



AAPC
Advancing the Business of Healthcare

2017
HCP PCS
Level II Expert

HCPCS

Level II Expert

2017



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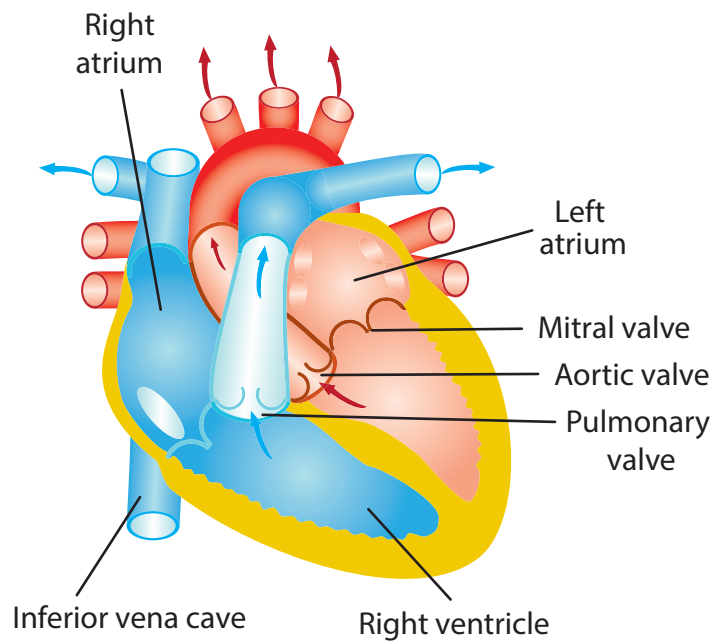
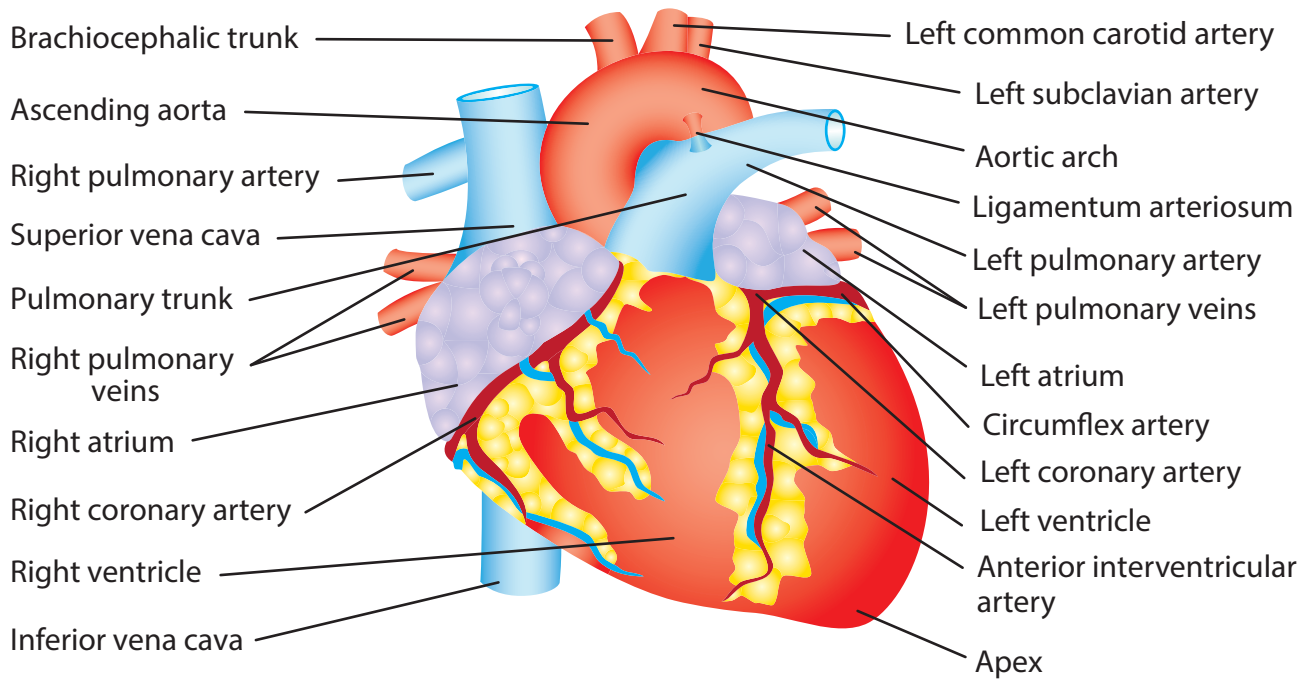
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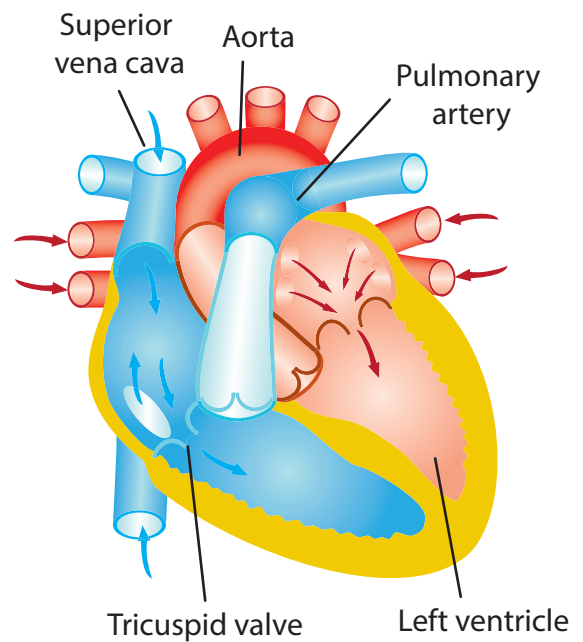
Code	Code Descriptor
G9487	Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology, counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology
G9488	Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology, counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology
G9489	Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology, counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology
G9490	Comprehensive care for joint replacement model, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services. (for use only in the medicare-approved cjr model); may not be billed for a 30 day period covered by a transitional care management code
G9678	Oncology care model (OCM) monthly enhanced oncology services (MEOS) payment for OCM enhanced services. G9678 payments may only be made to OCM practitioners for OCM beneficiaries for the furnishment of enhanced services as defined in the OCM participation agreement

Code	Code Descriptor
G9679	This code is for onsite acute care treatment of a nursing facility resident with pneumonia; may only be billed once per day per beneficiary
G9680	This code is for onsite acute care treatment of a nursing facility resident with chf; may only be billed once per day per beneficiary
G9681	This code is for onsite acute care treatment of a resident with copd or asthma; may only be billed once per day per beneficiary
G9682	This code is for the onsite acute care treatment a nursing facility resident with a skin infection; may only be billed once per day per beneficiary
G9683	This code is for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder or dehydration (similar pattern); may only be billed once per day per beneficiary
G9684	This code is for the onsite acute care treatment of a nursing facility resident for a UTI; may only be billed once per day per beneficiary
G9685	This code is for the evaluation and management of a beneficiary's acute change in condition in a nursing facility
G9686	Onsite nursing facility conference, that is separate and distinct from an evaluation and management visit, including qualified practitioner and at least one member of the nursing facility interdisciplinary care team
G9687	Hospice services provided to patient any time during the measurement period
G9688	Patients using hospice services any time during the measurement period
G9689	Patient admitted for performance of elective carotid intervention
G9690	Patient receiving hospice services any time during the measurement period
G9691	Patient had hospice services any time during the measurement period
G9692	Hospice services received by patient any time during the measurement period
G9693	Patient use of hospice services any time during the measurement period
G9694	Hospice services utilized by patient any time during the measurement period
G9695	Long-acting inhaled bronchodilator prescribed
G9696	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator
G9697	Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator
G9698	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator
G9699	Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified
G9700	Patients who use hospice services any time during the measurement period
G9701	Children who are taking antibiotics in the 30 days prior to the date of the encounter during which the diagnosis was established
G9702	Patients who use hospice services any time during the measurement period
G9703	Children who are taking antibiotics in the 30 days prior to the diagnosis of pharyngitis
G9704	AJCC breast cancer stage I: T1 mic or T1A documented
G9705	AJCC breast cancer stage I: T1B (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented
G9706	Low (or very low) risk of recurrence, prostate cancer

Circulatory System — Heart Anatomy and Cardiac Cycle



**Diastole Ventricular
Relaxation and Filling**



**Systole Ventricular
Contraction and Ejection**

Index to Services, Supplies, Equipment, Drugs

A

A-Hydrocort® J1710

Abatacept J0129

Abciximab J0130

Abdominal pad, TLSO L1270

Abduction

Control, hip orthosis, hip joint

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Flexible

Frejka type L1600, L1610

Pavlik harness L1620

Semi-flexible, Van Rosen type L1630

Static

Adjustable, Ilfeld type, prefabricated L1650

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Plastic, prefabricated L1660

Control, lower extremity orthosis, hip joint L2624

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29 to 31 weeks S2266

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Access system A4301

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K0001-K0108, K0669

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Zinc paste impregnated A6456

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Dressing

Composite

16 sq. in. or less A6203

More than 16 sq. in. but less than or equal to 48 sq. in. A6204

More than 48 sq. in. A6205

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Gauze

16 sq. in. or less A6219

More than 16 sq. in. but less than or equal to 48 sq. in. A6220

More than 48 sq. in. A6221

Hydrocolloid

16 sq. in. or less A6234

More than 16 sq. in. but less than or equal to 48 sq. in. A6238

More than 48 sq. in. A6239

Hydrogel

16 sq. in. or less A6245

More than 16 sq. in. but less than or equal to 48 sq. in. A6246

More than 48 sq. in. A6247

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16 sq. in. or less A6254

Cardiovascular services

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Pediatric, plaster Q4015

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Pediatric, plaster Q4023

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Adult, plaster Q4037

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Pediatric, plaster Q4039

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Indwelling, Foley type

Three way A4346

Two-way

All silicone A4344

Latex with coating A4338

Insertion tray A4354

Intermittent, urinary, with insertion supplies A4353

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Transtracheal oxygen A4608

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Cefotaxime sodium J0698

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Ceftazidime J0713

Ceftazidime and avibactam J0714

Ceftizoxime sodium J0715

Ceftolozane and tazobactam J0695

Ceftriaxone sodium J0696

Cefuroxime sodium J0697

CellCept® J7517

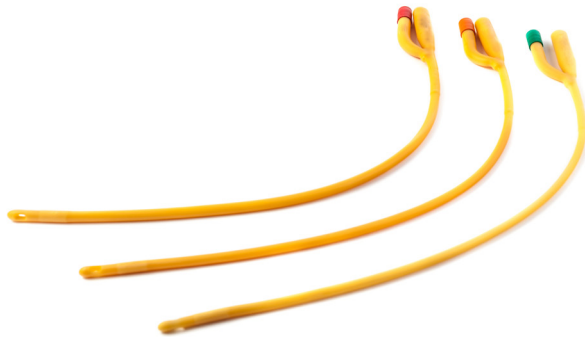
Cellular therapy M0075

Cement, ostomy A4364

Centrifuge E1500

Centruroides immune F(ab) J0716

- D A4336** Incontinence supply, urethral insert, any type, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4337** Incontinence supply, rectal insert, any type, each N
BETOS: D1F Prosthetic/Orthotic devices
- D A4338** Indwelling catheter; Foley type, 2-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4340** Indwelling catheter; specialty type, e.g., Coude, mushroom, wing, etc.), each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4344** Indwelling catheter, Foley type, 2-way, all silicone, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4346** Indwelling catheter; Foley type, three way for continuous irrigation, each DME N
BETOS: D1F Prosthetic/Orthotic devices



Foley catheter

- D A4349** Male external catheter, with or without adhesive, disposable, each ♂ DME N
BETOS: D1A Medical/surgical supplies
- D A4351** Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4352** Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4353** Intermittent urinary catheter, with insertion supplies DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4354** Insertion tray with drainage bag but without catheter DME N
BETOS: D1F Prosthetic/Orthotic devices

- D A4355** Irrigation tubing set for continuous bladder irrigation through a 3-way indwelling Foley catheter, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4356** External urethral clamp or compression device (not to be used for catheter clamp), each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4357** Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4358** Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each DME N
BETOS: D1F Prosthetic/Orthotic devices



Urinary drainage bag

- D A4360** Disposable external urethral clamp or compression device, with pad and/or pouch, each DME N
BETOS: D1F Prosthetic/Orthotic devices

OSTOMY POUCHES AND SUPPLIES (A4361-A4435), SEE ALSO OSTOMY POUCHES AND SUPPLIES (A5051-A5093)

- D A4361** Ostomy faceplate, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4362** Skin barrier; solid, 4 x 4 or equivalent; each DME N
BETOS: D1F Prosthetic/Orthotic devices

♂ Male only ♀ Female only Ⓐ Age A2 - Z3 = ASC Payment Indicator A - Y = APC Status Indicator
 ASC = ASC Approved Procedure DME Paid under the DME fee schedule PQRS Physician Quality Reporting System

A4613 - A4639

- S** **A4613** Battery charger; replacement for patient-owned ventilator **E**
BETOS: D1E Other DME
Service not separately priced by part B
Statute: 1834a3A
- C** **A4614** Peak expiratory flow rate meter, hand held **DME N**
BETOS: Z2 Undefined codes
- D** **A4615** Cannula, nasal **DME N**
BETOS: D1C Oxygen and supplies
Service not separately priced by part B
Pub: 100-4, Chap. 20, 100.2.2; 100-4, Chap. 23, 60.3



Nasal cannula

- D** **A4616** Tubing (oxygen), per foot **DME N**
BETOS: D1C Oxygen and supplies
Service not separately priced by part B
Pub: 100-4, Chap. 20, 100.2.2
- D** **A4617** Mouth piece **DME N**
BETOS: D1C Oxygen and supplies
Service not separately priced by part B
Pub: 100-4, Chap. 20, 100.2.2
- D** **A4618** Breathing circuits **DME N**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
Pub: 100-4, Chap. 20, 100.2.2
- D** **A4619** Face tent **DME N**
BETOS: D1E Other DME
DME Modifier: NU
Pub: 100-4, Chap. 20, 100.2.2
- D** **A4620** Variable concentration mask **DME N**
BETOS: D1C Oxygen and supplies
Service not separately priced by part B
Pub: 100-4, Chap. 20, 100.2.2; 100-4, Chap. 23, 60.3
- D** **A4623** Tracheostomy, inner cannula **DME N**
BETOS: D1F Prosthetic/Orthotic devices
- C** **A4624** Tracheal suction catheter, any type other than closed system, each **DME N**
BETOS: D1E Other DME
DME Modifier: NU

Medical And Surgical Supplies (A4206-A8004)

- D** **A4625** Tracheostomy care kit for new tracheostomy **DME N**
BETOS: D1F Prosthetic/Orthotic devices
- D** **A4626** Tracheostomy cleaning brush, each **DME N**
BETOS: D1F Prosthetic/Orthotic devices
- M** **A4627** Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler **E**
BETOS: D1A Medical/surgical supplies
Service not separately priced by part B
Pub: 100-2, Chap. 15, 110
- C** **A4628** Oropharyngeal suction catheter, each **DME N**
BETOS: D1E Other DME
DME Modifier: NU
- D** **A4629** Tracheostomy care kit for established tracheostomy **DME N**
BETOS: D1F Prosthetic/Orthotic devices

REPLACEMENT PARTS (A4630-A4640)

- D** **A4630** Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient **DME E**
BETOS: D1E Other DME
DME Modifier: NU
- C** **A4633** Replacement bulb/lamp for ultraviolet light therapy system, each **DME E**
BETOS: D1E Other DME
DME Modifier: NU
- C** **A4634** Replacement bulb for therapeutic light box, tabletop model **N**
BETOS: D1E Other DME
Service not separately priced by part B
- D** **A4635** Underarm pad, crutch, replacement, each **DME E**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- D** **A4636** Replacement, handgrip, cane, crutch, or walker, each **DME E**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
Pub: 100-4, Chap. 23, 60.3; 100-4, Chap. 36, 50.15
- D** **A4637** Replacement, tip, cane, crutch, walker, each **DME E**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- C** **A4638** Replacement battery for patient-owned ear pulse generator, each **DME E**
BETOS: D1E Other DME
DME Modifier: NU, RR, UE
- C** **A4639** Replacement pad for infrared heating pad system, each **DME E**
BETOS: D1E Other DME
DME Modifier: RR

▲ Revised Code ● New code **C** Carrier judgment **D** Special coverage instructions apply
I Not payable by Medicare **M** Non-covered by Medicare **S** Non-covered by Medicare statute AHA Coding Clinic®

D C9601 Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) **N**

BETOS: P2F Major procedure, cardiovascular-Other

Statute: 1833(t)

Coding Clinic: 2012, Q4

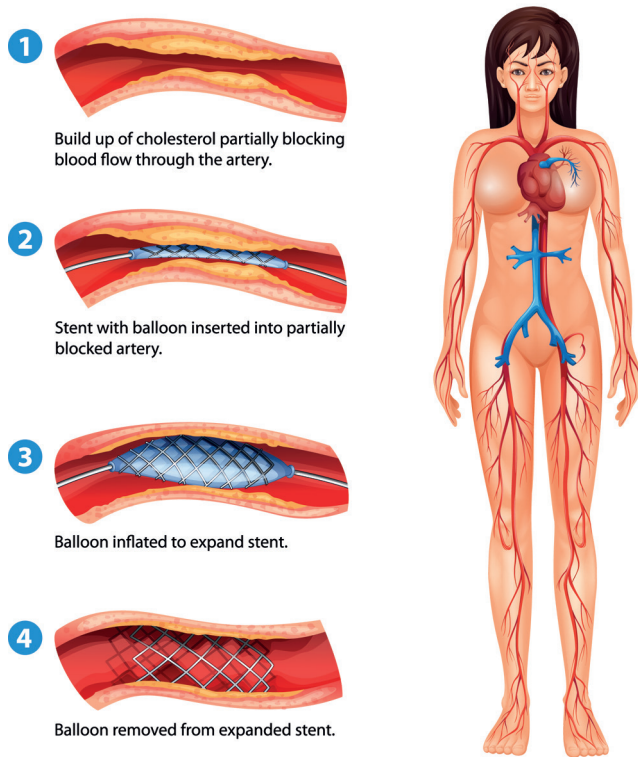
D C9602 Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch **J1**

BETOS: P2F Major procedure, cardiovascular-Other

Statute: 1833(t)

Coding Clinic: 2012, Q4

Stent with Balloon Angioplasty



Stent angioplasty

D C9603 Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) **N**

BETOS: P2F Major procedure, cardiovascular-Other

Statute: 1833(t)

Coding Clinic: 2012, Q4

D C9604 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel **J1**

BETOS: P2F Major procedure, cardiovascular-Other

Statute: 1833(t)

Coding Clinic: 2012, Q4

D C9605 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure) **N**

BETOS: P2F Major procedure, cardiovascular-Other

Statute: 1833(t)

Coding Clinic: 2012, Q4

D C9606 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel **J1**

BETOS: P2F Major procedure, cardiovascular-Other

Statute: 1833(t)

Coding Clinic: 2012, Q4

D C9607 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel **J1**

BETOS: P2F Major procedure, cardiovascular-Other

Statute: 1833(t)

D C9608 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure) **N**

BETOS: P2F Major procedure, cardiovascular-Other

Statute: 1833(t)

♂ Male only ♀ Female only A Age A2 - Z3 = ASC Payment Indicator A - Y = APC Status Indicator
 ASC = ASC Approved Procedure DME Paid under the DME fee schedule PQRS Physician Quality Reporting System



Finger splint

- C Q4050** Cast supplies, for unlisted types and materials of casts B
BETOS: D1A Medical/surgical supplies
Other carrier priced
- C Q4051** Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies) B
BETOS: D1A Medical/surgical supplies
Other carrier priced
Coding Clinic: 2002, Q2

MISCELLANEOUS DRUGS (Q4074-Q4082)

- C Q4074** Iloprost, inhalation solution, Food and Drug Administration (FDA)-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms Y
BETOS: D1G Drugs Administered through DME
Drugs: VENTAVIS
- D Q4081** Injection, epoetin alfa, 100 units (for ESRD on dialysis) N
BETOS: O1E Other drugs
Other carrier priced
Drugs: EPOGEN, PROCRIT
Pub: 100-4, Chap. 8, 60.4; 100-4, Chap. 8, 60.4.1; 100-4, Chap. 8, 60.4.4.1; 100-4, Chap. 8, 60.4.4.2; 100-4, Chap. 8, 60.4.5.1
- C Q4082** Drug or biological, not otherwise classified, Part B drug competitive acquisition program (CAP) B
BETOS: D1E Other DME

SKIN SUBSTITUTES AND BIOLOGICALS (Q4100-Q4175)

- C Q4100** Skin substitute, not otherwise specified N1 ASC N
BETOS: O1E Other drugs
Coding Clinic: 2008, Q4; 2009, Q1; 2010, Q1; 2012, Q2
- C Q4101** Apligraf®, per square centimeter N1 ASC N
BETOS: O1E Other drugs
Drugs: APLIGRAF
Coding Clinic: 2008, Q4; 2010, Q1; 2011, Q1; 2012, Q2
- C Q4102** Oasis® wound matrix, per square centimeter N1 ASC N
BETOS: O1E Other drugs

- Drugs:** OASIS WOUND MATRIX
Coding Clinic: 2008, Q4; 2010, Q1; 2011, Q1; 2012, Q2; 2012, Q3
- C Q4103** Oasis® burn matrix, per square centimeter N1 ASC N
BETOS: O1E Other drugs
Drugs: INTEGRA - BMWD
Coding Clinic: 2008, Q4; 2010, Q1; 2011, Q1; 2012, Q2
- C Q4104** Integra® bilayer matrix wound dressing (BMWWD), per square centimeter N1 ASC N
BETOS: O1E Other drugs
Drugs: INTEGRA - BMWD
Coding Clinic: 2008, Q4; 2010, Q1; 2011, Q1; 2012, Q2; 2014, Q3
- ▲ C Q4105** Integra® dermal regeneration template (DRT) or Integra Omnigraft® dermal regeneration matrix, per square centimeter N1 ASC N
BETOS: O1E Other drugs
Drugs: INTEGRA - DRT, INTEGRA OMNIGRAFT DRT
Coding Clinic: 2008, Q4; 2010, Q1; 2011, Q1; 2012, Q2
- C Q4106** Dermagraft®, per square centimeter N1 ASC N
BETOS: O1E Other drugs
Drugs: DERMAGRAFT®
Coding Clinic: 2008, Q4; 2010, Q1; 2011, Q1; 2012, Q2
- C Q4107** GRAFTJACKET®, per square centimeter N1 ASC N
BETOS: O1E Other drugs
Drugs: GRAFTJACKET MAXSTRIP®, GRAFTJACKET® SMALL LIGAMENT REPAIR MATRIX, GRAFTJACKET STD®, HANDJACKET® SCAFFOLD THIN, MAXFORCE® THICK, ULCERJACKET® SCAFFOLD, ULTRA MAXFORCE®
Coding Clinic: 2008, Q4; 2010, Q1; 2011, Q1; 2012, Q2
- C Q4108** Integra® matrix, per square centimeter N1 ASC N
BETOS: O1E Other drugs
Drugs: INTEGRA® MATRIX WOUND DRESSING
Coding Clinic: 2008, Q4; 2010, Q1; 2011, Q1; 2012, Q2
- C Q4110** PriMatrix®, per square centimeter N1 ASC N
BETOS: O1E Other drugs
Drugs: PRIMATRIX®, PRIMATRIX® 4 X 4 CM, MESHED; 1 EACH, PRIMATRIX® 6 X 6 CM, MESHED; 1 EACH, PRIMATRIX® 8 X 12 CM, MESHED; 1 EACH, PRIMATRIX® 8 X 8 CM, MESHED; 1 EACH
Coding Clinic: 2008, Q4; 2010, Q1; 2011, Q1; 2012, Q2
- C Q4111** GammaGraft®, per square centimeter N1 ASC N
BETOS: O1E Other drugs
Drugs: GAMMAGRAFT
Coding Clinic: 2008, Q4; 2009, Q1; 2010, Q1; 2011, Q1; 2012, Q2

♂ Male only ♀ Female only Ⓐ Age A2 - Z3 = ASC Payment Indicator A - Y = APC Status Indicator
 ASC = ASC Approved Procedure DME Paid under the DME fee schedule PQRS Physician Quality Reporting System

PQRS	Numerator	Diagnostic Denominator	CPT® Procedure Denominator
418	G0402, G8633, G8634, G8635	S32.048B, S32.049A, S32.049B, S32.050A, S32.050B, S32.051A, S32.051B, S32.052A, S32.052B, S32.058A, S32.058B, S32.059A, S32.059B, S32.10XA, S32.10XB, S32.110A, S32.110B, S32.111A, S32.111B, S32.112A, S32.112B, S32.119A, S32.119B, S32.120A, S32.120B, S32.121A, S32.121B, S32.122A, S32.122B, S32.129A, S32.129B, S32.130A, S32.130B, S32.131A, S32.131B, S32.132A, S32.132B, S32.139A, S32.139B, S32.14XA, S32.14XB, S32.15XA, S32.15XB, S32.16XA, S32.16XB, S32.17XA, S32.17XB, S32.19XA, S32.19XB, S32.2XXA, S32.2XXB, S32.301A, S32.301B, S32.302A, S32.302B, S32.309A, S32.309B, S32.311A, S32.311B, S32.312A, S32.312B, S32.313A, S32.313B, S32.314A, S32.314B, S32.315A, S32.315B, S32.316A, S32.316B, S32.391A, S32.391B, S32.392A, S32.392B, S32.399A, S32.399B, S32.401A, S32.401B, S32.402A, S32.402B, S32.409A, S32.409B, S32.411A, S32.411B, S32.412A, S32.412B, S32.413A, S32.413B, S32.414A, S32.414B, S32.415A, S32.415B, S32.416A, S32.416B, S32.421A, S32.421B, S32.422A, S32.422B, S32.423A, S32.423B, S32.424A, S32.424B, S32.425A, S32.425B, S32.426A, S32.426B, S32.431A, S32.431B, S32.432A, S32.432B, S32.433A, S32.433B, S32.434A, S32.434B, S32.435A, S32.435B, S32.436A, S32.436B, S32.441A, S32.441B, S32.442A, S32.442B, S32.443A, S32.443B, S32.444A, S32.444B, S32.445A, S32.445B, S32.446A, S32.446B, S32.451A, S32.451B, S32.452A, S32.452B, S32.453A, S32.453B, S32.454A, S32.454B, S32.455A, S32.455B, S32.456A, S32.456B, S32.461A, S32.461B, S32.462A, S32.462B, S32.463A, S32.463B, S32.464A, S32.464B, S32.465A, S32.465B, S32.466A, S32.466B, S32.471A, S32.471B, S32.472A, S32.472B, S32.473A, S32.473B, S32.474A, S32.474B, S32.475A, S32.475B, S32.476A, S32.476B, S32.481A, S32.481B, S32.482A, S32.482B, S32.483A, S32.483B, S32.484A, S32.484B, S32.485A, S32.485B, S32.486A, S32.486B, S32.491A, S32.491B, S32.492A, S32.492B, S32.499A, S32.499B, S32.502A, S32.502B, S32.509A, S32.509B, S32.511A, S32.511B, S32.512A, S32.512B, S32.519A, S32.519B, S32.591A, S32.591B, S32.592A, S32.592B, S32.599A, S32.599B, S32.601A, S32.601B, S32.602A, S32.602B, S32.609A, S32.609B, S32.611A, S32.611B, S32.612A, S32.612B, S32.613A, S32.613B, S32.614A, S32.614B, S32.615A, S32.615B, S32.616A, S32.616B, S32.691A, S32.691B, S32.692A, S32.692B, S32.699A, S32.699B, S32.810A, S32.810B, S32.811A, S32.811B, S32.82XA, S32.82XB, S32.89XA, S32.89XB, S32.9XXA, S32.9XXB, S42.001A, S42.001B, S42.002A, S42.002B, S42.009A, S42.009B, S42.011A, S42.011B, S42.012A, S42.012B, S42.013A, S42.013B, S42.014A, S42.014B, S42.015A, S42.015B, S42.016A, S42.016B, S42.017A, S42.017B, S42.018A, S42.018B, S42.019A, S42.019B, S42.021A, S42.021B, S42.022A, S42.022B, S42.023A, S42.023B, S42.024A, S42.024B, S42.025A, S42.025B, S42.026A, S42.026B, S42.031A, S42.031B, S42.032A, S42.032B, S42.033A, S42.033B, S42.034A, S42.034B, S42.035A, S42.035B, S42.036A, S42.036B, S42.101A, S42.101B, S42.102A, S42.102B, S42.109A, S42.109B, S42.111A, S42.111B, S42.112A, S42.112B, S42.113A, S42.113B, S42.114A, S42.114B, S42.115A, S42.115B, S42.116A, S42.116B, S42.121A, S42.121B, S42.122A, S42.122B, S42.123A, S42.123B, S42.124A, S42.124B, S42.125A, S42.125B, S42.126A, S42.126B, S42.131A, S42.131B, S42.132A, S42.132B,	3095F, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

*PQRS data used in this manual is from CMS for 2016. As of the printing date of this manual, there are no 2017 PQRS updates available from CMS. Refer to the CMS website for the latest updates on PQRS reporting for 2017, including reporting for new 2017 HCPCS codes.

Appendix L: Column 1 and Column 2 Correct Coding Edits

Column 1	Column 2	Modifier
A9500	A9512	1
A9501	A9512	0
A9502	A9512	0
A9503	A9512	0
A9504	A9512	0
A9510	A9512	0
A9521	A9512	0
A9536	A9512	0
A9537	A9512	0
A9538	A9512	0
A9539	A9512	0
A9540	A9512	1
A9541	A9512	1
A9550	A9512	0
A9551	A9512	0
A9557	A9512	0
A9560	A9512	0
A9561	A9512	0
A9562	A9512	0
A9566	A9512	0
A9567	A9512	0
A9568	A9512	0
A9569	A9512	0
C5271	G0168	1
C5271	G0471	1
C5271	J0670	1
C5271	J2001	1
C5272	G0168	1
C5272	G0471	1
C5272	J0670	1
C5272	J2001	1
C5273	G0168	1
C5273	G0471	1
C5273	J0670	1
C5273	J2001	1
C5274	G0168	1
C5274	G0471	1
C5274	J0670	1
C5274	J2001	1
C5275	G0168	1
C5275	G0471	1
C5275	J0670	1
C5275	J2001	1

Column 1	Column 2	Modifier
C5276	G0168	1
C5276	G0471	1
C5276	J0670	1
C5276	J2001	1
C5277	G0168	1
C5277	G0471	1
C5277	J0670	1
C5277	J2001	1
C5278	G0168	1
C5278	G0471	1
C5278	J0670	1
C5278	J2001	1
C8906	C8903	1
C8906	C8904	1
C8906	C8905	1
C8907	C8903	1
C8907	C8904	1
C8907	C8905	1
C8908	C8903	1
C8908	C8904	1
C8908	C8905	1
C8921	C8922	1
C8923	C8924	1
C8923	C8929	0
C8928	C8923	1
C8928	C8924	1
C8928	C8925	1
C8928	C8927	0
C8928	C8929	1
C8928	C8930	0
C8929	C8924	1
C8930	C8929	1
C8931	C8932	0
C8931	J1642	1
C8932	J1642	1
C8933	C8931	0
C8933	C8932	0
C8933	J1642	1
C8934	C8935	0
C8934	J1642	1
C8935	J1642	1
C8936	C8934	0
C8936	C8935	0

Column 1	Column 2	Modifier
C8936	J1642	1
C8957	G0463	1
C9600	G0269	1
C9600	G0471	1
C9601	G0269	1
C9601	G0471	1
C9602	G0269	1
C9602	G0471	1
C9603	G0269	1
C9603	G0471	1
C9604	G0269	1
C9604	G0471	1
C9605	G0269	1
C9605	G0471	1
C9606	G0269	1
C9606	G0471	1
C9607	G0269	1
C9607	G0471	1
C9608	G0269	1
C9608	G0471	1
C9739	G0463	1
C9739	G0471	0
C9739	J2001	1
C9739	P9612	0
C9740	C9739	0
C9740	G0463	1
C9740	G0471	0
C9740	J2001	1
C9740	P9612	0
C9742	G0463	1
C9742	J0670	1
C9742	J2001	1
C9800	G0429	0
C9800	G0471	1
C9800	J2001	1
C9800	Q2026	0
E0781	E0782	1
G0101	G0181	1
G0101	G0182	1
G0101	G0380	1
G0101	G0381	1
G0101	G0382	1
G0101	G0383	1

Column 1	Column 2	Modifier
G0101	G0384	1
G0101	G0406	1
G0101	G0407	1
G0101	G0408	1
G0101	G0425	1
G0101	G0426	1
G0101	G0427	1
G0101	G0463	1
G0104	G0105	0
G0104	G0106	1
G0104	G0120	1
G0104	G0121	0
G0104	G0181	1
G0104	G0182	1
G0104	G0380	1
G0104	G0381	1
G0104	G0382	1
G0104	G0383	1
G0104	G0384	1
G0104	G0406	1
G0104	G0407	1
G0104	G0408	1
G0104	G0425	1
G0104	G0426	1
G0104	G0427	1
G0104	G0463	1
G0104	G0471	1
G0105	G0181	1
G0105	G0182	1
G0105	G0380	1
G0105	G0381	1
G0105	G0382	1
G0105	G0383	1
G0105	G0384	1
G0105	G0406	1
G0105	G0407	1
G0105	G0408	1
G0105	G0425	1
G0105	G0426	1
G0105	G0427	1
G0105	G0463	1
G0105	G0471	1
G0106	G0105	0

specified in this section concerning certification and prescription are fulfilled. In addition, this benefit provides for a pair of diabetic shoes even if only one foot suffers from diabetic foot disease. Each shoe is equally equipped so that the affected limb, as well as the remaining limb, is protected. Claims for therapeutic shoes for diabetics are processed by the Durable Medical Equipment Regional Carriers (DMERCs).

Therapeutic shoes for diabetics are not DME and are not considered DME nor orthotics, but a separate category of coverage under Medicare Part B. (See §1861(s)(12) and §1833(o) of the Act.)

A. Definitions

The following items may be covered under the diabetic shoe benefit:

1. Custom-Molded Shoes

Custom-molded shoes are shoes that:

- Are constructed over a positive model of the patient's foot;
- Are made from leather or other suitable material of equal quality;
- Have removable inserts that can be altered or replaced as the patient's condition warrants; and
- Have some form of shoe closure.

2. Depth Shoes

Depth shoes are shoes that:

- Have a full length, heel-to-toe filler that, when removed, provides a minimum of 3/16 inch of additional depth used to accommodate custom-molded or customized inserts;
- Are made from leather or other suitable material of equal quality;
- Have some form of shoe closure; and
- Are available in full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoes according to the American standard last sizing schedule or its equivalent. (The American standard last sizing schedule is the numerical shoe sizing system used for shoes sold in the United States.)

3. Inserts

Inserts are total contact, multiple density, removable inlays that are directly molded to the patient's foot or a model of the patient's foot and that are made of a suitable material with regard to the patient's condition.

B. Coverage

1. Limitations

For each individual, coverage of the footwear and inserts is limited to one of the following within one calendar year:

- No more than one pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts; or
- No more than one pair of depth shoes and three pairs of inserts (not including the non customized removable inserts provided with such shoes).

2. Coverage of Diabetic Shoes and Brace

Orthopedic shoes, as stated in the Medicare Claims Processing Manual, Chapter 20, "Durable Medical Equipment, Surgical Dressings and Casts, Orthotics and Artificial Limbs, and Prosthetic Devices," generally are not covered. This

exclusion does not apply to orthopedic shoes that are an integral part of a leg brace. In situations in which an individual qualifies for both diabetic shoes and a leg brace, these items are covered separately. Thus, the diabetic shoes may be covered if the requirements for this section are met, while the brace may be covered if the requirements of §130 are met.

3. Substitution of Modifications for Inserts

An individual may substitute modification(s) of custom-molded or depth shoes instead of obtaining a pair(s) of inserts in any combination. Payment for the modification(s) may not exceed the limit set for the inserts for which the individual is entitled. The following is a list of the most common shoe modifications available, but it is not meant as an exhaustive list of the modifications available for diabetic shoes:

- **Rigid Rocker Bottoms** - These are exterior elevations with apex positions for 51 percent to 75 percent distance measured from the back end of the heel. The apex is a narrowed or pointed end of an anatomical structure. The apex must be positioned behind the metatarsal heads and tapered off sharply to the front tip of the sole. Apex height helps to eliminate pressure at the metatarsal heads. Rigidity is ensured by the steel in the shoe. The heel of the shoe tapers off in the back in order to cause the heel to strike in the middle of the heel;
- **Roller Bottoms (Sole or Bar)**-These are the same as rocker bottoms, but the heel is tapered from the apex to the front tip of the sole;
- **Metatarsal Bars**-An exterior bar is placed behind the metatarsal heads in order to remove pressure from the metatarsal heads. The bars are of various shapes, heights, and construction depending on the exact purpose;
- **Wedges (Posting)**-Wedges are either of hind foot, fore foot, or both and may be in the middle or to the side. The function is to shift or transfer weight bearing upon standing or during ambulation to the opposite side for added support, stabilization, equalized weight distribution, or balance; and
- **Offset Heels**-This is a heel flanged at its base either in the middle, to the side, or a combination, that is then extended upward to the shoe in order to stabilize extreme positions of the hind foot.

Other modifications to diabetic shoes include, but are not limited to flared heels, Velcro closures, and inserts for missing toes.

4. Separate Inserts

Inserts may be covered and dispensed independently of diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed. This footwear must meet the definitions found above for depth shoes and custom-molded shoes.

C. Certification

The need for diabetic shoes must be certified by a physician who is a doctor of medicine or a doctor of osteopathy and who is responsible for diagnosing and treating the patient's diabetic systemic condition through a comprehensive plan of care. This managing physician must:

- Document in the patient's medical record that the patient has diabetes;
- Certify that the patient is being treated under a comprehensive plan of care for diabetes, and that the patient needs diabetic shoes; and