than or equal to 4999cc, for peritoneal dialysis	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc, but less than or equal to 5999cc, for peritoneal dialysis	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4736	Topical anesthetic, for dialysis, per gram	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4737	Injectable anesthetic, for dialysis, per 10 ml	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4801	Heparin, any type, for hemodialysis, per 1000 units	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4802	Protamine sulfate, for hemodialysis, per 50 mg	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4911	Protamine sulfate, for hemodialysis, per 50 mg	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
A4928	Surgical mask, for dialysis, per 20	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
A4929	Tourniquet for dialysis, each	No	SNF 516.6					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
E0603	Breast pump, electric (AC and/or DC), any type	No	Not Valid for Medicare	NA	NA	NA	00	Code Effective 1/1/2002 Not Valid for Medicare SNFs cannot bill for this service
E0604	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC)	No	Not Valid for Medicare	NA	NA	NA	00	Code Effective 1/1/2002 Not Valid for Medicare SNFs cannot bill for this service
E1500	Centrifuge, for dialysis	No	SNF 516				52	Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
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	Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
E1560	BLOOD LEAK DETECTOR FOR DIALYSIS, EACH, REPLACEMENT	No	SNF 516				52	Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
E1637	Hemostats, for dialysis, each	No	SNF 516					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
E1638	Heating pad, for peritoneal dialysis, any size, each	No	SNF 516					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
E1639	Scale, for dialysis, each	No	SNF 516					Code Effective 1/1/2002 SNF cannot bill this service unless it is approved as a DME Supplier
G0117	Glaucoma scrn hgh risk direc	No	PM A01-105		NA	Fee		Code Effective 1/1/2002 SNFs must bill this service
G0118	Glaucoma scrn hgh risk direc	No	PM A01-105		NA	Fee		Code Effective 1/1/2002 SNFs must bill this service
G0240	Critic care by MD transport	No	Refer to PM AB-00-103 and PM AB-00-88					Code Effective 1/1/2002 SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
G0241	Each additional 30 minutes	No	Refer to PM AB-00-103 and PM AB-00-88					Code Effective 1/1/2002 SNFs cannot bill for this service
G0242	Multisource photon ster plan	No	SNF 515.1 SNF 516.3					Code Effective 1/1/2002 Physician billing to Carrier
G0243	Multisour photon stero treat	No	SNF 515.1 SNF 516.3					Code Effective 1/1/2002 Physician billing to Carrier
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	No	Non-covered by Medicare Statute 1862A1					Code Effective 1/1/2002 SNFs cannot bill for this service
J9017	Arsenic Trioxide, 1mg	No						Code Effective 1/1/2002 Part A resident – Rendering provider must bill. Part B – Non covered for SNF. Rendering provider must bill.
J9300	Gemtuzumab Ozogamicin, 5mg	No	SNF 515 SNF 516					Code Effective 1/1/2002 Part A resident – Rendering provider must bill. Part B – Non covered for SNF. Rendering provider must bill.
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	No	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	No	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	No	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	No	SNF 515.1 SNF 516.5 SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	No	SNF 534	NA	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	No	SNF 515.1 SNF 516.5 SNF 534	NA	NA	NA	38	Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5847	Addition, endoskeletal knee-shin system, microprocessor control feature, stance phase	No	SNF 516 SNF 534	NA	NA	NA		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
L5989	Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors	No	SNF 516 534 SNF	NA	NA	NA		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5990	Addition to lower extremity prosthesis, user adjustable heel height	No	SNF 516 534 SNF	NA	NA	NA		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L6881	Automatic grasp feature, addition to upper limb prosthetic terminal device	No	SNF 515.1 SNF 516.5 SNF 534					Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	No	SNF 515.1 SNF 516.5 SNF 534					Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
Q3017	Ambulance service, advanced life support (ALS) assessment, no other ALS services provided	No	SNF 516.2		NA			Code Effective 10/1/2001 Refer to PM-00-103 and PM AB-00-88
Q3018	Injection, hepatitis B vaccine, 5 mcg	No	MIM 3660.7 SNF 536		NA	Cost		Code Effective 1/1/2002 SNFs must bill this service
V2541	Dispensing Fee, monaural hearing aid, any type	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2542	Hearing Aid, analog, monaural, CIC (completely in the ear canal)	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2543	Hearing Aid, analog, monaural, ITC (in the canal)	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2544	Hearing Aid, digitally programmable analog, monaural, CIC	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2545	Hearing aid, digitally programmable analog, monaural, ITC	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2546	Hearing Aid, digitally programmable analog, monaural, ITE (in the ear)	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2547	Hearing Aid, digitally programmable analog, monaural, BTE (behind the ear)	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2548	Hearing Aid, analog, binaural, CIC	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2549	Hearing Aid, analog, binaural, ITC	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2550	Hearing Aid, digitally programmable analog, binaural, CIC	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2551	Hearing Aid, digitally programmable analog, binaural, ITC	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2552	Hearing Aid, digitally programmable, binaural, ITE	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2553	Hearing Aid, digitally programmable, binaural, BTE	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service

HCPSC Code	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 November 20, 2001 Comments
V2554	Hearing Aid, digital, monaural, CIC	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2555	Hearing Aid, digital, monaural, ITC	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2556	Hearing Aid, digital, monaural, ITE	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2557	Hearing Aid, digital, monaural, BTE	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2558	Hearing Aid, digital, binaural, CIC	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2559	Hearing Aid, digital, binaural, ITC	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2560	Hearing Aid, digital, binaural, ITE	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2561	Hearing Aid, digital, binaural, BTE	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2562	Hearing Aid, disposable, any type, monaural	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2563	Hearing Aid, disposable, any type, binaural	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2564	Ear Mold/insert, not disposable, any type	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2565	Ear Mold/insert, disposable, any type	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2566	Battery for use in hearing device	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2567	Hearing aid supplies/accessories	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2568	Assistive listening device, telephone amplifier, any type	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2569	Assistive listening device, alerting, any type	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2570	Assistive listening device, television amplifier, any type	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2571	Assistive listening device, television caption decoder	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2572	Assistive listening device, TDD (Telecommunication device for the deaf)	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2573	Assistive listening device, for use with cochlear implant	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated November 20, 2001 Comments
V2574	Assistive listening device, not otherwise specified	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V2575	Ear Impression, each	No	Not covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service

**Addendum C - HCPCS Codes Discontinued January 1, 2001  
Date - November 20, 2001**

**See Addendum E for Description of Column Headings and Coding  
Data is applicable only for period before January 1, 2002**

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
00850	ANESTH, CESAREAN SECTION	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
00855	ANESTH, HYSTERECTOMY	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
00857	ANALGESIA, LABOR & C-SECTION	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
00864	ANESTH, REMOVAL OF BLADDER	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
00946	ANESTH, VAGINAL DELIVERY	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
00955	ANALGESIA, VAGINAL DELIVERY	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01904	ANESTH, SKULL X-RAY INJECT	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01906	ANESTH, LUMBAR MYELOGRAPHY	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01908	ANESTH, CERVICAL MYELOGRAPHY	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01910	ANESTH, SKULL MYELOGRAPHY	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01912	ANESTH, LUMBAR DISKOGRAPHY	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01914	ANESTH, CERVICAL DISKOGRAPHY	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01918	ANESTH, LIMB ARTERIOGRAM	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01921	ANESTH, VESSEL SURGERY	No		NA	NA	NA		Discontinue after 12/31/2001 Physician billing to Carrier
26585	REPAIR FINGER DEFORMITY	No		0	NA	NA		Discontinue after 12/31/2001 Part A - Hospital or CAH must bill Part B - Non covered for SNF Physician may bill
26597	RELEASE OF SCAR CONTRACTURE	No		0	NA	NA		Discontinue after 12/31/2001 Part A - Hospital or CAH must bill Part B - Non covered for SNF Physician may bill
29815	SHOULDER ARTHROSCOPY	No			NA	NA		Discontinue after 12/31/2001 Part A - Hospital or CAH must bill Part B - Non covered for SNF



HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
								Physician may bill
29909	ARTHROSCOPY OF JOINT	No			NA	NA		Discontinue after 12/31/2001 Part A - Hospital or CAH must bill Part B - Non covered for SNF Physician may bill
53443	RECONSTRUCTION OF URETHRA	No			NA	NA		Discontinue after 12/31/2001 Part A - Hospital or CAH must bill Part B - Non covered for SNF Physician may bill
54402	REMOVE PENIS PROSTHESIS	No	CIM 35-24		NA	NA		Discontinue after 12/31/2001 Part A - Hospital or CAH must bill Part B - Non covered for SNF Physician may bill
54407	REMOVE MULTI-COMP PROSTHESIS	No	CIM 35-24		NA	NA		Discontinue after 12/31/2001 Part A - Hospital or CAH must bill Part B - Non covered for SNF Physician may bill
54409	REVISE PENIS PROSTHESIS	No	CIM 35-24		NA	NA		Discontinue after 12/31/2001 Part A - Hospital or CAH must bill Part B - Non covered for SNF Physician may bill
54510	REMOVAL OF TESTIS LESION	No			NA	NA		Discontinue after 12/31/2001 Part A - Hospital or CAH must bill Part B - Non covered for SNF Physician may bill
85095	BONE MARROW ASPIRATION	No			NA	NA		Discontinue after 12/31/2001 Part B - Non covered for SNF Physician may bill
85102	BONE MARROW BIOPSY	No			NA	NA		Discontinue after 12/31/2001 Part B - Non covered for SNF Physician may bill
85535	IRON STAIN, BLOOD CELLS	Yes	SNF 260.1 SNF 541	9	NA	Fee		Discontinue after 12/31/2001 Rendering provider bills
86683	HEMOGLOBIN, FECAL ANTIBODY	Yes	SNF 260.1 SNF 541	9	NA	Fee		Discontinue after 12/31/2001 Rendering provider bills
88170	FINE NEEDLE ASPIRATION	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Discontinue after 12/31/2001 Rendering provider bills
88171	FINE NEEDLE ASPIRATION	Yes	SNF 260.1 SNF 541	1	Yes	Fee		Discontinue after 12/31/2001 Rendering provider bills
93536	INSERT CIRCULATION ASSI	No	SNF 516		NA	NA		Discontinue after 12/31/2001 Part A - Hospital or CAH must bill Part B - Non covered for SNF Physician may bill
93607	LEFT VENTRICULAR RECORDING	Yes	CIM 35-75	1	Yes	Fee		Discontinue after 12/31/2001 Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
93737	ANALYZE CARDIO/DEFIBRILLATOR	Yes	CIM 35-85	1	Yes	Fee		Discontinue after 12/31/2001 Rendering provider may bill or SNF may bill under arrangements
93738	ANALYZE CARDIO/DEFIBRILLATOR	Yes	CIM 35-85	1	Yes	Fee		Discontinue after 12/31/2001 Rendering provider may bill or SNF may bill under arrangements
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	Discontinue as of 12/31/2001 Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4650	CENTROFUGE (INCLUDES CALIBRATED MICROCAPILLARY TUBES AND SEALEASE)	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4655	NEEDLES AND SYRINGES FOR DIALYSIS	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4700	STANDARD DIALYSATE SOLUTION, EACH	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4705	BICARBONATE DIALYSATE SOLUTION, EACH	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4735	LOCAL/TOPICAL ANESTHETICS FOR DIALYSIS ONLY	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4780	STERILIZING AGENT FOR DIALYSIS EQUIPMENT, PER GALLON	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4790	CLEANSING AGENTS FOR EQUIPMENT FOR DIALYSIS ONLY	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 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	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4820	HEMODIALYSIS KIT SUPPLIES	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 Xref to A4801 SNFs cannot bill for this service
A4850	HEMOSTATS WITH RUBBER TIPS FOR DIALYSIS	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 Xref to E1637 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	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4900	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) SUPPLY KIT	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4901	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) SUPPLY KIT	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
A4905	INTERMITTENT PERITONEAL DIALYSIS (IPD) SUPPLY KIT	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 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	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4912	GOMCO DRAIN BOTTLE	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 Xref to A4911 SNFs cannot bill for this service
A4914	PREPARATION KITS	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4919	DIALYZER HOLDER, EACH	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4920	HARVARD PRESSURE CLAMP, EACH	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A4921	MEASURING CYLINDER, ANY SIZE, EACH	No	SNF 516.6	9	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A5063	POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM)	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	Fee	37	Discontinue as of 12/31/2001 Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5064	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED; PLASTIC OR RUBBER	No	MCM 2130 SNF 260.4 SNF 534	9	NA	NA	37	Discontinue as of 12/31/2001 Category is ostomy tracheostomy & urological supplies NOT VALID FOR MEDICARE
A5074	POUCH, URINARY, WITH FACEPLATE ATTACHED; PLASTIC OR RUBBER	No	MCM 2130 SNF 260.4 SNF 534	9	NA	NA	37	Discontinue as of 12/31/2001 Category is ostomy tracheostomy & urological supplies NOT VALID FOR MEDICARE
A5075	POUCH, URINARY, FOR USE ON FACEPLATE; PLASTIC OR RUBBER	No	MCM 2130 SNF 260.4 SNF 534	9	NA	NA	37	Discontinue as of 12/31/2001 Category is ostomy tracheostomy & urological supplies NOT VALID FOR MEDICARE
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	SNF 534 1861(s)(12) MCM 2134	9	NA	NA	52	Discontinue as of 12/31/2001 SNF or rendering provider may bill.
A5502	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT(S), PER SHOE	Yes	SNF 534 1861(s)(12) MCM 2134	9	NA	NA	52	Discontinue as of 12/31/2001 SNF or rendering provider may bill.
A9160	NON-COVERED SVC. BY PODIATRIST	No	Non-covered by Medicare Statute	9	NA	NA	00	Discontinue as of 12/31/2001 SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
A9170	NON-COVERED SVC. BY CHIROPRACTOR	No	Non-covered by Medicare Statute	9	NA	NA	00	Discontinue as of 12/31/2001 SNFs cannot bill for this service
A9190	PERSONAL COMFORT ITEM	No	Non-covered by Medicare Statute	9	NA	NA	00	Discontinue as of 12/31/2001 SNFs cannot bill for this service
B4084	GASTROSTOMY/JEJUNOSTOMY TUBING	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	NA	52	Discontinue as of 12/31/2001 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	Discontinue as of 12/31/2001 SNF cannot bill for 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	Discontinue as of 12/31/2001 Xref to K0549 SNFs cannot bill for this service
E0609	BLOOD GLUCOSE MONITOR WITH SPECIAL FEATURES (EG., VOICE SYNTHESIZERS AUTOMATIC TIMERS, ETC.)	Yes	SNF 534	NA	NA	NA	32	Discontinue as of 12/31/2001 Category is DME 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	Discontinue after 12/31/2001 Category is orthotics & prosthetics SNF or supplier may bill
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	Discontinue as of 12/31/2001 SNFs cannot bill for this service
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	No	SNF 516	NA	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
E1590	HEMODIALYSIS MACHINE	No	SNF 516	NA	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	No	SNF 516	NA	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	No	SNF 516	NA	NA	NA	52	Discontinue as of 12/31/2001
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	No	SNF 516	NA	NA	NA	52	Discontinue as of 12/31/2001 SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	No	SNF 516	NA	NA	NA	52	Discontinue as of 12/31/2001 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	Discontinue as of 12/31/2001 SNFs cannot bill for this service
E1900	SYNTHESIZED SPEECH AUGMENTATIVE COMMUNICATION DEVICE WITH DYNAMIC DISPLAY	Yes	SNF 534	NA	NA	NA	00	Discontinue as of 12/31/2001 SNFs cannot bill for this service
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	Discontinue as of 12/31/2001 Physician billing to Carrier
G0174	IMRT INTENSITY MODULATED RADIATION THERAPY PLAN, PER SESSION	Yes		9	NA	NA	00	Discontinue as of 12/31/2001 SNFs cannot bill for this service
G0178	INTENSITY MODULATED RADIATION THERAPY (IMRT) DELIVERY TO MULTIPLE AREAS WITH TREATMENT SET UP AND VERIFICATION IMAGES	Yes		9	NA	Cost	11	Discontinue as of 12/31/2001 Part B – Non covered for SNF Physician may bill
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	Discontinue as of 12/31/2001 Physician billing to Carrier
G0188	FULL LENGTH RADIOGRAPHY OF LOWER EXTREMITY, WHICH INCLUDES HIP, KNEE AND ANKLE	Yes		1	Yes	IC	11	Discontinue as of 12/31/2001 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	Discontinue as of 12/31/2001 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	Discontinue as of 12/31/2001 Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
G0203	Screening mammography, film processed to produce digital images analyzed for potential abnormalities, bilateral, all views	No	PM AB-01-20 SNF 537		NA	Fee		Discontinue as of 12/31/2001 Code Effective 4/1/2001 Rendering provider may bill or SNF may bill under arrangements
G0205	Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, bilateral, all views	Yes	SNF 537		NA	Fee		Discontinue as of 12/31/2001 Code Effective 4/1/2001 Rendering provider may bill or SNF may bill under arrangements
G0207	Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, unilateral, all views	Yes	SNF 537		NA	Fee		Discontinue as of 12/31/2001 Code Effective 4/1/2001 Rendering provider may bill or SNF may bill under arrangements
J0340	INJECTION, NANDROLONE PHENPROPIONATE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J0400	INJECTION, TRIMETHAPHAN CAMSYLATE, UP TO 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J0510	INJECTION, BENZQUINAMIDE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J0590	INJECTION, ETHYLNOREPINEPHRINE HCL, 1 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J0695	INJECTION, CEFONICID SODIUM, 1 GRAM	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J0730	INJECTION, CHLORPHENIRAMINE MALEATE, PER 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J0810	INJECTION, CORTISONE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J1090	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J1362	INJECTION, ERYTHROMYCIN GLUCEPTATE, PER 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J1690	INJECTION, PREDNISOLONE TEBUTATE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J1739	INJECTION, HYDROXYPROGESTERONE CAPROATE 125 MG/ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J1741	INJECTION, HYDROXYPROGESTERONE CAPROATE, 250 MG/ML	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J1930	INJECTION, PROPIOMAZINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J1970	INJECTION, METHOTRIMEPAZINE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J2240	INJECTION, METOCURINE IODIDE, UP TO 2 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J2330	INJECTION, THIOTHIXENE, UP TO 4 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
J2350	INJECTION, NIACINAMIDE, NIACIN, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 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	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J2512	INJECTION, PENTAGASTRIN, PER 2 ML	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J2640	INJECTION, PREDNISOLONE SODIUM PHOSPHATE, TO 20 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J2675	INJECTION, PROGESTERONE, PER 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J2860	INJECTION, SECOBARBITAL SODIUM, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J2970	INJECTION, METHICILLIN SODIUM, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J3080	INJECTION, CHLORPROTHIXENE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J3270	INJECTION, IMIPRAMINE HCL, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J3390	INJECTION, METHOXAMINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 SNFs cannot bill for this service
J3450	INJECTION, MEPHENTERMINE SULFATE, UP TO 30 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	NA	51	Discontinue as of 12/31/2001 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	Discontinue after 12/31/2001 SNFs cannot bill for this service
L5300	BELOW KNEE, MOLDED SOCKET, SACH FOOT, ENDOSKELETAL SYSTEM, INCLUDING SOFT COVER AND FINISHING	No	SNF 516 SNF 534	NA	NA	NA	38	Discontinue after 12/31/2001 Xref to L5301 Category is Prosthetics & Orthotics SNF or supplier may bill
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	Discontinue after 12/31/2001 Xref to L5311 Category is Prosthetics & Orthotics SNF or supplier may bill
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	Discontinue after 12/31/2001 Xref to L5321 Category is Prosthetics & Orthotics SNF or supplier may bill
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	Discontinue after 12/31/2001 Xref to L5331 Category is Prosthetics & Orthotics SNF or supplier may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
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	Discontinue after 12/31/2001 Xref to L5341 Category is Prosthetics & Orthotics SNF or supplier may bill
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	Discontinue after 12/31/2001 Category is Prosthetics & Orthotics SNF or supplier may bill
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	Discontinue after 12/31/2001 Xref to L5660, L5662, L5664 Category is Prosthetics & Orthotics SNF or supplier may bill
P9042	INFUSION, ALBUMIN (HUMAN), 25%, 10ML	Yes	SNF 230.6	9	NA	Cost	52	Discontinue after 12/31/2001 Xref to P9046 Rendering provider may bill or SNF may bill under arrangements
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	No	Non-covered by Medicare	9	NA	NA	00	Discontinue after 12/31/2001 SNFs cannot bill for this service
Q0160	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	Yes	MCM 2049 MCM 5245	9	NA	Cost	51	Discontinue after 12/31/2001 Xref to J7193 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	Discontinue after 12/31/2001 Xref to J7195 Rendering provider may bill or SNF may bill under arrangements
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	Discontinue after 12/31/2001 Xref to J7340 SNFs cannot bill for this service
Q2015	INJECTION, SOMATREM, 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue after 12/31/2001 SNFs cannot bill for this service
Q2016	INJECTION, SOMATROPIN, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	NA	51	Discontinue after 12/31/2001 SNFs cannot bill for this service
Q3013	Injection, Verteporfin 15 mg	Yes	PM AB-01-37					Discontinue after 12/31/2001 Xref to J3395



## Addendum D - HCPCS Codes With Changed Status

Date - November 20, 2001

Code Effective Dates are shown at the row level.

See Addendum E for Description of Column Headings and Coding

Changes from prior PM are shown in red.

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
<b>Prosthetics &amp; Orthotics - Changes in who may bill</b>								
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	Yes	SNF 260.4	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	Yes	MCM 2130 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	Yes	MCM 2130 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7503	FILTER HOLDER OR FILTER CAP, REUSEABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	Yes	MCM 2130 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH	Yes	MCM 2130 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
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 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130 SNF 534	9	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0137	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.), PER OZ.	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0138	SKIN BARRIER; PASTE, PER OZ.	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0139	SKIN BARRIER; POWDER, PER OZ.	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
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 or supplier may bill
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 or supplier may bill
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 or supplier may bill
K0419	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0420	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
K0421	POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0422	POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0423	POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0424	POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0425	POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0426	POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0427	POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0428	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	Yes	SNF 534	NA	NA	NA	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
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 or supplier may bill
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 or supplier may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
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 or supplier may bill
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 or supplier may bill
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 or supplier may bill
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 or supplier may bill
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 or supplier may bill
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 or supplier may bill
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 or supplier may bill
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 or supplier may bill
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 or supplier may bill

**Codes Discontinued after 6/30/01**

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 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
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
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	No	SNF 534	NA	NA	NA	46	Discontinued after 6/30/01
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	No	SNF 534	NA	NA	IC	45	Discontinued after 6/30/01
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	No	SNF 534	NA	NA	NA	46	Discontinued after 6/30/01
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	No	SNF 534	NA	NA	IC	45	Discontinued after 6/30/01
<b>Codes Effective 4/1/2001</b>								
G0202	Screening mammography, producing direct digital image, bilateral, all views	No	PM AB-01-20 SNF 537		NA	Fee		Code Effective 4/1/2001 Review manual references
G0203	Screening mammography, film processed to produce digital images analyzed for potential abnormalities, bilateral, all views	No	PM AB-01-20 SNF 537		NA	Fee		Discontinue as of 12/31/2001 Code Effective 4/1/2001 Rendering provider may bill or SNF may bill under arrangements
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	Yes	SNF 537		NA	Fee		Code Effective 1/1/2001 Rendering provider may bill or SNF may bill under arrangements
G0205	Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, bilateral, all views	Yes	SNF 537		NA	Fee		Discontinue as of 12/31/2001 Code Effective 4/1/2001 Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
G0206	Diagnostic mammography, producing direct image, unilateral, all views	Yes	SNF 537		NA	Fee		Code Effective 4/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0207	Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, unilateral, all views	Yes	SNF 537		NA	Fee		Discontinue as of 12/31/2001 Code Effective 4/1/2002 Rendering provider may bill or SNF may bill under arrangements
E0950	TRAY	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0107
E0951	LOOP HEEL, EACH	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0034
E0952	LOOP TOE, EACH	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0036
E0953	PNEUMATIC TIRE, EACH	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0067
E0954	SEMI-PNEUMATIC CASTER, EACH	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0075
E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE ARM DRIVE	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0101
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	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0100
E0961	BRAKE EXTENSION, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0079
E0966	HOOK ON HEAD REST EXTENSION	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0025
E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to codes K0037 & K0021

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
E0971	ANTI-TIPPING DEVICE WHEELCHAIRS	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0021
E0972	TRANSFER BOARD OR DEVICE	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0103
E0973	ADJUSTABLE HEIGHT DETACHABLE ARMS, DESK OR FULL LENGTH, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0016
E0974	GRADE-AID (DEVICE TO PREVENT ROLLING BACK ON AN INCLINE) FOR WHEELCHAIR	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0080
E0975	REINFORCED SEAT UPHOLSTERY, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0029
E0976	REINFORCED BACK, WHEELCHAIR, UPHOLSTERY OR OTHER MATERIAL	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0022
E0978	BELT, SAFETY WITH AIRPLANE BUCKLE, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0031
E0979	BELT, SAFETY WITH VELCRO CLOSURE, WHEELCHAIR	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0031
E0990	ELEVATING LEG REST, EACH	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0048
E0991	UPHOLSTERY SEAT	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to codes K0031 & K0033
E0992	SOLID SEAT INSERT	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0030
E0993	BACK, UPHOLSTERY	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to codes K0026 & K0027
E0995	CALF REST, EACH	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0049

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
E0996	TIRE, SOLID, EACH	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0066
E1000	TIRE, PNEUMATIC CASTER	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0074
E1066	BATTERY CHARGER	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0088
E1069	DEEP CYCLE BATTERY	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service xref to codes K0082 & K0086
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0002
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0002
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0004
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0004
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0001
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0001
E1212	MOTORIZED WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0010
E1213	MOTORIZED WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0010
E1226	FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0028



HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0003
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0003
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0006
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	NA	00	Code Effective 4/1/2002 SNFs cannot bill for this service xref to code K0006
<b>Code Code Effective 10/1/2001</b>								
Q3014	Telehealth originating site facility fee	Yes	PM AB-01-69	—	NA	NA	—	Code Effective 10/1/2001 SNFs cannot bill for this service
<b>Codes for CLIA Waved Tests</b>								
80101	DRUG SCREEN, SINGLE	Yes	SNF 541, PM AB-01-95	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill. Prog. Memo AB-01-95 notes this test may not be covered in all instances. Contact your Medicare Carrier for claims instructions.
81025	URINE PREGNANCY TEST	Yes	SNF 260.1 SNF 541, PM AB-01-95	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
82465	ASSAY, BLD/SERUM CHOLESTEROL	Yes	SNF 541, PM AB-01-95	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill. Prog.Memo AB-01-95 - Contact your Medicare Carrier for claims instructions.
82570	ASSAY OF URINE CREATININE	Yes	SNF 260.1 SNF 541, PM AB-01-95	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
82679	ASSAY OF ESTRONE	Yes	SNF 260.1 SNF 54, PM AB-01-95	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill. Prog. Memo AB-01-95. This test may not be covered in all instances. Contact your Medicare Carrier for claims instructions.
83001	GONADOTROPIN (FSH)	Yes	SNF 260.1 SNF 541, PM AB-01-95	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
84460	ALANINE AMINO (ALT) (SGPT)	Yes	SNF 260.1 SNF 541, PM AB-01-95	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
85031	MANUAL HEMOGRAM, CBC	Yes	SNF 260.1 SNF 541, PM AB-01-95	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill
85610	PROTHROMBIN TIME	Yes	SNF 541, PM AB-01-95	9	NA	Fee		CLIA waved test. SNF or rendering provider may bill. Program Memo AB-01-95 - Contact your Medicare Carrier for claims instructions)

**Audiology Code Changes**

92552	PURE TONE AUDIOMETRY, AIR	Yes	SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92553	AUDIOMETRY, AIR & BONE	Yes	SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92555	SPEECH THRESHOLD AUDIOMETRY	Yes	SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92556	SPEECH AUDIOMETRY, COMPLETE	Yes	SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92557	COMPREHENSIVE HEARING TEST	Yes	SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92561	BEKESY AUDIOMETRY, DIAGNOSIS	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92562	LOUDNESS BALANCE TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92563	TONE DECAY HEARING TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92564	SISI HEARING TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92565	STENGER TEST, PURE TONE	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
92567	TYMPANOMETRY	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92568	ACOUSTIC REFLEX TESTING	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92569	ACOUSTIC REFLEX DECAY TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92571	FILTERED SPEECH HEARING TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92572	STAGGERED SPONDAIC WORD TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92573	LOMBARD TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92575	SENSORINEURAL ACUITY TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92576	SYNTHETIC SENTENCE TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92577	STENGER TEST, SPEECH	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92579	VISUAL AUDIOMETRY (VRA)	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92582	CONDITIONING PLAY AUDIOMETRY	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92583	SELECT PICTURE AUDIOMETRY	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92584	ELECTROCOCHLEOGRAPHY	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92587	EVOKED AUDITORY TEST	Yes	SNF 532, PM AB-01-71	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92588	EVOKED AUDITORY TEST	Yes	SNF 532, PM AB-01-71	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
92589	AUDITORY FUNCTION TEST(S)	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements
92596	EAR PROTECTOR EVALUATION	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	NA	Fee		Rendering provider may bill or SNF may bill under arrangements

### Ambulance Code Changes

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
A0420	AMBULANCE WAITING TIME (ALS OR BLS), ONE HALF (1/2) HOUR INCREMENTS	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Code Effective 12/31/2000 Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Code Effective 12/31/2000 Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0424	EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICAL REVIEW)	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0425	GROUND MILEAGE, PER STATUTE MILE	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1(ALS1-EMERGENCY)	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
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 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
A0434	SPECIALTY CARE TRANSPORT (SCT)	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	No	SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	Rate	52	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
A0999	UNLISTED AMBULANCE SERVICE	No	MCM 2120.1 MCM 2125 SNF 516.2 PM AB-00-103 and PM AB-00-88	9	NA	IC	57	Fee schedule to be implemented 4/1/2002 See special instruction for billing.
<b>Code Changes Since 7/11/01 Update</b>								
A4370	OSTOMY SKIN BARRIER, PASTE, PER OZ	No	SNF 534 Not Valid for Medicare	9	NA	Fee	37	Not Valid for Medicare as of 7/1/2001 SNFs cannot bill for this service
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	No	SNF 534 Not Valid for Medicare	9	NA	Fee	37	Not Valid for Medicare as of 7/1/2001 SNFs cannot bill for this service
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	SNF 534 Not Valid for Medicare	9	NA	Fee	37	Not Valid for Medicare as of 7/1/2001 SNFs cannot bill for this service
E0602	Breast pump, manual, any type	No	SNF 534 Not Valid for Medicare	NA	NA	NA	00	Not Valid for Medicare SNFs cannot bill for this service
L2124	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SYNTHETIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	No	Not Valid for Medicare.	NA	NA	Fee	38	SNFs cannot bill this service
V5299	HEARING SERVICE, MISCELLANEOUS	Yes	MCM 2320 SNF 532, Program Memo AB-01-71	0	NA	IC	13	Rendering provider may bill or SNF may bill under arrangements
90742	Special passive immunization	Yes	MCM 2050, MCM 2055, MCM 2320	NA	NA	IC		Discontinue after 12/31/1998 Review manual references for special billing instructions
76091	MAMMOGRAM, BOTH BREASTS	Yes	MIM 3660.10 MCM 4601 SNF 260.1 SNF 537	1	Yes	Fee		Rendering provider may bill or SNF may bill under arrangements
97770	COGNITIVE SKILLS DEVELOPMENT	Yes	SNF 532	7	NA	Fee		Discontinued 12/31/2000

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	Yes	SNF 534	NA	NA	NA	36	Category is DME Code Effective 1/1/2002 SNFs cannot bill this service unless it is approved as a DME Supplier
E0760	OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	No	Non-covered by Medicare CIM 35-48	NA	NA	NA	32	Non-Covered by Medicare SNFs cannot bill for this service
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, OR EQUAL	Yes	SNF 534	NA	NA	NA	00	SNFs cannot bill for this service
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
G0173	STEROTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION	No	SNF 515.1 SNF 516.3	9	NA	NA	00	SNFs cannot bill for this service

### Changes to Rehabilitation Codes that SNF's Must Bill

G0193	ENDOSCOPIC STUDY OF SWALLOWING FUNCTION (ALSO FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING (FEES))	Yes			NA	NA	11	SNFs must bill this therapy service
G0194	SENSORY TESTING DURING ENDOSCOPIC STUDY OF SWALLOWING (ADD ON CODE) REFERRED TO AS FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING WITH SENSORY TESTING (FEEST)	Yes			NA	NA	11	SNFs must bill this therapy service
G0195	CLINICAL EVALUATION OF SWALLOWING FUNCTION (NOT INVOLVING INTERPRETATION OF DYNAMIC RADIOLOGICAL STUDIES OR ENDOSCOPIC STUDY OF SWALLOWING)	Yes			NA	NA	11	SNFs must bill this therapy service
G0196	EVALUATION OF SWALLOWING INVOLVING SWALLOWING OF RADIO-OPAQUE MATERIALS	Yes			NA	NA	11	SNFs must bill this therapy service.
G0197	EVALUATION OF PATIENT FOR PRESCRIPTION OF SPEECH GENERATING DEVICES	Yes			NA	NA	11	SNFs must bill this therapy service.
G0198	PATIENT ADAPTATION AND TRAINING FOR USE OF SPEECH GENERATING DEVICES	Yes			NA	NA	11	SNFs must bill this therapy service.
G0199	RE-EVALUATION OF PATIENT USING SPEECH GENERATING DEVICES	Yes			NA	NA	11	SNFs must bill this therapy service.

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
G0200	EVALUATION OF PATIENT FOR PRESCRIPTION OF VOICE PROSTHETIC	Yes			NA	NA	11	SNFs must bill this therapy service.
G0201	MODIFICATION OR TRAINING AND USE OF VOICE PROSTHETIC	Yes			NA	NA	11	SNFs must bill this therapy service.
97601	Wound(s) care, selective	Yes	SNF 532	-	NA	Fee		Coverage as rehab service change is effective 1/1/2002 SNFs must bill this therapy service.
97602	Wound(s) care non-selective	Yes	SNF 532	-	NA	Fee		Coverage as rehab service change is effective 1/1/2002 SNFs must bill this therapy service.
<b>Coordinated Care Demonstration Codes</b>								
G9001	COORDINATED CARE FEE, INITIAL RATE	No		NA	NA	NA	00	SNFs cannot bill for this service
G9002	COORDINATED CARE FEE, MAINTENANCE RATE	No		9	NA	NA	00	SNFs cannot bill for this service
G9003	COORDINATED CARE FEE, RISK ADJUSTED HIGH, INITIAL	No		9	NA	NA	00	SNFs cannot bill for this service
G9004	COORDINATED CARE FEE, RISK ADJUSTED LOW, INITIAL	No		9	NA	NA	00	SNFs cannot bill for this service
G9005	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE	No		9	NA	NA	00	SNFs cannot bill for this service
G9006	COORDINATED CARE FEE, HOME MONITORING	No		9	NA	NA	00	SNFs cannot bill for this service
G9007	COORDINATED CARE FEE, SCHEDULED TEAM CONFERENCE	No		9	NA	NA	00	SNFs cannot bill for this service
G9008	COORDINATED CARE FEE, PHYSICIAN COORDINATED CARE OVERSIGHT SERVICES	No		9	NA	NA	00	SNFs cannot bill for this service
G9010	Coordinated care fee, risk adjusted maintenance, level 4	No		9	NA	NA	00	Code Effective date 10/01/2001 SNFs cannot bill for this service
G9011	Coordinated care fee, risk adjusted maintenance, level 5	No		9	NA	NA	00	Code Effective date 10/01/2001 SNFs cannot bill for this service
G9012	Other specified case management service not elsewhere classified	No		9	NA	NA	00	Code Effective date 10/01/2001 SNFs cannot bill for this service
<b>Not Valid or Non Covered for Medicare</b>								
36415	DRAWING BLOOD	No						Not valid for Medicare MCM 51141D SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
58300	INSERT INTRAUTERINE DEVICE	No	Non-Covered by Medicare Statute 1862a1A SNF 516	9	NA	NA		SNFs cannot bill for this service
69090	PIERCE EARLOBES	No	Non-Covered by Medicare Statute 1862a1A	9	NA	NA		SNFs cannot bill for this service
69710	IMPLANT/REPLACE HEARING AID	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
72159	MR ANGIO SPINE W/O&W DYE	No	Non-covered by Medicare, CIM 50-14 SNF 516					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					SNFs cannot bill for this service
78491	HEART IMAGE (PET), SINGLE	No	Not valid for Medicare					SNFs cannot bill for this service
90399	IMMUNE GLOBULIN	No	Not valid for Medicare					SNFs cannot bill for this service
90471	IMMUNIZATION ADMIN	No	Non-covered by Medicare					SNFs cannot bill for this service
90472	IMMUNIZATION ADMIN, EACH ADD	No	Non-covered by Medicare					SNFs cannot bill for this service
90842	Individual medical psychotherapy by a physician (face-to-face with the patient), approximately 75 to 80 minutes	No	Not valid for Medicare					SNFs cannot bill for this service
90843	Individual medical psychotherapy by a physician (face-to-face with the patient), approximately 20 to 30 minutes	No	Not valid for Medicare					SNFs cannot bill for this service
90844	Individual medical psychotherapy by a physician (face-to-face with the patient), approximately 45 to 50 minutes	No	Not valid for Medicare					SNFs cannot bill for this service
90875	PSYCHOPHYSIOLOGICAL THERAPY	No	Non-covered by Medicare, MCM 2470, CIM 35-27					SNFs cannot bill for this service
90876	PSYCHOPHYSIOLOGICAL THERAPY	No	Non-covered by Medicare, MCM 2470, CIM 35-27					SNFs cannot bill for this service
90882	ENVIRONMENTAL MANIPULATION	No	Non-covered by Medicare, MCM 2303					SNFs cannot bill for this service



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92310	CONTACT LENS FITTING	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320					SNFs cannot bill for this service
92314	PRESCRIPTION OF CONTACT LENS	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320					SNFs cannot bill for this service
92340	FITTING OF SPECTACLES	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
92341	FITTING OF SPECTACLES	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
92342	FITTING OF SPECTACLES	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
92370	REPAIR & ADJUST SPECTACLES	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
92390	SUPPLY OF SPECTACLES	No	Non-covered by Medicare Statute 1862(a)7					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					SNFs cannot bill for this service
92392	SUPPLY OF LOW VISION AIDS	No	Not valid for Medicare					SNFs cannot bill for this service
92393	SUPPLY OF ARTIFICIAL EYE	No	Not valid for Medicare					SNFs cannot bill for this service
92395	SUPPLY OF SPECTACLES	No	Not valid for Medicare					SNFs cannot bill for this service
92396	SUPPLY OF CONTACT LENSES	No	Not valid for Medicare					SNFs cannot bill for this service
92525	ORAL FUNCTION EVALUATION	No	Non-covered by Medicare, MCM 2070, MCM 2216					SNFs cannot bill for this service
92551	PURE TONE HEARING TEST, AIR	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320					SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
92559	GROUP AUDIOMETRIC TESTING	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320					SNFs cannot bill for this service
92560	BEKESY AUDIOMETRY, SCREEN	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320					SNFs cannot bill for this service
92590	HEARING AID EXAM, ONE EAR	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
92591	HEARING AID EXAM, BOTH EARS	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
92592	HEARING AID CHECK, ONE EAR	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
92593	HEARING AID CHECK, BOTH EARS	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
92594	ELECTRO HEARNG AID TEST, ONE	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
92595	ELECTRO HEARNG AID TST, BOTH	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
93668	PERIPHERAL VASCULAR REHAB	No	Non-covered by Medicare Statute 1861					SNFs cannot bill for this service
93760	CEPHALIC THERMOGRAM	No	Non-covered by Medicare MCM 2070, CIM 50-5					SNFs cannot bill for this service
93762	PERIPHERAL THERMOGRAM	No	Non-covered by Medicare MCM 2070, CIM 50-5					SNFs cannot bill for this service
93784	AMBULATORY BP MONITORING	No	Non-covered by Medicare CIM 50-42					SNFs cannot bill for this service
93786	AMBULATORY BP RECORDING	No	Non-covered by Medicare MCM 2070, CIM 50-42					SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
93788	AMBULATORY BP ANALYSIS	No	Non-covered by Medicare MCM 2070, CIM 50-42					SNFs cannot bill for this service
93790	REVIEW/REPORT BP RECORDING	No	Non-covered by Medicare MCM 2070, CIM 50-42					SNFs cannot bill for this service
95120	IMMUNOTHERAPY, ONE INJECTION	No	Not valid for Medicare, MCM 2005.2					SNFs cannot bill for this service
95125	IMMUNOTHERAPY, MANY ANTIGENS	No	Not valid for Medicare, MCM 2005.2					SNFs cannot bill for this service
95130	IMMUNOTHERAPY, INSECT VENOM	No	Not valid for Medicare, MCM 2005.2					SNFs cannot bill for this service
95131	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2					SNFs cannot bill for this service
95132	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2					SNFs cannot bill for this service
95133	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2					SNFs cannot bill for this service
95134	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2					SNFs cannot bill for this service
97780	ACUPUNCTURE W/O STIMUL	No	Non-covered by Medicare CIM 35-8					SNFs cannot bill for this service
97781	ACUPUNCTURE W/STIMUL	No	Non-covered by Medicare CIM 35-8					SNFs cannot bill for this service
97802	MEDICAL NUTRITION, INDIV, IN	No	Non-covered by Medicare CIM 65-10					SNFs cannot bill for this service
97803	MED NUTRITION, INDIV, SUBSEQ	No	Non-covered by Medicare CIM 65-10					SNFs cannot bill for this service
97804	MEDICAL NUTRITION, GROUP	No	Non-covered by Medicare CIM 65-10					SNFs cannot bill for this service
98943	CHIROPRACTIC MANIPULATION	No	Non-covered by Medicare MCM 2251					SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
99381	PREV VISIT, NEW, INFANT	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99382	PREV VISIT, NEW, AGE 1-4	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99383	PREV VISIT, NEW, AGE 5-11	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99384	PREV VISIT, NEW, AGE 12-17	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99385	PREV VISIT, NEW, AGE 18-39	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99386	PREV VISIT, NEW, AGE 40-64	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99387	PREV VISIT, NEW, 65 & OVER	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99391	PREV VISIT, EST, INFANT	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99392	PREV VISIT, EST, AGE 1-4	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99393	PREV VISIT, EST, AGE 5-11	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99394	PREV VISIT, EST, AGE 12-17	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99395	PREV VISIT, EST, AGE 18-39	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
99396	PREV VISIT, EST, AGE 40-64	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
99397	PREV VISIT, EST, 65 & OVER	No	Non-covered by Medicare MCM 2320					SNFs cannot bill for this service
A4206	1 CC sterile syringe&needle	No	Not valid for Medicare					SNFs cannot bill for this service
A4207	2 CC sterile syringe&needle	No	Not valid for Medicare					SNFs cannot bill for this service
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	No	Not valid for Medicare					SNFs cannot bill for this service
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	No	Not valid for Medicare					SNFs cannot bill for this service
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	No	Non-covered by Medicare					SNFs cannot bill for this service
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	No	Not valid for Medicare					SNFs cannot bill for this service
A4215	NEEDLES ONLY, STERILE, ANY SIZE, EACH	No	Not valid for Medicare					SNFs cannot bill for this service
A4244	ALCOHOL OR PEROXIDE, PER PINT	No	Not valid for Medicare					SNFs cannot bill for this service
A4245	ALCOHOL WIPES, PER BOX	No	Not valid for Medicare					SNFs cannot bill for this service
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	No	Not valid for Medicare					SNFs cannot bill for this service
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	No	Not valid for Medicare					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					SNFs cannot bill for this service
A4260	LEVONORGESTREL (CONTRACEPTIVE) IMPLANTS SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	No	Non-covered by Medicare Statute					SNFs cannot bill for this service
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	No	Non-covered by Medicare Statute					SNFs cannot bill for this service
A4360	Adult incontinence garment (e.g. brief, diaper), each	No	Non-covered by Medicare					Code Effective 1/1/2002 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					SNFs cannot bill for this service
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	No	Non-covered by Medicare CIM 60-9, MCM 2133, MCM 2079					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					SNFs cannot bill for this service
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	No	Non-covered by Medicare CIM 60-9, MCM 2133, MCM 2079					SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	No	Non-covered by Medicare CIM 60-9					SNFs cannot bill for this service
A4570	SPLINT	Yes	Invalid for Medicare				52	SNFs cannot bill this service Code 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					SNFs cannot bill for this service
A4580	CAST SUPPLIES (E.G. PLASTER)	No	Invalid for Medicare				52	SNFs cannot bill this service Code Effective 7/1/01 for Carriers, 10/01/01 for Fis.
A4590	SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)	No	Invalid for Medicare				52	SNFs cannot bill this service Code Effective 7/1/01 for Carriers, 10/01/01 for Fis.
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	No	Non-covered by Medicare MCM 2100					SNFs cannot bill for this service
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	No	Non-covered by Medicare CIM 50-42					SNFs cannot bill for this service
A9270	NON-COVERED ITEM OR SERVICE	No	Non-covered by Medicare MCM 2303 SNF 534					SNFs cannot bill for this service
A9300	EXERCISE EQUIPMENT	No	Non-covered by Medicare CIM 60-9, MCM 2100.1 SNF 534					SNFs cannot bill for this service
E0241	BATH TUB WALL RAIL, EACH	No	Non-covered by Medicare MCM 2100.1 CIM 60-9					SNFs cannot bill for this service
E0242	BATH TUB RAIL, FLOOR BASE	No	Non-covered by Medicare MCM 2100.1 CIM 60-9					SNFs cannot bill for this service
E0243	TOILET RAIL, EACH	No	Non-covered by Medicare MCM 2100.1 CIM 60-9					SNFs cannot bill for this service
E0244	RAISED TOILET SEAT	No	Non-Covered by Medicare CIM 60-9					SNFs cannot bill for this service
E0245	TUB STOOL OR BENCH	No	Non-Covered by Medicare CIM 60-9					SNFs cannot bill for this service
E0273	BED BOARD	No	Non-Covered by Medicare CIM 60-9					SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
E0274	OVER-BED TABLE	No	Non-Covered by Medicare CIM 60-9					SNFs cannot bill for this service
E0625	PATIENT LIFT, KARTOP, BATHROOM OR TOILET	No	Non-covered by Medicare CIM 60-9					SNFs cannot bill for this service
E0740	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR TRAINER	No	Non-covered by Medicare CIM 65-11					SNFs cannot bill for this service
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	No	Non-Covered by Medicare CIM 60-9					SNFs cannot bill for this service
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	No	Non-covered by Medicare					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					SNFs cannot bill for this service
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	No	Non-covered by Medicare Statute 1862A1					SNFs cannot bill for this service
J3520	EDETATE DISODIUM, PER 150 MG	No	Non-covered by Medicare, CIM 35-64 CIM 45-20					SNFs cannot bill for this service
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	No	Non-covered by Medicare, MCM 2050.5					SNFs cannot bill for this service
J3570	LAETRILE, AMYGDALIN, VITAMIN B17	No	Non-covered by Medicare, CIM 45-10					SNFs cannot bill for this service
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	No	Non-covered by Medicare Statute 1862A1					SNFs cannot bill for this service
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	No	Non-covered by Medicare, MCM 2049					SNFs cannot bill for this service
L2102	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, PLASTER TYPE CASTING MATERIAL, CUSTOM-FABRICATED	No	Not valid for Medicare					SNFs cannot bill this service Code 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	No	Not valid for Medicare					SNFs cannot bill this service Code Effective 7/1/01 for Carriers, 10/01/01 for Fis.

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
L2122	KNEE-ANKLE-FOOT-ORTHOISIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, PLASTER TYPE CASTING MATERIAL, CUSTOM-FABRICATED	No	Not valid for Medicare. PM AB-01-60					SNFs cannot bill this service Code Effective 7/1/01 for Carriers, 10/01/01 for Fis.
L3215	ORTHOPEdic FOOTWEAR, LADIES SHOES, OXFORD	No	Non-covered by Medicare Statute 1862A8					SNFs cannot bill for this service
L3216	ORTHOPEdic FOOTWEAR, LADIES SHOES, DEPTH INLAY	No	Non-covered by Medicare Statute 1862A8					SNFs cannot bill for this service
L3217	ORTHOPEdic FOOTWEAR, LADIES SHOES, HIGHTOP, DEPTH INLAY	No	Non-covered by Medicare Statute 1862A8					SNFs cannot bill for this service
L3219	ORTHOPEdic FOOTWEAR, MENS SHOES, OXFORD	No	Non-covered by Medicare Statute 1862A8					SNFs cannot bill for this service
L3221	ORTHOPEdic FOOTWEAR, MENS SHOES, DEPTH INLAY	No	Non-covered by Medicare Statute 1862A8					SNFs cannot bill for this service
L3222	ORTHOPEdic FOOTWEAR, MENS SHOES, HIGHTOP, DEPTH INLAY	No	Non-covered by Medicare Statute 1862A8					SNFs cannot bill for this service
L8100	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9					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					SNFs cannot bill for this service
L8120	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9					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					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					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					SNFs cannot bill for this service



HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
L8160	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9					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					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					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					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					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					SNFs cannot bill for this service
L8210	GRADIENT COMPRESSION STOCKING, CUSTOM MADE	No	Non-covered by Medicare, MCM 2133, CIM 60-9					SNFs cannot bill for this service
L8220	GRADIENT COMPRESSION STOCKING, LYMPHEDEMA	No	Non-covered by Medicare, MCM 2133, CIM 60-9					SNFs cannot bill for this service
L8230	GRADIENT COMPRESSION STOCKING, GARTER BELT	No	Non-covered by Medicare, MCM 2133, CIM 60-9					SNFs cannot bill for this service
M0075	CELLULAR THERAPY	No	Non-covered by Medicare CIM 35-5					SNFs cannot bill for this service
M0076	PROLOTHERAPY	No	Non-covered by Medicare CIM 35-13					SNFs cannot bill for this service
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING (MNP)	No	Non-covered by Medicare CIM 35-65					SNFs cannot bill for this service
M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	No	Non-covered by Medicare CIM 35-64					SNFs cannot bill for this service
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM (MNP)	No	Non-covered by Medicare CIM 35-64					SNFs cannot bill for this service
M0302	ASSESSMENT OF CARDIAC OUTPUT BY ELECTRICAL BIOIMPEDANCE	No	Non-covered by Medicare CIM 50-54					SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	No	Non-covered by Medicare CIM 50-54					SNFs cannot bill for this service
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	No	Not valid for Medicare					SNFs cannot bill for this service
Q2001	ORAL, CABERLOGOLINE, 0.5 MG	No	Non-covered by Medicare, MCM 2049.5					SNFs cannot bill for this service
Q3015	Item or service statutorily non-covered, including benefit category exclusion, (used only when no specific code available)	N/A	Non-covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
Q3016	Item or service not reasonable or necessary (used only when no specific code available)	N/A	Non-covered by Medicare					Code Effective 1/1/2002 SNFs cannot bill for this service
V5008	HEARING SCREENING	No	Non-covered by Medicare, MEDICARE MCM 2320					SNFs cannot bill for this service
V5010	ASSESSMENT FOR HEARING AID	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5014	REPAIR/MODIFICATION OF A HEARING AID	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5020	CONFORMITY EVALUATION	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5050	HEARING AID, MONAURAL, IN THE EAR	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
V5070	GLASSES, AIR CONDUCTION	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5080	GLASSES, BONE CONDUCTION	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5100	HEARING AID, BILATERAL, BODY WORN	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5110	DISPENSING FEE, BILATERAL	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5120	BINAURAL, BODY	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5130	BINAURAL, IN THE EAR	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5140	BINAURAL, BEHIND THE EAR	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5150	BINAURAL, GLASSES	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5160	DISPENSING FEE, BINAURAL	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5170	HEARING AID, CROS, IN THE EAR	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5180	HEARING AID, CROS, BEHIND THE EAR	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5190	HEARING AID, CROS, GLASSES	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service

HCPCS Code	HCPCS Description	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	TC Modifier Required from SNF Part B	Part B Price Method	Part B PC	Last Updated Nov 20 2001 Comments
V5200	DISPENSING FEE, CROS	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5210	HEARING AID, BICROS, IN THE EAR	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5220	HEARING AID, BICROS, BEHIND THE EAR	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5230	HEARING AID, BICROS, GLASSES	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5240	DISPENSING FEE, BICROS	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	No	Non-covered by Medicare Statute 1862(a)7					SNFs cannot bill for this service
<b>Diabetic Shoes</b>								
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	SNFs cannot bill for this service

## **Addendum E - File Content - Updated November 20, 2001**

Addenda A through D are printed subsets of the national SNF HCPCS help file, as updated in November 2001. That file is a list of HCPCS codes that may be covered by Medicare for SNF residents. Codes beginning in C (OPPS), H (temporary codes for State and Federal Agencies other than Medicare), S (national codes established for private payers), and T (not valid for Medicare) are not included in any of these lists. Codes included in the lists relate to SNF claims only.

Addendum A is a list of new codes added that are included in the SNF Part A payment amount. They cannot be paid separately for Part A beneficiaries. See the columns applicable to Part B in the addendum for the status of the code for residents for whom only Part B payments can be made.

Addendum B is a list of new codes added that are not included in the SNF Part A payment amount. Most of these codes can be paid separately for Part A inpatients if billed by a provider other than the SNF except for codes Q3018 (Hepatitis vaccine) and 76085 (computer mammogram add on (screening)). These codes must be billed by the SNF. Codes for ambulance services may or may not be billed by the SNF depending on the destination and reason for transport. New ambulance codes are Q3017 (advanced life support (ALS) assessment), A0380 (Basic life support mileage), and A0390 (Advanced life support mileage).

Addendum C is a list of codes discontinued Code Effective January 1, 2002. The status descriptions apply to the period preceding the date the code was discontinued.

Addendum D is a list of corrections to the previous SNF HELP file furnished with PM A-01-94, and mid year additions or deletions to certain codes. The corrections are:

- Prosthetic and orthotic services that SNFs may bill;
- Audiologists services that have been reclassified as diagnostic services instead of therapy services;
- Codes discontinued after 06/30/2001;
- Codes effective 04/01/2001;
- Codes effective 10/01/2001;
- Codes identified as approved CLIA waived tests;
- Ambulance code changes;
- Codes with status changes since the last update in July;
- Changes to rehabilitation codes that SNFs must bill;
- Coordinated care demonstration codes that excluded from SNF PPS and not billable by SNFs unless it is participating in a coordinated care demo.

The "Comments" column indicates whether or not the SNF may bill the service under Types of Bill (TOBs) 22X or 23X. The "Part B Price Method" column indicates "Fee" when the service is paid under a fee schedule. If the SNF cannot bill the service to the intermediary, "NA" is in the "Part B Price Method" column.

Addendum F is a single file containing all of the above and codes that have not changed for any characteristic with respect to SNF PPS or the SNF fee schedule. This file is in Excel electronic format. It is sorted by HCPCS code order. To identify services that only a SNF may bill, use the Excel sort command on the "Part B Price Method" column (column H).

To sort data, highlight the first row of the excel worksheet by clicking on row "2". Select "Data" from the toolbar and "Sort" from the data menu. A pop up screen will appear asking if you want to expand the sort. Click in the box labeled "Expand the selection" and click on the button "sort". Another pop up screen will appear where you indicate the column you want to be the primary sort. Indicate "column H" under the "sort by" space using the arrow key beside the space. The sort will display codes reimbursed based on cost followed by codes paid under a fee schedule. The codes a SNF cannot bill will appear last with "NA" in the "Part B Price Method" column.

**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 Descriptions**

**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 the carrier processes claims for physician services, and the intermediary processes technical component. 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.

**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, or payment limit. 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. Examples are descriptions of Code Effective dates, or special billing requirements.



**Addendum F - Excel File cr1935-11202001.xls**

Furnished with electronic copy only.

To download addendum F go to CMS' Program Memorandum page at <http://www.hcfa.gov/pubforms/progman.htm> and select 2001 Program Memorandums. Then select transmittal A-01-135 from the list.

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