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2010 Coding & Reimbursement Update



The latest Medicare news for California, Guam, Hawaii, Nevada, American Samoa, & Northern Mariana Islands providers.

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Annual HCPCS/CPT Coding Update

Effective January 1, 2010, providers must use the HCPCS/CPT codes that are valid at the time the service is rendered. If claims are submitted with discontinued codes, they will be rejected.

To ensure prompt and timely payment of claims, use the new HCPCS/CPT codes for 2010 beginning with services rendered on or after January 1, 2010. Each year thereafter, be sure to adopt the new codes.

CMS no longer allows a 90-day grace period for discontinued codes. This also applies to any mid-year HCPCS/CPT deletions.

You Are Responsible. . .

The *Medicare Advisory* contains coverage, billing, and other information for providers in California, Guam, Hawaii, Nevada, American Samoa, & Northern Mariana Islands. This information is not intended to constitute legal advice. It is our official notice to the providers we serve concerning their responsibilities and obligations as mandated by Medicare regulations and guidelines. This information is readily available at no cost on the Palmetto GBA Web site. It is the responsibility of each provider to obtain this information and to follow the guidelines. The *Medicare Advisory* includes information provided by the Centers for Medicare & Medicaid Services (CMS) and is current at the time of publication. The information is subject to change at any time.

This bulletin should be shared with all health care practitioners and managerial members of the provider staff. Bulletins are available at no-cost from our Web site at: <http://www.PalmettoGBA.com>.

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2010 HCPCS Update

Effective January 1, 2010

Recently, carriers received the year 2010 additions, changes and deletions to the Centers for Medicare and Medicaid Services (CMS) Common Procedure Coding System (HCPCS). The HCPCS codes are effective for dates of service on or after January 1, 2010. See page 1 for further information regarding the grace period.

HCPCS is a collection of codes and descriptors that represent procedure, supplies, products and services which may be provided to Medicare beneficiaries and individuals enrolled in private health insurance programs. HCPCS also contains modifiers, which are two-position codes and descriptors used to indicate that a service or procedure has been altered by some specific circumstance, but not changed in its definition or code. The codes and modifiers are divided into three levels:

LEVEL I – Codes and descriptors copyrighted by the American Medical Association’s Current Procedure Terminology (CPT), Standard Edition. These are five-position numeric codes ranging from 00000 to 99999, primarily representing physician services. Level I modifiers are two-position numeric codes.

LEVEL II – Five-position alphanumeric codes, ranging from A0000 to V9999, representing primarily items and nonphysician services that are not represented in the Level I category. These codes and descriptors, with the exception of the D series, are approved and maintained by the Alphanumeric Editorial Panel (consisting of CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association) and are listed in the HCPCS Level II code book. The D series includes codes copyrighted by the American Dental Association’s Current Dental Terminology, Second Edition (CDT-2). Level II modifiers are two-position alphanumeric codes.

LEVEL III – Codes and descriptors developed by Medicare carriers for use at the local (carrier) level. These are five-position alphanumeric codes in the W, X, Y or Z series (ranging from W0000 to Z9999) representing physician and nonphysician services that are not represented in the Level I or Level II codes. Level III modifiers are two-position alphanumeric codes in the W, X, Y or Z series.

The year 2010 additions, changes and deletions for the HCPCS codes are listed on the following pages. Please use this information to supplement your current materials. Note that the codes listed as changes previously may have had different descriptions of service. ***It is important that the most current HCPCS codes are submitted on all claims, so please be sure to use the year 2010 versions of the respective code books.***

Special Instructions

- The additions and deletions for the 2010 HCPCS Update are effective by date of service instead of implementation date.
- The procedure codes listed as additions are valid for services performed on or after January 1, 2009. If these procedure codes are used for dates of service prior to January 1, 2010, the services will be rejected.
- The procedure codes listed as deletions are valid for dates of service up to and including December 31, 2009.

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2010 Modifiers: Additions

HCPCS Modifiers	Description
AI	Principal physician of record
J4	DMEPOS item subject to DMEPOS Competitive Bidding Program that is furnished by a hospital upon discharge
V5	Vascular catheter
V6	Arteriovenous graft
V7	Arteriovenous fistula
V8	Infection present
V9	No infection present

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Additions: 2010 HCPCS/CDT/CPT Codes

HCPCS Code	Description
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
A4336	Incontinence supply, urethral insert, any type, each
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each
A4456	Adhesive remover, wipes, any type, each
A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each
A9581	Injection, gadoxetate disodium, 1 ml
A9582	Iodine i-123 iobenguane, diagnostic, per study dose, up to 15 millicuries
A9583	Injection, gadofosveset trisodium, 1 ml
A9604	Samarium sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (artiss), 2 ml
C9254	Injection, lacosamide, 1 mg
C9255	Injection, paliperidone palmitate, 1 mg
C9256	Injection, dexamethasone intravitreal implant, 0.1 mg
C9257	Injection, bevacizumab, 0.25 mg
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters
C9361	Collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length
C9362	Porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter
C9364	Porcine implant, permacol, per square centimeter
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour

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HCPCS Code	Description
G0422	Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session
G0423	Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day
G0425	Initial inpatient telehealth consultation, typically 30 minutes communicating with the patient via telehealth
G0426	Initial inpatient telehealth consultation, typically 50 minutes communicating with the patient via telehealth
G0427	Initial inpatient telehealth consultation, typically 70 minutes or more communicating with the patient via telehealth
G0430	Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure
G0431	Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class
G8545	I intend to report the Hepatitis C measures group
G8546	I intend to report the Community-Acquired Pneumonia (CAP) measures group
G8547	I intend to report the Ischemic Vascular Disease (IVD) measures group
G8548	I intend to report the heart failure (HF) measures group
G8549	All quality actions for the applicable measures in the Hepatitis C measures group have been performed for this patient
G8550	All quality actions for the applicable measures in the community-acquired pneumonia (CAP) measures group have been performed for this patient
G8551	All quality actions for the applicable measures in the heart failure (HF) measures group have been performed for this patient
G8552	All quality actions for the applicable measures in the ischemic vascular disease (IVD) measures group have been performed for this patient
G8553	At least one prescription created during the encounter was generated and transmitted electronically using a qualified ERX system
G8556	Referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation
G8557	Patient is not eligible for the referral for otologic evaluation measure

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HCPCS Code	Description
G8558	Not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation
G8560	Patient has a history of active drainage from the ear within the previous 90 days
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified
G8565	Verification and documentation of sudden or rapidly progressive hearing loss
G8566	Patient is not eligible for the “referral for otologic evaluation for sudden or rapidly progressive hearing loss” measure
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)
G8569	Prolonged intubation (>24 hrs) required
G8570	Prolonged intubation (>24 hrs) not required
G8571	Development of deep sternal wound infection within 30 days postoperatively
G8572	No deep sternal wound infection
G8573	Stroke/CVA following isolated CABG surgery
G8574	No stroke/CVA following isolated CABG surgery
G8575	Developed postoperative renal insufficiency or required dialysis
G8576	No postoperative renal insufficiency/dialysis not required
G8577	Reoperation required due to bleeding/tamponade, graft occlusion or other cardiac reason
G8578	Reoperation not required due to bleeding/tamponade, graft occlusion or other cardiac reason
G8579	Antiplatelet medication at discharge

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HCPCS Code	Description
G8580	Antiplatelet medication contraindicated/not indicated
G8581	No antiplatelet medication at discharge
G8582	Beta-blocker at discharge
G8583	Beta-blocker contraindicated/not indicated
G8584	No beta-blocker at discharge
G8585	Anti-lipid treatment at discharge
G8586	Anti-lipid treatment contraindicated/not indicated
G8587	No anti-lipid treatment at discharge
G8588	Most recent systolic blood pressure < 140 mmhg
G8589	Most recent systolic blood pressure >= 140 mmhg
G8590	Most recent diastolic blood pressure < 90 mmhg
G8591	Most recent diastolic blood pressure >= 90 mmhg
G8592	No documentation of blood pressure measurement
G8593	Lipid profile results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C)
G8594	Lipid profile not performed, reason not otherwise specified
G8595	Most recent LDL-C < 100 mg/dl
G8596	LDL-C was not performed
G8597	Most recent LDL-C >= 100 mg/dl
G8598	Aspirin or another antithrombotic therapy used
G8599	Aspirin or another antithrombotic therapy not used, reason not otherwise specified
G8600	IV t-pa initiated within three hours (<= 180 minutes) of time last known well
G8601	IV t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician
G8602	IV t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not specified
G8603	Score on the spoken language comprehension functional communication measure at discharge was higher than at admission
G8604	Score on the spoken language comprehension functional communication measure at discharge was not higher than at admission, reason not specified

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HCPCS Code	Description
G8605	Patient was not scored on the spoken language comprehension functional communication measure either at admission or at discharge
G8606	Score on the attention functional communication measure at discharge was higher than at admission
G8607	Score on the attention functional communication measure at discharge was not higher than at admission, reason not specified
G8608	Patient was not scored on the attention functional communication measure either at admission or at discharge
G8609	Score on the memory functional communication measure at discharge was higher than at admission
G8610	Score on the memory functional communication measure at discharge was not higher than at admission, reason not specified
G8611	Patient was not scored on the memory functional communication measure at either admission or at discharge
G8612	Score on the motor speech functional communication measure at discharge was higher than at admission
G8613	Score on the motor speech functional communication measure at discharge was not higher than at admission, reason not specified
G8614	Patient was not scored on the motor speech functional communication measure either at admission or at discharge
G8615	Score on the reading functional communication measure at discharge was higher than at admission
G8616	Score on the reading functional communication measure at discharge was not higher than at admission, reason not specified
G8617	Patient was not scored on the reading functional communication measure either at admission or at discharge
G8618	Score on the spoken language expression functional communication measure at discharge was higher than at admission
G8619	Score on the spoken language expression functional communication measure at discharge was not higher than at admission, reason not specified
G8620	Patient was not scored on the spoken language expression functional communication measure either at admission or at discharge

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HCPCS Code	Description
G8621	Score on the writing functional communication measure at discharge was higher than at admission
G8622	Score on the writing functional communication measure at discharge was not higher than at admission, reason not specified
G8623	Patient was not scored on the writing functional communication measure either at admission or at discharge
G8624	Score on the swallowing functional communication measure at discharge was higher than at admission
G8625	Score on the swallowing functional communication measure at discharge was not higher than at admission, reason not specified
G8626	Patient was not scored on the swallowing functional communication measure at admission or at discharge
G8627	Surgical procedure performed within 30 days following cataract surgery for major complications (e.g. retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence)
G8628	Surgical procedure not performed within 30 days following cataract surgery for major complications (e.g. retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence)
G9141	Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)
G9142	Influenza A (H1N1) vaccine, any route of administration
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
J0461	Injection, Atropine Sulfate, 0.01 mg
J0559	Injection, Penicillin G Benzathine and Penicillin G Procaine, 2500 units
J0586	Injection, Abobotulinumtoxina, 5 units
J0598	Injection, C1 Esterase Inhibitor (human), 10 units
J0718	Injection, Certolizumab Pegol, 1 mg
J0833	Injection, Cosyntropin, not otherwise specified, 0.25 mg
J0834	Injection, Cosyntropin (Cortrosyn), 0.25 mg
J1680	Injection, human Fibrinogen concentrate, 100 mg
J2562	Injection, Plerixafor, 1 mg

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HCPCS Code	Description
J2793	injection, Rilonacept, 1 mg
J2796	injection, Romiplostim, 10 micrograms
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per I.U.
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J9155	Injection, Degarelix, 1 mg
J9171	Injection, Docetaxel, 1 mg
J9328	Injection, Temozolomide, 1 mg
Q0138	Injection, Ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)
Q0139	Injection, Ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)
Q0506	Battery, Lithium-Ion, for use with electric or electric/pneumatic ventricular assist device, replacement only
Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms
Q4115	Skin substitute, Alloskin, per square centimeter
Q4116	Skin substitute, Alloderm, per square centimeter
Q9968	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., Methylene blue, Isosulfan blue), 1 mg
S0280	Medical home program, comprehensive care coordination and planning, initial plan
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan
S3713	Kras mutation analysis testing
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental retardation

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CPT Codes	CPT Codes	CPT Codes	CPT Codes	CPT Codes
14301	26118	43775	78451	0545F
14302	27043	45171	78452	1200F
21011	27045	45172	78453	1205F
21012	27059	46707	78454	2060F
21013	27337	49411	83987	3008F
21014	27339	51727	84145	3015F
21016	27364	51728	84431	3038F
21552	27616	51729	86305	3293F
21554	27632	53855	86352	3294F
21558	27634	57426	86780	3323F
21931	28039	63661	86825	3324F
21932	28041	63662	86826	3328F
21933	28047	63663	87150	3650F
21936	29581	63664	87153	4004F
22901	31626	64490	87493	4063F
22902	31627	64491	88387	4255F
22903	32552	64492	88388	4256F
22904	32553	64493	88738	4330F
22905	32561	64494	89398	4340F
23071	32562	64495	90470	5200F
23073	33782	74261	90644	6070F
23078	33783	74262	90670	0203T
24071	33981	74263	92540	0204T
24073	33982	75565	92550	0205T
24079	33983	75571	92570	0206T
25071	36147	75572	93750	0207T
25073	36148	75573	94011	0208T
25078	37761	75574	94012	0209T
26111	43281	75791	94013	0210T
26113	43282	77338	95905	0211T

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CPT Codes
0212T
0213T
0214T
0215T
0216T
0217T
0218T
0219T
0220T
0221T
0222T

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Deletions: 2010 HCPCS/CPT Codes

HCPCS Code	Description
A4365	Adhesive remover wipes, any type, per 50
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing
A6201	Composite dressing, pad size more than 16 sq. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6202	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing
A6542	Gradient compression stocking, custom made
A6543	Gradient compression stocking, lymphedema
A9535	Injection, Methylene Blue, 1 ml
A9605	Samarium SM-153 Lexidronamm, therapeutic, per 50 millicuries
C9245	Injection, Romiplostim, 10 mcg
C9246	Injection, Gadoxetate Disodium, per ml
C9247	Iobenguane, I-123, diagnostic, per study dose, up to 10 millicuries
C9249	Injection, Certolizumab Pegol, 1 mg
C9251	Injection, C1 Esterase Inhibitor (human), 10 units
C9252	Injection, Plerixafor, 1 mg
C9253	Injection, Temozolomide, 1 mg
E1340	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes
E2223	Manual wheelchair accessory, valve, any type, replacement only, each
E2393	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware
G0392	Transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis access, arteriovenous fistula or graft; arterial
G0393	Transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis access, arteriovenous fistula or graft; venous
G8503	Documentation that prophylactic antibiotic was given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)

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HCPCS Code	Description
G8504	Documentation of order for prophylactic antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)
G8505	Documentation that prophylactic antibiotic was not given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required), reason not specified
G8512	Pain severity quantified; pain present
G8513	ABI measured and documented
G8514	Clinician documented that patient was not an eligible candidate for ABI measurement measure
G8515	ABI measurement was not obtained
G8516	Patient screened for future falls risk; documentation of two or more falls in the past year or any fall with injury in the past year
G8517	Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year
G8521	Antiplatelet therapy received (ASA [81-325 mg/day] and/or Clopidogrel [75 mg/day]) within 48 hours of the initiation of surgery and at discharge
G8522	Clinician documented that patient was not an eligible candidate for anti-platelet therapy
G8523	Antiplatelet therapy not received 48 hours prior to CEA and at discharge, reason not specified
G8527	Documentation of order for Cefazolin or Cefuroxime for antimicrobial prophylaxis
G8528	Clinician documented that patient was ineligible for prophylactic antibiotic selection measure
G8529	Order for Cefazolin or Cefuroxime for antimicrobial prophylaxis not documented, reason not specified
G8533	Participation by a physician or other clinician in systematic clinical database registry that includes consensus-endorsed quality measures
J0460	Injection, Atropine Sulfate, up to 0.3 mg
J0530	Injection, Penicillin G Benzathine and Penicillin G Procaine, up to 600,000 units
J0540	Injection, Penicillin G Benzathine and Penicillin G Procaine, up to 1,200,000 units
J0550	Injection, Penicillin G Benzathine and Penicillin G Procaine, up to 2,400,000 units
J0835	Injection, Cosyntropin, per 0.25 mg

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HCPCS Code	Description
J1565	Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg
J7322	Hyaluronan or derivative, synvisc, for intra-articular injection, per dose
J9170	Injection, Docetaxel, 20 mg
L9210	Thoracic, rib belt
L1800	Knee orthosis, elastic with stays, prefabricated, includes fitting and adjustment
L1815	Knee orthosis, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment
L1825	Knee orthosis, elastic knee cap, prefabricated, includes fitting and adjustment
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. Neoprene, Lycra)
L2770	Addition to lower extremity orthosis, any material – per bar or joint
L3651	Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g. Neoprene, Lycra)
L3652	Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g. Neoprene, Lycra)
L3700	Elbow orthosis, elastic with stays, prefabricated, includes fitting and adjustment
L3701	Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. Neoprene, Lycra)
L3909	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. Neoprene, Lycra)
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g. Neoprene, Lycra)
L6639	Upper extremity addition, heavy duty feature, any elbow
Q2023	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per I.U.
Q2024	Injection, Bevacizumab, 0.25 mg
Q4080	Loprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form 20 micrograms
S0162	Injection, Efalizumab, 125 mg
S0345	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, analysis, and physician review and interpretation; per 24-hour period

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HCPCS Code	Description
S0346	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, and analysis per 24-hour period
S0347	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including physician review and interpretation; 24-hour period
S0605	Digital rectal examination, male, annual
S8190	Electronic spirometer (or microspirometer)

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CPT Codes	CPT Codes	CPT Codes
01632	78461	0149T
14300	78464	0150T
23221	78465	0151T
23222	78478	0170T
24151	78480	0194T
24153	82307	
26255	86781	
26261	90379	
27079	92569	
29220	99185	
36145	99186	
36834	1127F	
45170	1128F	
46210	0062T	
46211	0063T	
46937	0064T	
46938	0066T	
51772	0067T	
51795	0068T	
63660	0069T	
64470	0070T	
64472	0077T	
64475	0084T	
64476	0086T	
75558	0087T	
75560	0144T	
75562	0145T	
75564	0146T	
75790	0147T	
78460	0148T	

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Changes: 2010 HCPCS/CDT/CPT Codes

HCPCS Code	Description
A6549	Gradient compression stocking/sleeve, not otherwise specified
A9500	Technetium TC-99m sestamibi, diagnostic, per study dose
C9248	Injection, Clevidipine Butyrate, 1 mg
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (eg, fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple
E0249	Pad for water circulating heat unit, for replacement only
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit
E0700	Safety equipment, device or accessory, any type
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
G0151	Services of a physical therapist in home health or hospice settings, each 15 minutes
G0152	Services of an occupational therapist in home health or hospice settings, each 15 minutes
G0153	Services of a speech and language pathologist in home health or hospice settings, each 15 minutes
G0154	Services of skilled nurse in home health, or nurse in hospice settings, each 15 minutes
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
J0585	Injection, Onabotulinumtoxina, 1 unit
J0587	Injection, Rimabotulinumtoxinb, 100 units
J7192	Factor VIII (antihemophilic factor, recombinant) per I.U., not otherwise specified
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, includes fitting and adjustment

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HCPCS Code	Description
L8030	Breast prosthesis, silicone or equal, without integral adhesive
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement
L8680	Implantable neurostimulator electrode (with any number of contact points), each
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only
Q2009	Injection, Fosphenytoin, 50 mg Phenytoin equivalent

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CPT Code	CPT Code	CPT Code	CPT Code	CPT Code
19295	27078	31635	46945	90669
21015	27327	31636	46946	93279
21555	27328	31637	47382	93280
21556	27329	31638	51726	93281
21557	27365	31640	51797	93282
21935	27615	31641	52282	93283
22520	27618	31643	55873	93284
22521	27640	31645	55876	93285
23075	27641	31646	59897	93286
23076	27645	31656	72291	93287
23077	27646	32560	72292	93701
23200	27647	33216	77003	95806
23210	28043	33217	82306	96570
23220	28045	33223	82652	96571
24075	28046	37760	82784	99304
24076	28171	42894	82785	99305
24077	28173	43761	82787	99306
25170	28175	46200	83516	99307
26115	30801	46220	83518	99308
26116	30802	46230	83519	99309
26117	31622	46250	83520	99310
26250	31623	46255	83986	99318
26260	31624	46257	86592	99358
26262	31625	46258	86593	99359
27047	31628	46260	87149	0520F
27048	31629	46261	88312	0521F
27049	31630	46262	88313	1150F
27075	31631	46275	88314	1153F
27076	31632	46280	90378	1160F
27077	31633	46320	90663	1180F

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CPT Code	CPT Code
1220F	3514F
2050F	3515F
3018F	3550F
3111F	3551F
3112F	3552F
3250F	3555F
3321F	3570F
3322F	3572F
3370F	3573F
3372F	4011F
3374F	4048F
3376F	4148F
3378F	4149F
3380F	4158F
3382F	4180F
3384F	4193F
3386F	4194F
3388F	4200F
3390F	4201F
3492F	4250F
3493F	4268F
3494F	4274F
3497F	4275F
3500F	4276F
3502F	4290F
3503F	4293F
3510F	4300F
3511F	4301F
3512F	4305F
3513F	4320F
	5020F
	5100F
	6030F

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Bilateral Modifiers: Use of CPT Modifier 50 & HCPCS Modifiers RT & LT

Effective for claims processed on or after January 1, 2010, **the codes listed in this article cannot be submitted with CPT modifier 50 (Bilateral Procedure) or HCPCS modifiers RT (Right Side) or LT (Left Side), or the services will be rejected.** These codes are considered bilateral and /or the code descriptions include possible multiple services.

HCPCS Code	CPT Code	CPT Code	CPT Code	CPT Code
G0202	33881	52301	58720	70330
G0204	33976	54130	58800	71060
G0268	33978	54135	58805	71110
	34803	54430	58900	71111
	35549	54901	58920	73050
CPT Code	37185	55041	58925	73520
0201T	37186	55200	58940	73565
11010	38562	55250	58950	75662
11011	38571	55300	58951	75671
11012	38572	55450	58952	75680
21193	40701	55815	58953	75716
21194	40702	55845	58954	75424
21195	40843	55865	58956	75733
21196	42507	56632	58957	75743
27158	42508	57109	58958	75803
27392	42509	57111	61000	75807
27395	42510	57112	61001	75822
30801	50540	57531	61253	75833
30802	51575	58210	63045	75842
30905	51585	58548	63046	76102
30906	51595	58565	63047	76514
31231	51820	58600	63295	76516
32853	52290	58605	64600	76519*
32854	52300	58700	69210	76645
33880				

*= Indicates Global & Technical Component (TC) Only

** = Indicates Professional Component (26) Only

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CPT Code	CPT Code	CPT Code
77057	92312	92596
77059**	92316	92620
78458	92550	92625
92002	92552	92626
92004	92553	92640
92012	92555	93875
92014	92556	93880
92020	92557	92922
92025	92561	93923
92060	92562	93924
92065	92563	93925
92081	92564	93930
92082	92565	93965
92083	92567	93970
92100	92568	95865
92120	92570	95868
92130	92571	95925
92136*	92572	95926
92140	92575	95930
92250	92576	96000
92260	92577	96001
92265	92579	96002
92270	92582	96003
92275	92583	96004
92283	92584	
92284	92585	
92285	92586	
92286	92587	
92287	92588	

*= Indicates Global & Technical Component (TC) Only

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Important Sources For You

- <http://www.cms.hhs.gov>
- <http://www.cms.hhs.gov/MLNGenInfo>
- <http://www.cms.hhs.gov/CMSforms/CMSforms/list.asp>
- <http://www.cms.hhs.gov/QuarterlyProviderUpdates>
- <http://www.cms.hhs.gov/MedicareProviderSupEnroll/>